

A METASYNTHESIS: THE EXPERIENCE OF CHILDREN WITH DISABILITIES
AND THEIR FAMILIES IN THE CHILD WELFARE SYSTEM

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Master of Science

In

Social Work

by

Diana Chiu

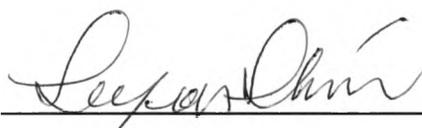
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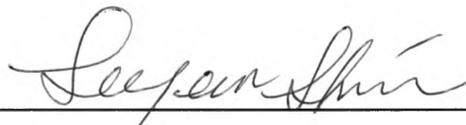
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CERTIFICATION OF APPROVAL

I certify that I have read A Meta-synthesis: The Experience of Children with Disabilities and Their Families in the Child Welfare System by Diana Chiu, and that in my opinion this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirement for the degree Master of Science in Social Work: Title IV-E Child Welfare at San Francisco State University.



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THE EXPERIENCE OF CHILDREN WITH DISABILITIES AND THEIR FAMILIES
IN THE CHILD WELFARE SYSTEM

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San Francisco, California
2018

Children with disabilities have an increased likelihood in experiencing child maltreatment including physical violence, neglect, emotional abuse, and sexual abuse (Hambry & Grych, 2013). The purpose of this study was to provide an overview of the existing literature on mistreated children with disabilities, their families, and their service professionals through a meta-synthesis framework. Using the Bronfenbrenner's ecological theory, this study assessed the micro-, meso-, exo-, and macro-level contexts to describe risk, political, cultural, and social factors that shape the dynamics of child maltreatment among children with disabilities, their families, and child welfare service providers. The results of this study indicated that while support services are offered to children with disabilities such as early intervention services, child welfare workers still lack the training necessary to understand how to work with children with disabilities.

I certify that the Abstract is a correct representation of the content of this thesis.



Chair, Thesis Committee

05-23-2018

Date

PREFACE AND/OR ACKNOWLEDGEMENTS

This work is dedicated to my late father, Jimmy Shing-Yim Chiu. My father instilled values of hard work, kindness, and perseverance in me as a child. Thank you for your relentless dedication in raising your four children. Without you, I would not have had the courage to pursue higher education.

I would like to extend my deepest gratitude for my instructors, mentors, classmates, peers, family, friends, and partner for supporting me in my graduate school journey. I have grown tremendously personally and professionally due to the all the individuals that helped me along this process.

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Chapter 1. Introduction

Problem Statement

Maltreatment and disability often coexist in the lives of children with disabilities (Corr & Santos, 2017). Children with disabilities experience abuse or neglect more often than non-disabled children (Corr & Santos, 2017). In fact, children with disabilities are 1.5-3.5 times more likely to be abused or neglected than children who do not have disabilities (Lightfoot, 2014). Additionally, the child welfare system is ill equipped to handle the needs of children with disabilities. Child welfare workers lack the training and knowledge necessary in properly assessing disabilities, and identifying children with disabilities (Herman-Smith, 2011). Consequently, children with disabilities and their families are not provided with the opportunity to refer for early intervention services and/or community support (Shannon & Tappan, 2011).

Early intervention services are integral for younger children with unmet developmental needs and an impressionable, heightened capacity to learn new skills (Shannon & Tappan, 2011). Unfortunately, the statistics on children with disabilities also grow stark as the children get older. Studies report that as children with disabilities grow older, they experience overrepresentation in the foster care system. Accordingly, they stay in foster care longer and experience lower family reunification rates compared to children without disabilities. (Shannon & Tappan, 2011). Younger children with

disabilities require proper services and support to mitigate the circumstances which brought them to the child welfare system and avoid these oversaturated foster homes.

The purpose of this study was to both explore current knowledge and implications in literature around the experiences and maltreatment of children with disabilities, their families, and their service professionals. This study intended to fill the gaps in the literature to enhance services for children with disabilities and provide future direction for child welfare systems, social work practice, and policy responses. Intervention strategies were drawn to improve social work practice when working with this population.

Background

Definition of “Disability”

The legal terminology of disability, defined by the Administration on Developmental Disabilities passed the Developmental Disabilities Assistance and Bill of Rights Act in 2000, (P.L. 101-496, section 102, 1990) and uses the term “developmental disability,” which refers to severe, life-long physical or cognitive impairments developed before the age of 22 (Sullivan, 2009). A developmental disability describes an individual from being incapable of doing one or more areas of life activities such as physical self-care, speaking and understanding, learning, mobility, economic self-sufficiency, and independent-living (Sullivan, 2009). Examples of developmental disability include Attention Deficit Disorder (ADD), Autism Spectrum Disorders (ASD), fetal alcohol

syndrome, learning disabilities, intellectual disability, cerebral palsy, Down's Syndrome, and speech and language disorders (Shannon & Tappan, 2011).

Disability is also defined in “Part C” of the Individuals with Disabilities Education Act (IDEA) Act in 2003. Part C referred disability as a “developmental delay,” which is broadly defined as a documented delay in cognitive, communicative, physical, social or emotional, or adaptive development (Barth, et al., 2007). According to Part C, individual states determine how disability is identified in terms of criteria and severity. When child protective service workers screen and access children that are at risk or have a developmental delay or disability, referrals for early intervention services must be sent to the early intervention system. The term developmental delay will be used often since early intervention services is a key topic in this research study.

It is also important to note that in this research project, the term “disability” is used in reference to disabilities in general which covers the global categories of impairment in cognitive, communicative, physical, social or emotional, or adaptive development. When referring to particular research studies, the definition of disability is defined by however the author defined disability in their research, such as developmental delay, developmental disability, or disabilities in general.

The Individuals with Disabilities Education Act and the Child Abuse Prevention and Treatment Act

Legal measures, such as The Individuals with Disabilities Education Act (IDEA) and the Child Abuse Prevention and Treatment Act (CAPTA), are two important

legislations that have been enacted in efforts to address child abuse and neglect regarding children with disabilities. The Individuals with Disabilities Education Act (IDEA), established in 2004, was mandated to provide federal funding to states services for families of children with disabilities (Corr et al., 2017). More specifically, “Part C” of the IDEA act allocates funding so states can operate early intervention services for all children under 3 with or at risk for developmental delays or disabilities (Stahmer et al., 2008).

Part C of the IDEA act establishes that qualifications for services includes infants and toddlers that have been identified with developmental delay based on a developmental evaluation by the early intervention system. The other group of children that are qualified include children that have “established risk conditions,” which are children that already have diagnoses of a physical or mental condition associated with developmental disability, such as Down syndrome, cerebral palsy, blindness, or deafness (Barth, et al., 2008). The last group refers to children with “high risk” of developing developmental delay due to biological or environmental factors such as severe poverty, domestic violence, or low-birth weight (Corr & Santos, 2017).

