



Children with Disabilities

Particularly FASD Involved with the Manitoba Child Welfare System

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Children with Disabilities - FASD

- A series of research projects under the auspices of the Prairie Child Welfare Consortium
- Joint initiatives of the Faculty of Social Work, University of Manitoba and the Child Protection Branch, Manitoba Department of Family Services and Housing
- Funded by the Public Health Agency of Canada through the Centre of Excellence for Child Welfare
- Project duration: First project began June 2004. Research continuing to March 2009



Children with Disabilities - FASD

Project Goals:

- **Phase I: June 2004 - October 2005**
 - Create a profile of children with disabilities in care in Manitoba (number of children, distribution of disabilities, nature of disabilities, children's care needs)



Children with Disabilities - FASD

○ Phase II: 2006-2007

- Determine the care trajectory of children with FASD entering the child welfare system.

○ Phase III: 2007-2008

- Examine the transition issues for youth with FASD “aging out” of care.



Disability Definition

- Any child whose ability to function in age-appropriate activities of daily living is compromised by limitations in one or more of the following areas:
 - Physical
 - Sensory
 - Intellectual
 - Mental health
 - Medical
 - Learning



Phase I - Methodology

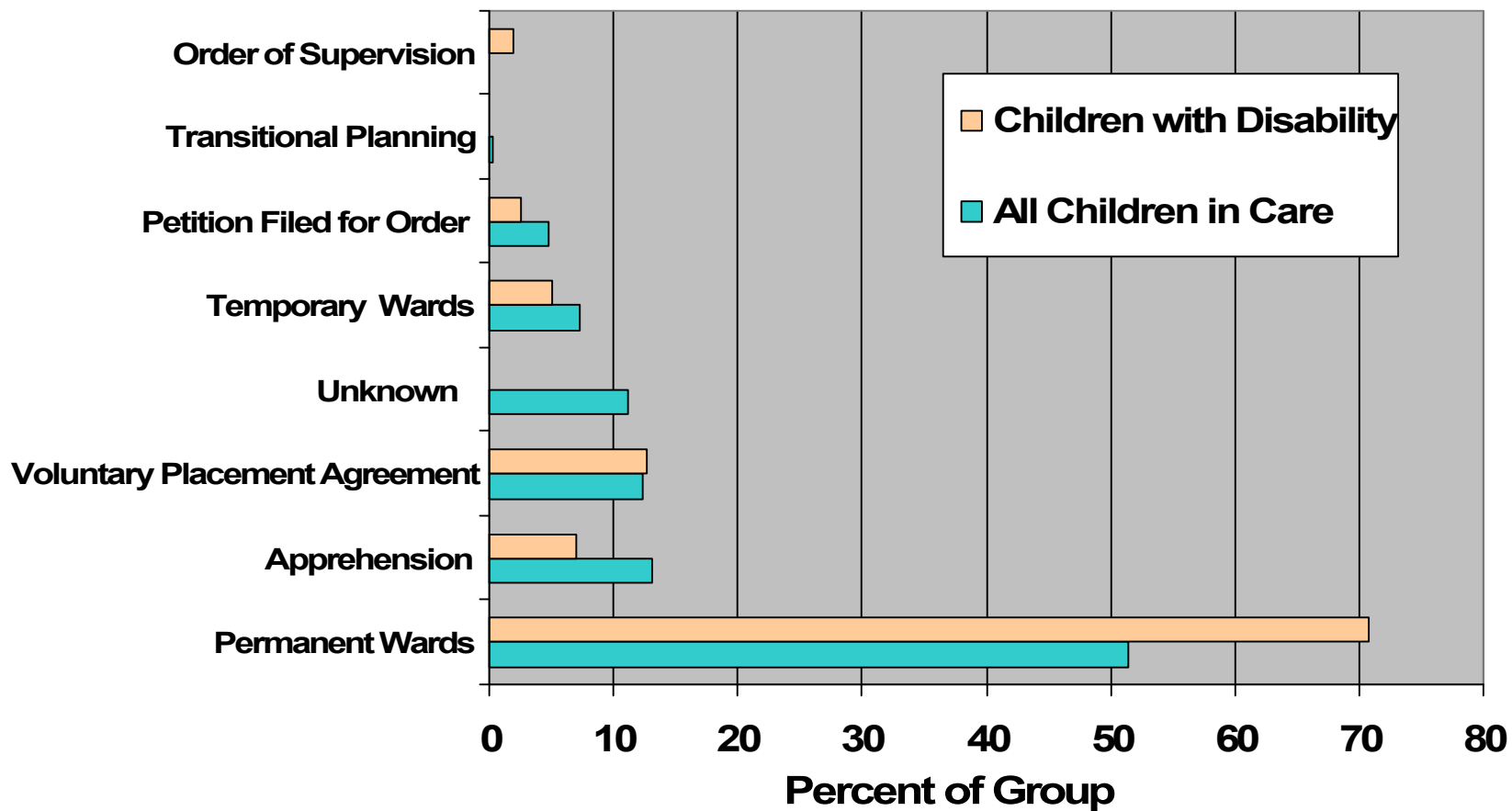
- Using our disability definition, agencies identified children for review
- Researchers gathered information from files on site using a standard tool
- Data was compiled and analyzed descriptively