The Child Abuse Prevention and Treatment Act was created in 1979 to address the increasing numbers of young children dying from result of abuse or neglect (Corr, et al., 2017). In 2003, the Child Abuse Prevention and Treatment Act was re-enacted to mandate child protective agencies in providing developmental screening procedures to identify children with disabilities. Child welfare social workers have the responsibility in

screening children that meet developmental criteria or are at-risk of developing delays under Part C of the IDEA act. Once screened and identified, child welfare workers provide referrals for services through the early intervention system in the state's county.

This study conducted a meta-synthesis to investigate the following research questions:

- What types of services are offered to children with disabilities and their families?
- What is the experience of child welfare workers when they engage with children with disabilities in the child welfare system?
- What are the child-level risk factors (age, gender, type of disabilities, type of maltreatment) for child maltreatment among children with disabilities?
- What are the family-level risk factors (parental stress, parental social support) for child maltreatment among children with disabilities?

Significance of Study

There is limited research on the prevalence, characteristics, and experience of how children with disabilities and their families are served in the child welfare system. Due to the lack of data, it is unclear what kind of services and support social workers can provide for children with disabilities and their families in the child welfare system (Lightfoot & Hill, 2012). However, plenty of studies report that children with disabilities have a higher rate of being abused or neglected than children without disabilities. According to the Preamble published by the National Association of Social Workers (NASW, 2008), "the primary mission of the social work profession is to...help meet the

basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.” This research project is relevant to social work practice since children with disabilities are vulnerable to harm and abuse while their families are subject to limitations in accessing services. Social workers must critically examine the needs of this population holistically in order to improve the overall well-being of children with disabilities and their families.

Chapter 2. Theoretical Framework

Ecological Theory

This study was guided by the ecological perspective to understand the complexities that influence children with disabilities, maltreatment, and their families. Bronfenbrenner (1979), the founder of ecological perspective, developed the perspective to explain how child development was influenced by the elements in their environment (Sinanan, 2008). In this research, the ecological perspective was explained through a conceptualization of “layers” in a child’s environment, in which developmental outcomes are a result of interactions that occur within the different layers (Eamon, 2011). The child’s development is not only influenced by the structures that directly interact with the child, but also the relationships formed in these environments. Bronfenbrenner (1979) emphasized that some examples of factors that influenced the trajectory of a child’s development include the child’s maturing biology, the immediate family/community environment, society’s laws, policies, and cultural views on children (Sinanan, 2008).

Bronfenbrenner (1979) labeled such “layers” in the child’s environment through four different systems, which include: the micro-, meso-, exo-, and macro-systems perspective (Bricout et al., 2004). Each system is “nested” within the other systems and is placed in order of the influence to the child (Eamon, 2011).

The microsystem is the system closest to the child, which are environments that are the most immediate, have direct contact with the child, and includes the interpersonal relationships that occur within these settings (Corr et al., 2017; Sinanan, 2008).

Relationships in the microsystem level are bi-directional, meaning the interactions impact both parties in the relationship (Sinanan, 2008). An example of a bi-directional relationship describes a parent shaping a child's behavior and a child's characteristics impacts the parent's behavior. Some microlevel structures include family, peers, caregivers, neighborhoods, or childcare environments (Sinanan, 2008). Microsystem structures are the most influential towards a child's development since it has the greatest impact. The microlevel system factor discussed in this research include the interactions between children and child welfare workers when screening for disabilities in the child welfare system, parental stress, and parent's social support.

The next level is the mesosystem which comprises of the interrelations in which the child interacts within their microsystem (Corr et al., 2017). The interrelations that occur in the mesosystem have indirect impact towards the child (Sinanan, 2008). The interactions can also occur among two or more microsystems that the child engages in. Examples of mesosystem factors include relations between the child's teacher and their parents or the connection between the child's area of residence and school. This research study examines the impact between the screening process in the child welfare system in relation to the child as well as the under-identification and under-enrollment of children with disabilities.

The exosystem includes specific social structures, formal and informal, that encompasses and interacts with the child's immediate settings, such as the microsystems (Corr et al., 2017). Although the structures in the exosystem do not directly interact with

the child, the structures influences the child's development due to its interactions with the child's surroundings (Sinanan, 2008). Some examples of exosystem factors include the child's parents' employment, areas of residence, or the family's community network. This research project focuses on early intervention services, which is a support service offered to children with disabilities and their families after the child is screened and identified as having a disability by the child welfare system.

The outermost layer is the macrosystem which describe the larger contexts that influence children with disabilities in their environment such as cultural values, law, and customs (Sinanan, 2008). The overarching principles greatly influence the interaction of the other layers on an individual, family, and community level (Eamon, 2011). In this level, the larger principles discussed in this study include prevalence data.

The ecological framework also encourages the exploration of multidimensional factors related to child maltreatment among children with disabilities (Katten, 2005). Various research points that specific demographic characteristics, such as age and gender, and types of disabilities may heighten the risk for child maltreatment.

Chapter 3. Methods

Research Questions

This study was guided by the following research questions:

- What types of services are offered to children with disabilities and their families?
- What is the experience of child welfare workers when they engage with children with disabilities in the child welfare system?
- What are the child-level risk factors (age, gender, type of disabilities, type of maltreatment) for child maltreatment among children with disabilities?
- What are the family-level risk factors (parental stress, parental social support) for child maltreatment among children with disabilities?

Research Design

This study conducted a meta-synthesis. The meta-synthesis method is an approach that analyzes existing qualitative and quantitative literature. In this process, researchers can identify research questions and then select, analyze, and combine the data to address the research question(s) (Erwin et al., 2011). The meta-synthesis method was chosen in this research to help uncover common themes and critical context so that ideas are conceptualized to improve social work practice. Utilizing a meta-synthesis method was the most effective way of conducting this the study's topic as it allowed a broader approach in understanding the collective literature that exists.

Search strategy

Data was extracted from published research found in databases such as OneSearch, EBSCO, ProQuest, Jstor, Social Work Abstracts, Google Scholar, and used the following terms: *child welfare, child welfare system, child protective services, children with disabilities, developmental disabilities, developmental delay, children with special needs, child maltreatment, child abuse, abuse, neglect, early intervention, Child Abuse Prevention and Treatment Act (CAPTA), Individuals With Disabilities Education Improvement Act (IDEA).*

Initially, 27 references of academic work related to the above terms was included in this research study. After an two consultations from a research professor provided feedback, additional content was added. Overall, 37 references of academic work was included in this research study after two consultations and edits. The years of publication from the references were dated from 1979-2017. The references collected included dissertations, empirical research studies, peer reviewed articles, reports, and books. Literature was also organized into topics related to the research: (1) early intervention services; (2) workers' involvement; (3) screening process; (4) under-identification and under-enrollment; (5) prevalence data; (6) child risk factors; (7) family risk factors; (8) CAPTA/IDEA act; and (9) ecological theory. When an article met the inclusion criteria, this researcher examined the references list and articles cited in the research study for additional sources.

Data Analyses

This study utilized a Google Drive document to gather and organize notes from the academic references. In the Google Drive document, notes were compiled through thematic synthesis, which is a process of identifying key themes from a body of research. The notes were then grouped together in relation to its theme. The notes were carefully reviewed to critically analyze and synthesize insight and implications on the topic. Another method of organization used was creating a table of all academic references used in the research study. The table was created on a document in Google Drive and columns included labels such as: author(s), year of publication, title of academic work, link, and the academic work's abstract or common themes.

Table 1: Selected Works for Meta-Synthesis

#	Authors	Year	Title	Link	Description
1	Algood, C., Hong, J., Ruby, G., and Williams, A.	2011	Maltreatment of children with developmental disabilities: An ecological systems analysis.	https://www.researchgate.net/profile/Jun_Hong2/publication/254107487_Child_labor_in_the_People%27s_Republic_of_China_An_ecological_systems_analysis/links/09e414fa6496f6045a000000/Child-labor-in-the-Peoples-Republic-of-China-An-ecological-systems-analysis.pdf	The purpose of this review is to understand the risk factors for maltreatment of children with developmental disabilities, using the Bronfenbrenner's (1976, 1977) ecological systems theory.
2	Barth, R. P., Scarborough, A., Lloyd, E. C., Losby, J., Casanueva, C., & Mann, T.	2007	Developmental Status and Early Intervention Service Needs of Maltreated Children.	https://aspe.hhs.gov/system/files/pdf/75351/report.pdf	Early Intervention System Definition of disability Services
3	Berg, K.	2014	Assessment of multiple victimization and its effects among adolescents with disabilities in contact with the child welfare system	https://search-proquest-com.jp11net.sfsu.edu/docview/1446986040	This study aims to address the current gap in the literature by exploring whether disability status: 1) is associated with heightened risk of multiple victimization among adolescents in the CWS and 2) moderates the impact of multiple victimization upon reported symptoms of clinical depression and post traumatic stress disorder (PTSD).

4	Bricout, J., Porterfield, S., Tracey, C., Howard, M.	2004	Linking models of disability for Children with Developmental Disabilities. Journal of Social Work in Disability & Rehabilitation	https://cmhsr.wustl.edu/Resources/Documents/Linking%20models%20of%20disability%20for%20children%20with%20developmental%20disabilities.pdf	Models of disabilities provide conceptual frameworks for understanding and action that can inform the decision-making process of parents and social workers.
3	Bronfenbrenner, U	1979	The Ecology of Human Development: Experiments by Nature and Design	Book	Ecological Theory
4	Casanueva, C., Cross, T., & Ringeisen, H.	2008	Developmental Needs and Individualized Family Service Plans Among Infants and Toddlers in the Child Welfare System. Child Maltreatment	http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.1015.7805&rep=rep1&type=pdf	This study examines levels of developmental need in young children investigated by child protective services, estimates early intervention service use, and examines need and service use variations during the 5-6 years after investigation on the basis of maltreatment substantiation status.
5	Child Welfare Information Gateway	2012	The risk and prevention of maltreatment of children with disabilities	https://www.childwelfare.gov/pubPDFs/focus.pdf#page=2&view=BackgroundandResearch	Risk Factors
6	Corr, C., & Santos, R. M.	2017	Abuse and Young Children With Disabilities: A Review of the Literature	https://search-proquest-com.jpllnet.sfsu.edu/docview/1875420274?OpenUrlRefId=info:xri/sid:primo&accountid=13802	Need for collaborative systems Micro/Mezzo/Macro theory IDEA act & Capta Professional improvements
7	Corr, C., & Santos, R. M.	2017	“Not in the Same Sandbox”: Cross-Systems Collaborations Between Early Intervention and Child Welfare Systems	https://search-proquest-com.jpllnet.sfsu.edu/docview/1868238800/fulltextPDF/DEBDBC4A3334147PQ/1?accountid=13802	Cross systems collaboration Early Intervention system Child welfare Prevalence

8	Crosse, S., Kaye, E., Ratnofsky, A	1992	A report on the maltreatment of children with disabilities	Book	Prevalence rates Child and Parental Risk factors
9	Eamon, Mary Keegan.	2011	The Effects of Poverty on Children's Socioemotional Development: An Ecological Systems Analysis.	http://web.b.ebscohost.com/jpllnet.sfsu.edu/ehost/detail/detail?vid=0&sid=63628069-b97a-4e9b-96c0-f142e3061877%40pdc-v-sessmgr01&bdata=JkF1dGhUeXBIPWlwLGNvb2tpZSx1cmwscWlkJnNpdGU9ZWhvc3QtbG12ZQ%3d%3d#AN=4891881&db=ulh	Ecological theory Risk factors
10	Erwin, Elizabeth J., Brotherson, Mary Jane, & Summers, Jean Ann.	2011	Understanding Qualitative Metasynthesis: Issues and Opportunities in Early Childhood Intervention Research. <i>Journal of Early Intervention,</i>	http://journals.sagepub.com/jpllnet.sfsu.edu/doi/abs/10.1177/1053815111425493	Metasynthesis design Methodology
11	Esposito, T.	2015	Children with disabilities in child protection services	http://onlinelibrary.wiley.com/doi/10.1111/dmcn.12722/full	The most recent child maltreatment report published by the US Children's Bureau suggests that 13.3% of children receiving child protection. *young people in child protection services (11–17y old) with disabilities were two times less likely to participate in developmentally salient activities and close to seven time
12	Hamby, S, Grych, J.	2013	Essential information about patterns of victimisation among children with disabilities	https://pdfs.semanticscholar.org/0368/7c1c6874f24d9030f48dcbcfabfff547e8.pdf	Types of Maltreatment Types of Disabilities Victimization
13	Herman-Smith, R.	2011	Early childhood interventionists' perspectives on serving maltreated infants and toddlers.	https://www-science-direct-com.jpllnet.sfsu.edu/science/article/pii/S0190740911001356?via%3Di	Early Intervention system CAPTA IDEA act

				hub	
14	Hibbard, R., Desch, L.	2007	The Committee on Child Abuse and Neglect, and Council on Children With Disabilities Pediatrics	https://search-proquest-com.jp1lnet.sfsu.edu/docview/1804471807?accountid=13802	Types of Disabilities
15	Hill, B., Hayden, M., Lakin, K., Menke, J	1990	State-by-state data on children with handicaps in foster care Child Welfare	http://web.b.ebscohost.com.jp1lnet.sfsu.edu/ehost/detail/detail?vid=0&sid=cd26fa37-4c4b-4f7a-b548-f36c37748f01%40sessionmgr101&bdata=JkF1dGhUeXBIPWlwLGNvb2tpZSx1cmwsdWlkJnNpdGU9ZWlhvc3QtbGl2ZQ%3d%3d#AN=24227326&db=e hh	Prevalence Data Types of disabilities
16	Howe, D.	2006	Disabled Children, Maltreatment and Attachment	https://academic-oup-com.jp1lnet.sfsu.edu/bjsw/article/36/5/743/1645181	Types of disabilities Parent-child relationship Risk factors
17	Hsiao, Yun-Ju	2018	Parental Stress in Families of Children with Disabilities	http://journals.sagepub.com.jp1lnet.sfsu.edu/doi/pdf/10.1177/1053451217712956	Parental Risk Factors- Stress Child-level risk factors Intervention for parents Discussion
18	Katten, N. S.	2005	Child and caretaker characteristics and type of child maltreatment	https://search-proquest-com.jp1lnet.sfsu.edu/docview/305387053?accountid=13802	Type of maltreatment Risk factors
19	Lightfoot, E	2014	Children and Youth with Disabilities in the Child Welfare System: An Overview	http://web.a.ebscohost.com.jp1lnet.sfsu.edu/ehost/pdfviewer/pdfviewer?vid=1&sid=16944307-6520-4d6d-9715-	Types of disabilities in relation to types of maltreatment Prevalence on Youth Risk factors