Phase I - Findings

- Of the 5664 children in care on September 1, 2004, 1869 (33%) met our definition of children with a disability.
- Of the 1869 children in care with disabilities, 1126 were male (60.2%) and 743 were female (39.8%)
- Mean age for population is 10.52 years. Median age was 11 years.

Legal Status of All Children in Care and Children with Disabilities





Culture of Origin

- 1472 of the 1869 children in care with disabilities are of Aboriginal descent (79%)
- Of the 5664 children in care in Manitoba in September 2004, approximately 79% were of Aboriginal descent

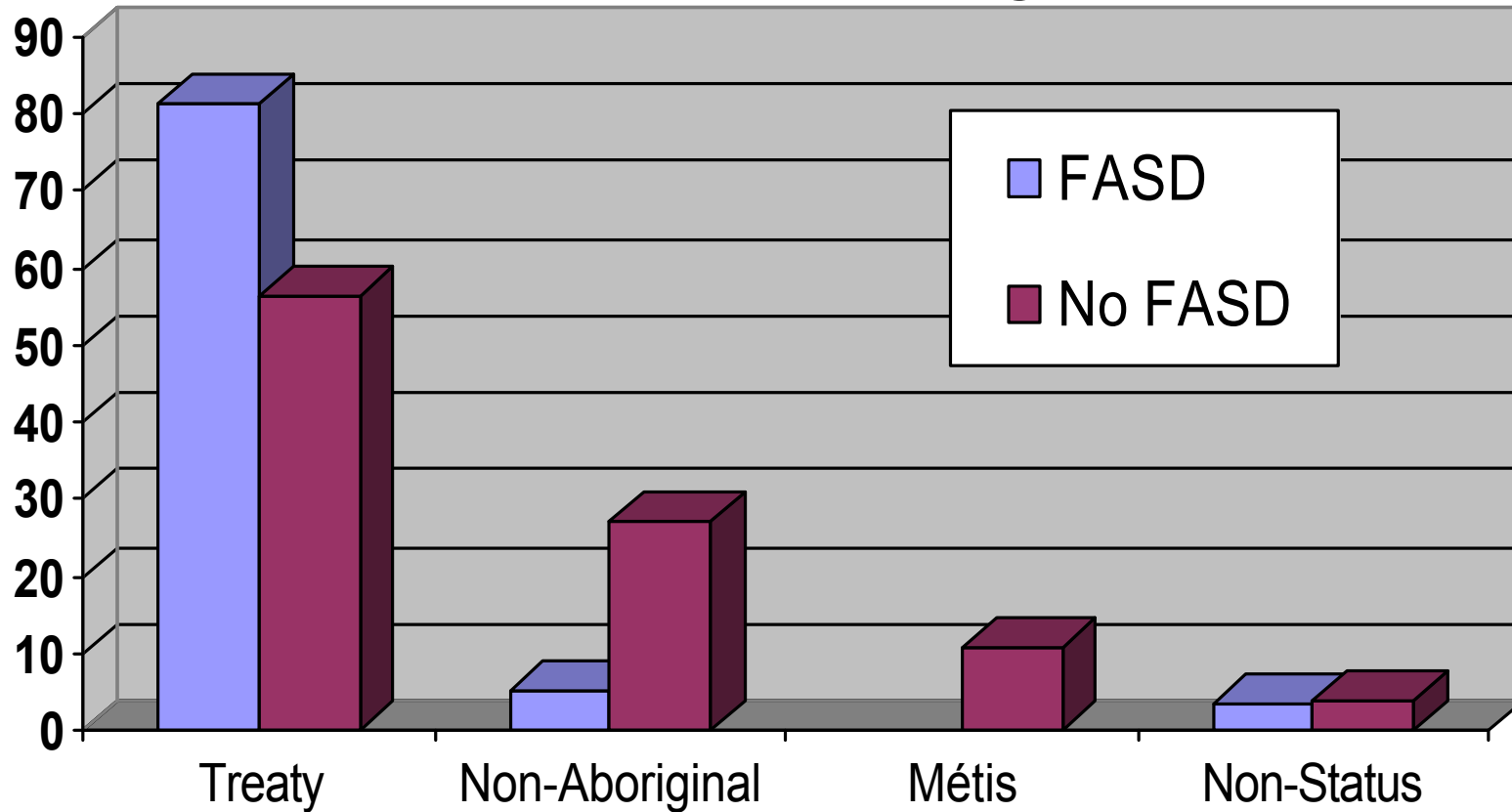


Culture of Origin

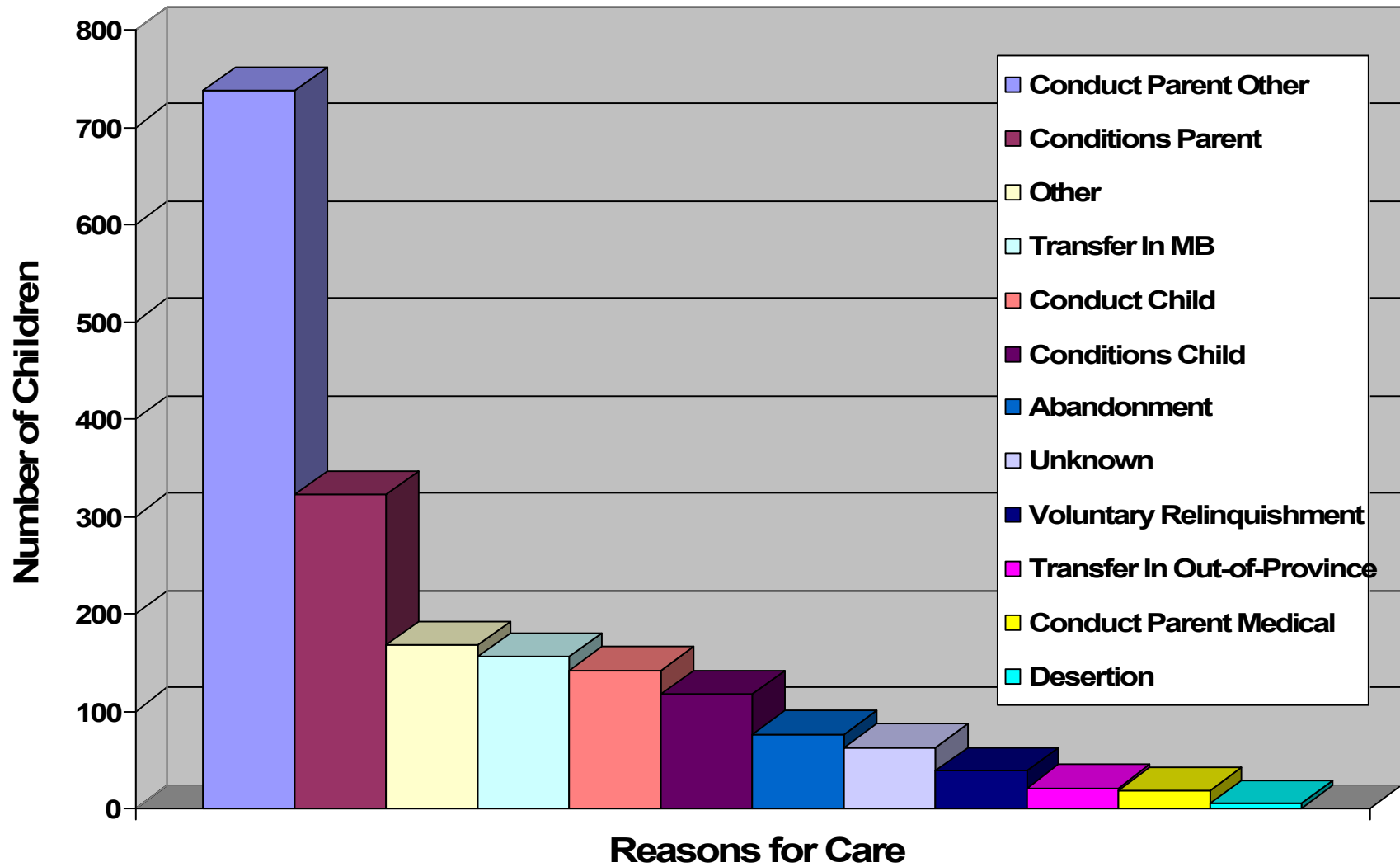
Of the 1869 children in care with disabilities:

- 1213 have Treaty Status (First Nations)
- 188 are Métis
- 69 are Non-Status Indians (First Nations)
- 2 are Inuit
- 368 are Non-Aboriginal
- 29 Children were not determined

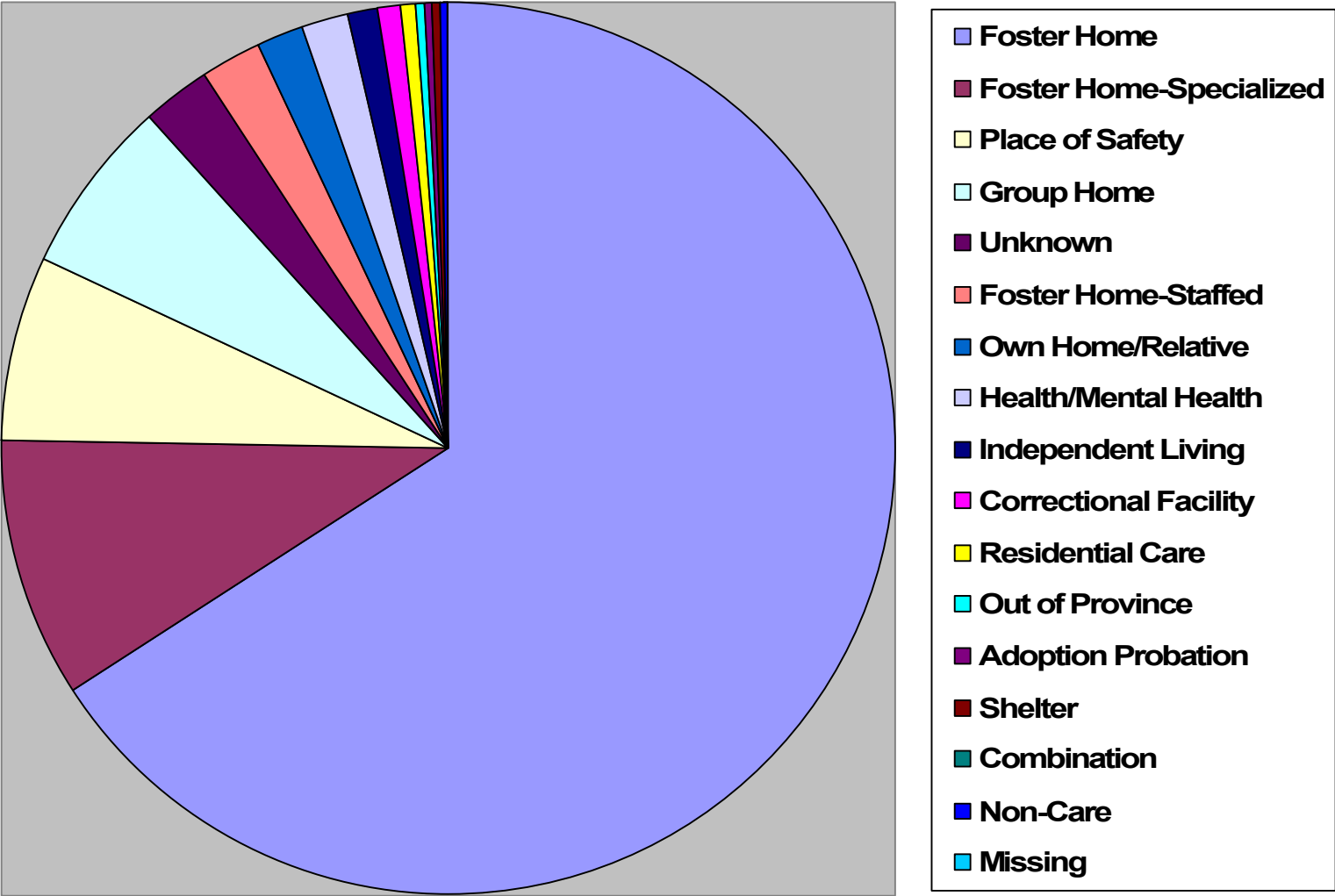
Culture of Origin of Children with Diagnosed FASD and Children with no Diagnosed FASD