				3f0086369c8e%40sessionmgr4006	
20	Elizabeth Lightfoot, Katherine Hill	2009	Prevalence of Children with Disabilities in the Child Welfare System: An Analysis of State Administrative Data	https://casw.umt.edu/wp-content/uploads/2013/12/PrevalenceChildrenDisabilitiesSubSum.pdf	Prevalence Types of maltreatment
21	Lightfoot, E., Katherine Hill, LaLiberte, T.	2011	Prevalence of children with disabilities in the child welfare system and out of home placement: An examination	https://www-sciencedirect-com.jpilnet.sfsu.edu/science/article/pii/S019074091100065X	Explores the prevalence and characteristics of children with disabilities within the child welfare system using administrative data from the State of Minnesota. The most common type of disability among children with substantiated maltreatment was emotional disturbance.
22	Lightfoot, E. B., & LaLiberte, T. L.	2006	Approaches to child protection case management for cases involving people with disabilities	https://www-sciencedirect-com.jpilnet.sfsu.edu/science/article/pii/S0145213406000536	This exploratory study examines the delivery of child protection services by county child protection agencies involving cases with a family member with a disability.
23	Manders, J. E	1995	CPS needs assessment survey. Unpublished manuscript, Institute on Human Development and Disability	https://www-science-direct-com.jpilnet.sfsu.edu/science/article/pii/S0145213409000295	The study used a series of vignettes to investigate how the presence of three disabilities (cerebral palsy, intellectual disabilities, emotional/behavioral disabilities) affects the processes and outcomes of child abuse investigations at two levels of child injury severity (moderate, severe).
24	Murphy, N.	2011	Maltreatment of Children with Disabilities: The Breaking Point	http://journals.sagepub.com/jplnet.sfsu.edu/doi/pdf	Parental Risk Factors Child Risk Factors Victimization

				/10.1177/088307 3811413278	
25	Johnson-Motoyama, M., Moses, M., Conrad-Hieber, A., Mariscal, E.	2016	Development, CAPTA Part C Referral and Services Among Young Children in the U.S. Child Welfare System	http://journals.sagepub.com/jplnet.sfsu.edu/doi/pdf/10.1177/1077559516630831	Despite the high prevalence of developmental problems among children in the U.S. child welfare system, research suggests that few children with developmental needs receive necessary services
26	Jonson-Reid, M., Drake, B., Kim, J., Porterfield, S., Han, L.	2004	A prospective analysis of the relationship between reported child maltreatment and special education eligibility among poor children.	https://www.ncbi.nlm.nih.gov/pubmed/15538037	The authors address the following questions: (a) Is maltreatment associated with entry into special education after controlling for other factors? (b) among maltreated children, does maltreatment type or child welfare service use predict special education eligibility? and (c) what is the relationship between maltreatment type and type of educational disability?
27	Robinson, C. C., & Rosenberg, S. A.	2004	Child welfare referrals to Part C. Journal of Early Intervention	http://journals.sagepub.com/doi/abs/10.1177/105381510402600404	Early Intervention system Services
28	Rycus, Judith Sonya	1990	Determining the effects of inservice training on the job performance of child welfare workers serving children with developmental disabilities	https://search-proquest-com.jplnet.sfsu.edu/docview/303894649?pq-origsite=primo	(1) recognizing children on their caseloads with developmental disabilities; (2) recognizing early warning signs of developmental disability in abused and neglected children; (3) referring children with early warning signs for comprehensive developmental assessments; and (4)

					referring children with disabilities for specialized services
29	Orelove, F. P., Hollahan, D. J., & Myles, K. T.	2000	Maltreatment of children with disabilities: Training needs for a collaborative response	https://www.sciencedirect.com/science/article/abs/pii/S0145213499001349	Enhancing staff training
30	Shannon, P., & Agorastou, M.	2006	Identifying Children with Developmental Disabilities Receiving Child Protection Services	https://pdfs.semanticscholar.org/e797/acd688762543cdb505e69756b8a9e54414ba.pdf	Worker Involvement Identification
31	Shannon, P. & Tappan, C.	2011	A qualitative analysis of child protective services practice with children with developmental disabilities	https://www.sciencedirect.com/science/article/pii/S0190740910003580	Children with disabilities experience poor placement outcomes. CPS needs to improve collaboration with providers and enhance disability training. Treating disability only as a risk factor does not help meet children's needs.
32	Shannon, P., & Tappan, C.	2011	Identification and Assessment of Children with Developmental Disabilities in Child Welfare	https://academic.oup.com/sw/article-abstract/56/4/297/1871331?redirectedFrom=PDF	Worker Involvement Identification
33	Sinanani, A. N.	2008	The impact of child, family and child protective services factors on reports of child sexual abuse recurrence	https://search-proquest-com.jpllnet.sfsu.edu/docview/304639015?accountid=13802	Risk Factors
34	Slyter, E.	2016	Youth with disabilities in the United States Child Welfare System.	https://www.sciencedirect.com/science/article/pii/S0190740916300834	Age
35	Stahmer, A., Thorp Sutton, D., Fox, L., &	2008	State Part C Agency Practices and the Child Abuse Prevention and	http://journals.sagepub.com/doi/abs/10.1177/0271	Early Intervention

	Leslie, L.		Treatment Act (CAPTA)	121408320389?journalCode=teca	Services CAPTA IDEA
36	Steven A. Rosenberg, Ph.D.	2006	Rates of Part C Eligibility for Young Maltreated Children	https://files.eric.ed.gov/fulltext/ED493898.pdf	Concerns about the high rates of developmental problems and under-enrollment in services have prompted federal requirements that maltreated children under three be referred to Part C early intervention
37	Sullivan, P., Knutson, J.	2000	Maltreatment and disabilities: a population-based epidemiological study.	https://www.ncbi.nlm.nih.gov/pubmed/11075694	To assess the prevalence of abuse and neglect among a population of children identified as a function of an existing disability, relate specific types of disabilities to specific types of abuse, and to determine the effect of abuse and neglect on academic achievement and attendance rates for children with and without disabilities.
38	Taylor, O., Horwitz, Irwin B., & Roberts, Robert.	2009	Identification of Maltreatment Type in Children with Disabilities Using the National Child Abuse and Neglect Data System (NCANDS)	https://search-proquest-com.jpllnet.sfsu.edu/docview/305004172/?pq-origsite=primo	It was found that children with disabilities have a lower rate of substantiation that likely indicates the interference of reporting due to their handicap. The results of this research demonstrate the important need to teach professionals and laypersons alike on how to recognize and substantiate abuse among disabled children.

Protection of Human Subjects

Incorporating human subjects were not required due to the nature of this study, so human subjects were not harmed. The Office of Research and Sponsored Programs from San Francisco State University determined that the study was exempt from interviewing or collecting data from humans. The study was approved by the Institutional Review Board of San Francisco State University (See Appendix A).

Chapter 4. Results

Early Intervention Services

Fortunately, early intervention services exist to support children and families holistically by promoting safety, permanency, and overall well-being. Maltreatment of young children with disabilities can lead to harmful effects on their development, however providing services for children in their first few years of life provides an opportunity to prevent or minimize the impact of abuse or neglect (Johnson-Motoyama, et al., 2016). Some early intervention services include physical therapy, occupational therapy, speech and language therapy, respite care, and transportation (Barth, et al., 2007). Intervention services may help improve the developmental needs of children including their physical and mental health, language and communication, cognitive development, social, and emotional development (Child Welfare Information Gateway, 2013).

Resources in early intervention services can also help families by potentially improving the parent-child relationship which may lower the risk of future maltreatment (Johnson-Motoyama, et al., 2016; Corr & Santos, 2017). In addition, supports for families enhance the capacity of families to meet their children's needs such as respite care, parent-to-parent support, and behavioral intervention support can reduce family stress (Shannon & Tappan, 2011).

Workers' Involvement with Children with Disabilities

Child protective workers often lack the knowledge and awareness in understanding work with children with disabilities. Orelove, Hollahan, and Myles (2000) found that only 6% of child welfare workers reported that they understood how to recognize children with disabilities (Shannan & Tappan, 2011). Researcher Manders reported that child protection workers in Georgia expressed discomfort when working with children with a variety of disabilities (Lightfoot & LaLiberte, 2006). In fact, Manders (1996) found that less than 1% of caseworkers in Georgia had received training on how to work with disabled children.

In another study, child welfare workers struggled with understanding the concept of developmental disability. Social workers expressed that they used the definition of developmental disability from the Americans with Disability Act (ADA), others used the definition from the Individuals with Disabilities Education Act (IDEA), but mostly workers stated they defined disability on their own terms (Shannan & Tappan, 2011). Besides identifying disabilities, child welfare workers reported that they also struggled with communicating with children with communication disabilities. Communicating with children especially in the screening and assessment process is imperative to substantiate abuse or neglect, identify the developmental needs of the child, identify proper services for children and their families, and to find the appropriate placement for the child. Unfortunately, there is minimal research on how child protective service workers serve children with disabilities.

Screening Process of Maltreatment

Screening is a key process in the child welfare system where a child welfare social worker determines if an allegation of abuse or neglect will be substantiated based on level of safety and risk factors. Screening efforts are crucial for children with disabilities for several reasons. First, screening provides an opportunity for child welfare workers to identify the children's disability, which is imperative to determine the appropriate placement of the child as well as for documentation purposes. Second, when disability is identified, services and support are offered for children and families such as early intervention and other support services. Third, children with disabilities have more complex needs compared to non-disabled children related to behavior, developmental needs, physical health, learning, and mental health (Shannon & Tappan, 2011). Lastly, since children with disabilities are less likely to report maltreatment, screening and assessment provides an opportunity for these children to get the support they need as they are more at risk for abuse and neglect compared to kids without disabilities (Shannon & Tappan, 2011).

Under-identification and Under-enrollment

Despite legislative requirements like CAPTA and IDEA have been enacted, children with disabilities have been under-identified within the child welfare system, consequently children are under-enrolled for services in the early intervention system (Rosenberg, 2006). Robinson and Rosenberg (2004) studied the rate of children identified and enrolled in the Colorado child welfare system and the early intervention system.

Results from the study found that the child welfare system failed to identify disabilities in more than half of the children that were recipients in both the early intervention and child welfare system (Corr & Santos, 2017). In fact, only 17% of children that were identified with a disability in the child welfare system were enrolled in early intervention services (Corr & Santos, 2017). In this example, children were both under-identified in the child welfare system and under-enrolled in the early intervention system.

In another study, data was drawn from 98 counties in 36 states from the National Survey of Child and Adolescent Well-being (NSCAW), a nationally representative longitudinal sample of children known to state Child Protective Services (Rosenberg, 2006). When the children were screened for disabilities in the child welfare system, 47% of the children were identified with developmental delay, making them eligible for Part C early intervention services. In the same study, social workers in the child welfare system were only able to identify 23% of the children that had a developmental problem, which implies that the workers did not recognize the children's developmental needs. Consequently, children were under-referred to early intervention services.

Furthermore, researchers found that less than a fifth of children (18.2%) in substantiated maltreated cases received a referral to early intervention services in nationally represented data study in 2008-2009 (Johnson-Motoyama, et al., 2016). The similarities in the research confirm that children are not accessed and identified properly for disabilities. As a result, children with disabilities and their families are not being referred for early intervention services.

Prevalence Data of Children with Disabilities in the Child Welfare System

Although the CAPTA act was established in 1979 to alleviate rates on children from further abuse, the maltreatment of children is still a major social concern in the United States. Although prevalence data on children with disabilities is limited, there is still a sufficient number of studies that report a significant number of children with disabilities that are represented in the child welfare system.

In 2008, 6 million children were referred to child protective services in the United States for allegations of abuse, neglect, or maltreatment. Among these children, 700,000 were substantiated for being victims of child maltreatment (Corr, et al., 2017). It has also been estimated that more than 40% of children under 3 with substantiated cases of maltreatment have significant developmental concerns and have an increased risk in developing developmental delay (Stahmer, et al., 2008). In another study, it is stated that the first year of a child's life is documented as the period for the highest rate of recurring maltreatment (Corr, et al., 2017). Although the United States have taken legal measures to keep children safe from abuse or neglect it is clear that children, especially younger children, continue to be maltreated. Studies of prevalence rates assert that children with disabilities are still represented in the child welfare system.

The only comparable U.S. national study conducted on maltreatment data was completed in 1992 by researcher Westat. Data was collected from 35 randomly selected child welfare agencies in the United States. Westat's results found that 14.1% of children with substantiated maltreated had one or more disabilities and were 1.7 more likely to be

abused or neglected compared to children without disabilities (Sullivan, 2009; Lightfoot, 2014). It is suggested that Westat's results is an underestimation of substantiated maltreatment as social service agencies did not use an operational definition of disability at the time (Lightfoot, et al., 2011). Instead, data collection of disability relied on child welfare social workers' ability to assess and identify disabilities. It should be noted that this study did not specify age in reference to "children with disabilities."

The most comprehensive epidemiological study was done in 2000 when researchers Sullivan and Knutson merged child maltreatment records with data in foster care settings, hospitals, law enforcement agencies, and schools (Child Maltreatment, 2016). The researchers found that 31% of maltreated children with an identified disability were receiving special education services (Lightfoot, et al., 2011). The data also revealed that children with disabilities were 3.4 more likely to be maltreated than their non-disabled peers (Sullivan & Knutson, 2000). This study is twice the likelihood of maltreatment than Westat's study conducted in 1992. However, the study by Sullivan and Knutson is likely to be more accurate since the 1992 study relied on child welfare workers' identification and assessment of children with disabilities (Lightfoot, 2014). The data on rate of maltreatment among children with disabilities range from 1.7-3.4 more likely to be maltreated compared to children without disabilities. Clearly, the data from these studies highlight the vulnerability of children with disabilities as the rates of maltreatment are significantly greater compared to their non-disabled peers.

Child-Level Risk Factors Associated with Maltreatment

Age

Various research addresses the prevalence of young children from age 0-3 with disabilities in the child welfare system. Within the U.S. child welfare system, 35-68% of preschool-aged children between the ages 0-3 demonstrated delays in neurological development, cognitive development, early language skills, and behavior (Johnson-Motoyama, et al., 2016). In another study, researchers found that 35.2% of children ages 0-3 in child welfare systems had developmental delays, which made them eligible for early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA) (Casanueva, et al., 2008). Younger children with disabilities are the most vulnerable to developing lasting harm, as they are still developing neurologically as well as in their skills and behavior. They also have greater dependence on their caregivers for their developing needs due to their disability.

Preschool-aged children not only represent a significant portion of children with disabilities in the child welfare system, but research reports that younger children are more susceptible in being harmed due to their age (Howe, 2006). Researchers Sullivan and Knutson concluded that children with disabilities that have been abused or neglected began when they were in pre-school age and continues throughout their childhood (Howe, 2006). In another study, Jaudes and Mackey found that preschool-aged children with behavioral problems were at greater risk for abuse (Algood, et al., 2011). In fact,

younger children with behavioral problems that have been maltreated were ten times more likely for recurrence of maltreatment in the future (Algood, et al., 2011).

According to the researcher Slayter, youth with disabilities represent 31.8% of the foster care population (Slayter, 2008). Other results from research found similar prevalence rates. In 1990, 20% of youth were found to have varying disability types when data was extracted from 33 child welfare agencies (Hill, et al, 1990). Further, a meta-synthesis completed in 2007 found that 27-35% of youth in foster care were disproportionately represented in special education rolls (Scherr, 2007). Youth with disabilities also experience higher rates of maltreatment compared to their counterparts without disabilities. Researcher Crosse, et al. found that youth with disabilities were more likely to experience physical abuse, sexual abuse, and emotional abuse compared to youth without disabilities (Crosse, et al., 1992). The data on the experience of youth in foster care are also discouraging. It is important to that in the child welfare system, family reunification is the ideal goal for children and families, however youth with disabilities are 37% less likely to be reunified with their families and more likely to be removed from their families (Slayter, 2008).

Gender

A synthesis of research reflect that males with disabilities are more likely to be abused or neglected than girls with disabilities in the child welfare system. Researchers Crosse et al. (1992), Kvam (2000), and Jonson-Reid et al. (2004) all found that boys with disabilities experience a higher rate of maltreatment compared to girls with disabilities

(Algood, et al., 2011; Shannon & Tappan, 2011). In another study conducted in 2005, data was extracted from 85 child welfare agencies located in Minnesota that identified substantiated maltreatment cases in the system. The study found that a higher percentage of children with disabilities were males (55.8%) compared to females (Lightfoot & Hill, 2009). After applying a logistic regression on gender and maltreatment, the study found that females were about 38% less likely to not have a disability diagnosis than males (Lightfoot & Hill, 2009). Although these few studies all demonstrate that boys with disabilities have a higher risk in maltreatment than girls, further research in regard to studying gender difference in maltreatment is needed.

Types of Disability

Several studies have found that another risk factor for maltreatment depends on the type of children's disability. In 2005, researchers completed a study in Minnesota's child welfare systems to find prevalence rates for the children with disabilities that had substantiated maltreatment. The most common disability identified for children with disabilities to have substantiated maltreatment was emotional disturbance, followed by other disabilities such as intellectual, behavioral, developmental, substance abuse, and learning disabilities (Lightfoot, 2014). These results are not surprising as two earlier studies have also shown similar outcomes among substantiated maltreatment. For example, Crosse et al (1992) found that rates of substantiated maltreatment were more likely to occur among children with emotional disturbance, learning disability, or speech delay or impairment (Lightfoot, et al., 2011). Similarly, Jonson-Reid et al (2004) found

that more than 21% of children with first reports of physical abuse were diagnosed with severe emotional disturbance (Lightfoot et al., 2011).

Children with “educationally relevant” disabilities had the highest rate of maltreatment than children without “educationally relevant” disabilities (Lightfoot, 2014). Sullivan and Knutson (2000) described such disabilities as behavioral disorders, communication disorders, “mental retardation,” and orthopedic disabilities (hearing or vision impairments) and found that rates ranged between 2 and 7.3 times more likely to maltreated on all four categories of abuse or neglect compared to non-disabled children (Howe, 2006). It is important to note that the term “mental retardation” was used before it was more appropriately changed to “intellectual disability” by Congress in 2010. In the study, Autism and visual impairment showed no increased risk of physical abuse compared to non-disabled children (Howe, 2006).

Types of Maltreatment

Younger children with disabilities experience different types of maltreatment at higher rates compared to children without disabilities. The child welfare system recognizes child abuse and neglect in four major categories: physical abuse, neglect, emotional abuse, and sexual abuse. In one study completed in 2005, data was extracted from the National Survey of Child and Adolescent Well-Being, the first nationally representative study of children investigated for maltreatment (Casanueva, et al., 2008). From the 1,845 children aged 0 to 36 months that was sampled, the main type of substantiated maltreatment was neglect, followed by physical abuse, emotional abuse,

and sexual abuse (Casanueva, et al., 2008). Similarly, Lightfoot (2014) reports that neglect is the most common form of maltreatment experienced by children with disabilities than non-disabled children (Crosse et al., 1992; Sullivan & Knuston, 2000; Slayter & Springer, 2011).

In terms of children in general, rates of maltreatment were also conducted in other studies. In an earlier study done in 2000, researchers Sullivan and Knutson evaluated over 3,000 children in the child welfare system and also found neglect was the most predominant maltreatment type (Shannon & Tappan, 2011). Their results found that children with disabilities were 3.8 more times more likely to be neglected or physically abused, followed by emotional abuse, and sexual abuse than children without disabilities (Olga, et al., 2009; Howe, 2006; Lightfoot, et al., 2011). Several studies also assert that children with disabilities not only experience all types of maltreatment at a higher rate, but also more likely to experience multiple forms of maltreatment (Lightfoot, 2014; Lightfoot, et al., 2011). It should be noted that some children that are abused or neglected acquire a permanent disability as a result of maltreatment (Lightfoot, 2014; Hibbard & Desch, 2007).

Family-Level Risk Factors Associated Among Maltreatment

Parental Stress

One micro-level factor that may increase the risk of maltreatment is the parental stress. The parent-child relationship is compromised when parental stress occurs, which is associated with higher rates of maltreatment (Algood, et al., 2011; Lightfoot, 2014).

Caring for children with disabilities may increase parental stress due to the extra resources and supervision that is needed such as extensive physical care, behavioral supports, and financial support and thus makes bonding more difficult (Lightfoot, 2014; Howe, 2006). Howe (2006) adds that parents with lower stress thresholds are more susceptible to abusing or neglecting their child. As Bronfenbrenner stated, relationships in the microsystem level are bi-directional, and the parent's ability to handle stress directly impacts the child, which can escalate to maltreatment (Murphy, 2011). On the other hand, the child's behavior also has a cause-effect impact on the parent-child relationship.

Studies indicated that another risk factor of maltreatment include children with behavioral disorders that display violent behaviors toward their parents (Murphy, 2011). Parents that have been indirectly injured by their children's behaviors may resort to aversive reactions and lead to physical abuse, emotional abuse, or neglect (Murphy, 2011). Children that display behaviors that parents do not know how to manage increases the level of parental stress and ultimately contributes to the risk of maltreatment.

Parents' Social Support

Another element that increases the risk of maltreatment is lack of parental social support. Social support is considered a protective factor in mitigating parental stress when caring for children with disabilities (Algood, et al., 2011; Hsiao, 2018). Researcher Hsiao (2008) asserted that the the most helpful support is from one's spouse or partner

when raising children with disabilities. Contrarily, children living with a single mother increases the rate of abuse 14 times than compared to children with both biological parents (Murphy, 2011). Children with disabilities living in households with a single parent is likely to experience an even more increased rate of abuse due to the additional personal, physical, emotional, social, and financial commitment, and resources needed. However, other examples of social support that could help reduce parental stress include one's direct family, extended family, friends, community network, and professionals. On the microsystem level, it could be explained that the lack of parental social support increases parental stress, which directly has an impact on the parent-child relationship and risks of maltreatment are increased.

Chapter 5. Discussion

The purpose of this study was to provide an overview of the existing literature about mistreated children with disabilities and their families in their experience with child welfare professionals and services. The study conducted a meta-synthesis of 39 works of literature dated from 1979-2018 in order to answer the following research questions: (a) what types of services are offered to children with disabilities and their families; (b) what is the experience of child welfare workers when they engage with children with disabilities in the child welfare system; (c) what are the child-level risk factors that increase the rate of maltreatment among children with disabilities; and (d) what are the family-level risk factors that increase the rate of maltreatment among children with disabilities. After a process of synthesizing and analyzing related literature, the articles were organized into categories related to the research topic. The ecological perspective was used as a framework to conceptualize the child-level and family-level risk factors that increase the rate of maltreatment among children with disabilities.

The results of the study concluded that early intervention services exist to help maltreated children with disabilities support the healthy development of young children can have positive effects that last throughout childhood and into adulthood (Child Welfare Information Gateway, 2012). However, many child welfare professionals lack the knowledge and training in screening children with disabilities and therefore, children are under-referred to early intervention services.

The socio-demographic results demonstrated that a significant number of younger

children with disabilities have a higher rate of maltreatment. Infants and toddlers with disabilities are a unique population in the child welfare system because they are more vulnerable to lasting harm compared to older children with disabilities. The reiteration on referring young children to early intervention services is highlighted here as infants and toddlers are able to quickly learn communication skills, cognitive skills, emotional and behavioral regulation, and social interaction skills that are important for future functioning and adaptation in society (A.C. Stahmer, et al., 2009).

In terms of microsystem factors, outcomes for both parents and children with disabilities can be improved when social workers assist with improving parent-child relationships. Social workers must assess how the parent interacts with their child with disabilities. Once assessed, social workers can provide referrals in services on improving parent-child bonding, psycho-education training on parent-child dynamics, and apply intervention strategies on improving parent-child bonding. Child welfare agencies also need to provide training in the organizational level for child welfare workers to understand how children with disabilities can impact the parent-child relationship and family functioning. Social workers also need to support parents by mitigating their stress levels in order to lessen the chance of abusing their children.

Since parental stress is such a strong indicator that increases the rate of maltreatment, social workers must complete a thorough assessment of all factors that create parental stress on a family. Families that experience social isolation and lack of social support can be referred to community programs that link parents to supportive

resources such as positive parenting groups and parent empowerment programs. Social workers can also mitigate the stress of social support by helping families identify community, familial, or professional supports in caring their children.

As the ecological perspective states, mesosystem interactions include interagency collaboration among service professionals. Interagency collaboration between the child welfare system, early intervention system, and other agencies need to work together in order to improve access, coordination, and provision of services for children with disabilities (Corr, et al., 2017). Cross-systems collaboration with child welfare systems and early intervention system is crucial since the child welfare system is the gateway to provide referrals for early intervention services. Both systems need to team together so that children are properly assessed, identified, and enrolled for services. Both systems also need to collaborate to ensure the continued safety, health, and well-being of maltreated children with disabilities.

Since the child welfare system is the first system that children encounter when they are maltreated, child protective workers also need to be aware of other programs and services available besides early intervention to provide direct support to these kids. The programs and services would cover other areas of concern such as physical health, socialization, education, and community support. Examples of partners that could collaborate with child welfare are teachers, physical therapists, occupational therapists, dentists, and doctors.

In the exosystem level, outcomes of maltreated children with disabilities can be improved through changes in the child welfare system. Child protective agencies need to implement extensive training for child protective workers in understanding how to work with children with disabilities. When child protective agencies enact policies to help their workers be more competent in working with this vulnerable population, it would also help lessen the risks of increased risk of abuse from reoccurring. First, child welfare workers need to be properly trained to screen for disabilities when children enter the child welfare system. When workers can properly assess and identify children that have any kind of developmental delay or disability, children and their families are given the appropriate services from the early intervention system. When workers can also accurately identify disability, child welfare agencies can begin to track the precise numbers of children with disabilities that are accounted for in child welfare. Disability data creates visibility for children with disabilities so that researchers can better understand how to support the needs of children and their families.

Another exosystem level suggestion is to create a new worker position in child welfare agencies, such as a Disability Advocacy Specialist. The Disability Advocacy Specialist would consult with staff in the child welfare system about working with children with disabilities. In one study, implementation of a disability specialist in child welfare resulted in higher disability identification rates and improvement in providing basic developmental services to refer children and their families to early intervention or school-based programs (Shannon & Tappan, 2011). The Disability Advocacy Specialist

could also team with a disability training facilitator in the child welfare system to create a disability training program and training manual on how to work with children with disabilities that have been maltreated.

Overall, the goal of the training program would improve 1) staff's knowledge about how to recognize disabilities; 2) staff understanding of the value of early intervention services; 3) staff understanding their role in serving children with disabilities; 4) staff understanding intervention strategies that could positively impact children's lives; and 5) staff understanding how to access and coordinate specialized services for the children (Rycus, 1990).

Another way to improve the provision of services and care of children with disabilities is ensuring that child protective service workers advocate for developmental advocacy in settings such as Team Decision-Making Meetings (TDMs) and Child and Family Team Meetings (CFTs). The goals of such meetings such as TDMs and CFTs is to ensure the child's safety, permanency, well-being and allows all participants supporting the children's family to sit at the table. Advocating for developmental services and support in TDMs and CFTs continue the consistency and continuity of care in the exosystem level for children with disabilities and their families.

Chapter 6. Implications & Limitations

As findings indicate, this study has significant implications for social work practice and policy considerations.

Social Work Practice

Social workers that work with children with disabilities in the child welfare system lack the knowledge and awareness in understanding how to work with children with disabilities. Many child welfare agencies also do not provide training for social workers to effectively screen and access for maltreatment for children with disabilities. This researcher advocates for improving procedures that would increase knowledge on how disabilities impact child development, help identify children with disabilities, communication, and intervention strategies with children with varying disabilities, and increase staff knowledge on the value of early intervention services. Again, creating a disability specialist on site for child welfare agencies would also greatly mitigate confusion and understanding when working with children with disabilities and their families.

This research study focused greatly on social workers improving their disability screening skills so that early intervention services can be referred to children. However, child protective social workers must also serve children with disabilities holistically by providing them support and resources in their individualized needs related to their physical health, mental health, education, and recreational settings. The families of these children also must be provided with support as well related to their care for their children

such as respite care, supervision, social and community support, and related professional services depending on their needs. In the screening and assessment process of the child welfare system, social workers must complete a family assessment for both the children and the parents to assess their needs.

Social work intervention strategies that could help alleviate parental stress is providing parental training in topics such as child behavioral management, psychoeducation about children with disabilities, and stress management skills (Murphy, 2011). If parental training cannot be provided by the child welfare agency, social workers can advocate for such trainings by partnering with professional staff such as the parent's psychotherapist, dyadic therapist, disability case worker, or disability training managers. The interventions help parents sustain their long-term caretaking capabilities, which keep children safe from abuse and neglect.

Intervention strategies that help children with disabilities from reoccurring maltreatment include promote self-advocacy and risk-reduction skills. Children with disabilities can learn how to distinguish between appropriate and inappropriate interactions with others and communicate their concerns to trusted adults (Murphy, 2011). Social workers can advocate for children to learn protective strategies by partnering with school social workers, teachers, or the school's disability specialist.

Policy

It was challenging to find precise data on prevalence dates for children with disabilities because it was not a mandated policy to record disability data in the child

welfare system until the reauthorization of the Child Abuse Prevention and Treatment Act in 2010. As a result, few child welfare agencies identify and report the prevalence of disabilities, which makes it difficult to know the precise numbers of children with disabilities in the child welfare system. In fact, findings from a 2006 research show that only 33% of child welfare systems in the U.S. report documenting and identifying children with disabilities in their system (Lightfoot, et al., 2011).

In the meantime, statistics on children with disabilities in the child welfare system can only be expected to grow and increase in accuracy as states are beginning to collect mandated data since the year 2010. The few state administrative data published by child welfare agencies that report prevalence data on children with disabilities still needs to be considered as they have shown some reliability and consistency, which was considered in this research study (Shannon & Tappan, 2011).

Limited disability data is also the result of the absence of standardized definition of “disability” utilized across all child welfare agencies (Sullivan, 2009). Despite the federal definition of disability defined by the Administration on Developmental Disabilities and the Individuals with Disabilities Education Act, many state child welfare systems use their own definition of what constitutes as a disability. Child welfare workers are left to determine the severity of the disability, disability type, and numbers of disability criterion identified depending on state policies (Barth, et al., 2007).

Policy procedures on the statewide level need to be enacted so that all child welfare agencies recognize the one standardized definition of disability. The consistency

in using one definition of disability may mitigate the challenges that many child protective workers have when screening and assessing for disabilities. It should be noted that the prevalence rates on children with disability utilized in this research is more likely to be a higher number due to the reiteration that many child welfare workers struggle with identifying disabilities.

Child protective agency policies can be enacted to ensure standards to generate agency accountability related to disability training, implementation of a Disability Advocate Specialist, intervention strategies, and logistical protocol when children with disabilities enter the child welfare system. Many families also have difficulty accessing support services such as hospital programs, clinics, public/private social programs, and early childhood education due to living in low-income communities (Algood, et al., 2011). Policies can be enacted on the state level in order to provide accessibility to programs for children and families. An existing federal U.S. policy such as the Child Abuse Prevention and Treatment Act (CAPTA) requires coordination between child protective, public health, mental health, and developmental disabilities programs (Algood, et al., 2011). As this legislation is open to reauthorization, states must revise their policies to meet family needs.

Limitations

This study has several limitations. Due to time constraints, only some research was covered in the experience of parents of children with disabilities in the child welfare system. Ideally, this researcher wanted to examine the holistic experience of the family

unit in how they are served, the services offered, as well as improvements to advance social work practice. With more time, this researcher would have also liked to find more information on both parental risk and protective factors in the context of maltreatment for children with disabilities. Instead, the research study primarily focused more on children with disabilities since more research exists about children with disabilities compared to their parents. In addition, this researcher would have liked to conduct more research on the early intervention system about its services, service professionals, and service effectiveness.

Further, the lack of qualitative data also affected the study. There is limited data on the experience of child welfare professionals when working with children with disabilities. Since workers' involvement pertains to the research question, incorporating additional content would have given more insight on the topic. Another research topic that lacked data included parental risk factors. Both the number of parent-level risk factors as well as the amount of literature existed. Besides research questions, there was a lack of prevalence data found on children with disabilities. More research on such topics would create a more in-depth and substantial project: current practice in how child welfare workers serve children with disabilities, early intervention services, current practices in working with biological families, socio-demographic characteristics of children and families, and cross-systems collaboration. With more time and additional qualitative literature were reviewed and synthesized, more relevant intervention strategies could have been incorporated into this study.

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Appendix

Dear Diana,

ORSP - Human and Animal Protections has determined that your project, “**A Meta-synthesis: Experiences of Families with Children with Developmental Disabilities. Implications for Child Welfare**” is **Exempt** from regulatory oversight and does not require further ORSP-HAP review. Your project is exempt under the following code(s):

45 CFR 46.101 (b) (4) research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

Please note that your approval will not expire, but any future changes to your project may require review. Your protocol number is **E17-253**. I have attached your application to this email for your records.

Please feel free to contact our office with any questions or concerns.

Regards,

Monique Mosqueda

ORSP-Human and Animal Protections