Frequency of Reasons for Coming Into Care



Placements

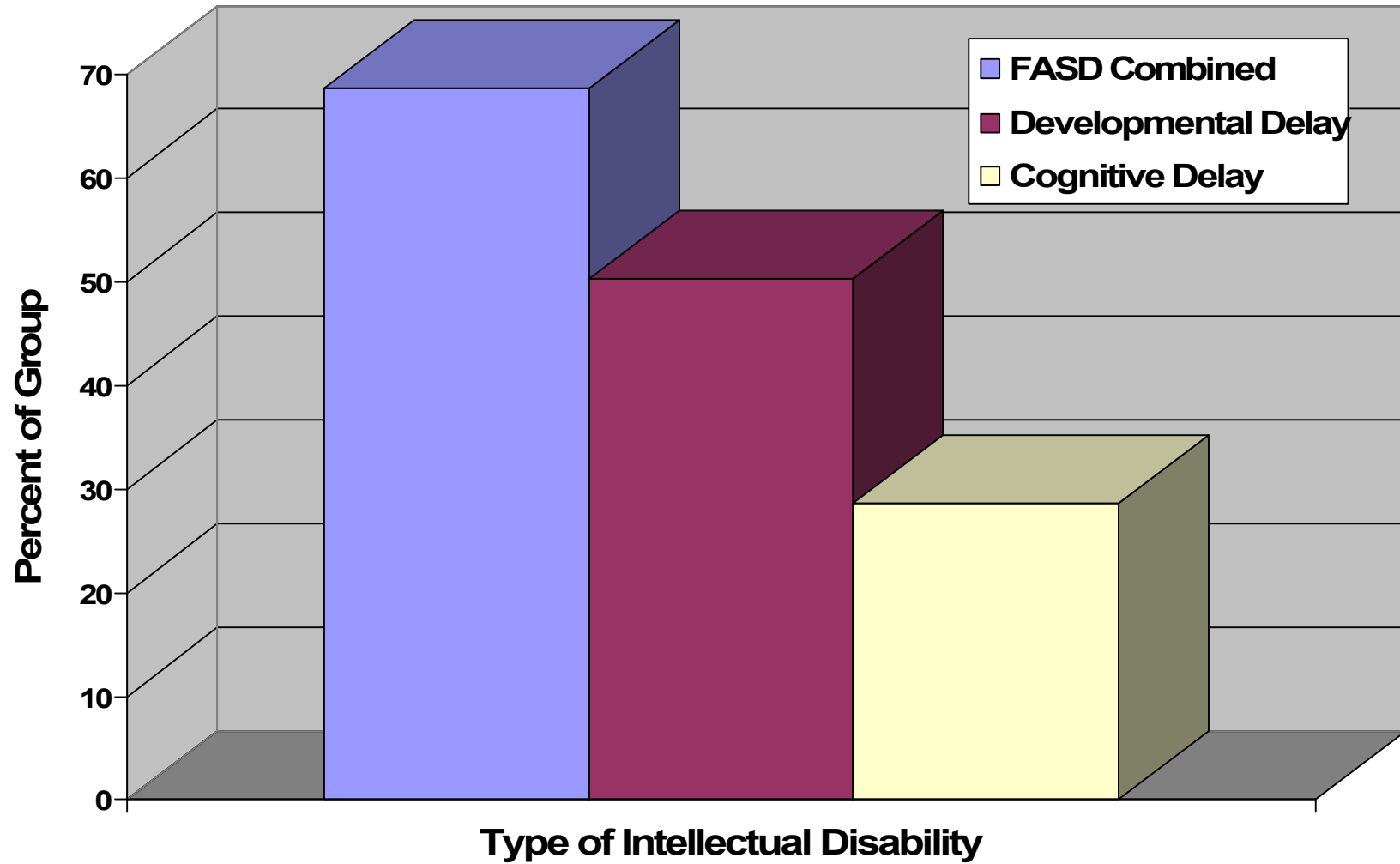




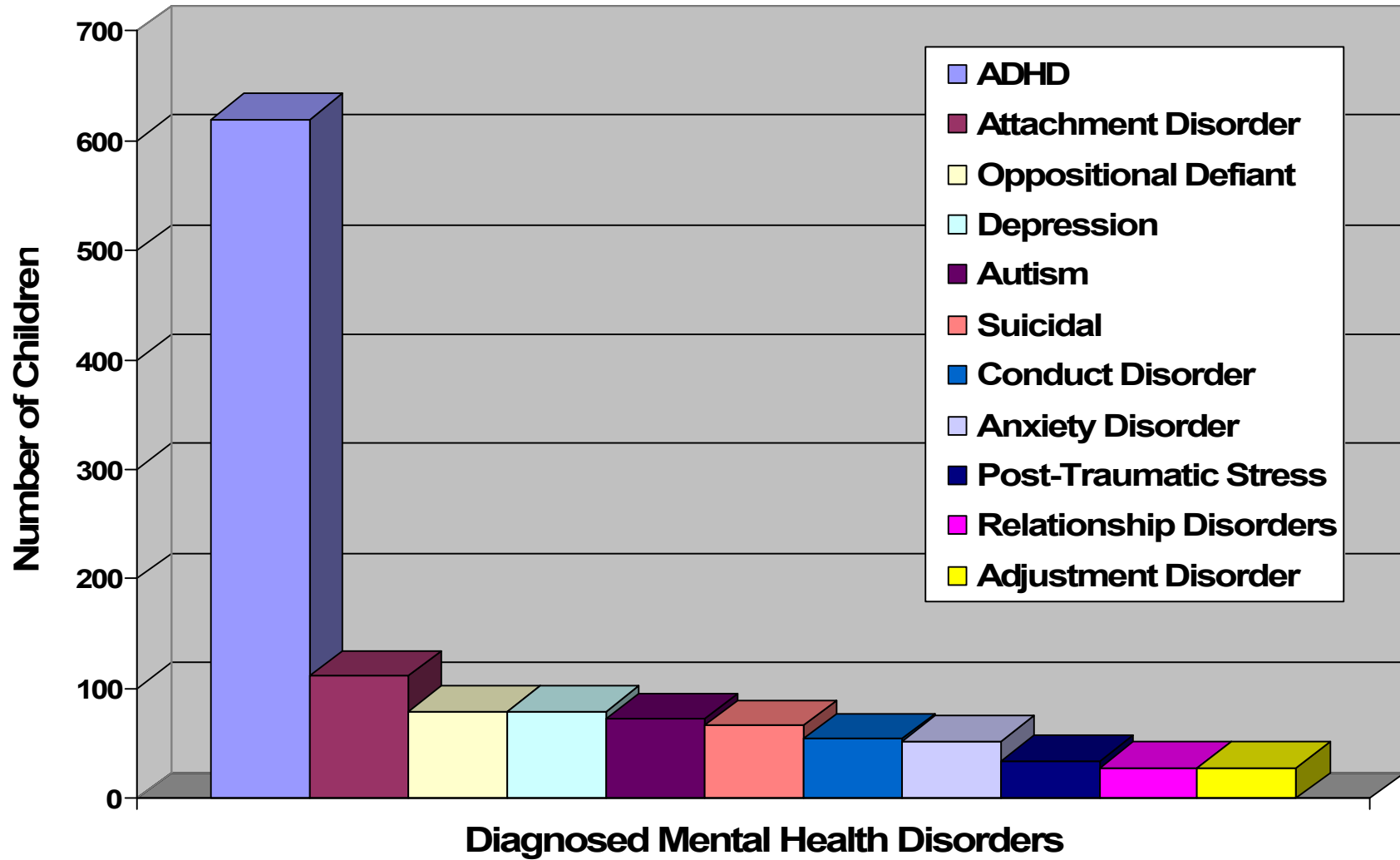
Disabilities

- Intellectual Disabilities affected 1403 (75.1%) of children with a disability
- Mental health conditions were identified for 1039 children (55.6%)
- Medical disabilities were noted for 419 children (22.4%)
- Physical disabilities were reported for 334 children (17.9%)
- Learning disabilities were identified for 114 children (6.1%)
- Sensory disabilities were reported for 90 children (4.8%)

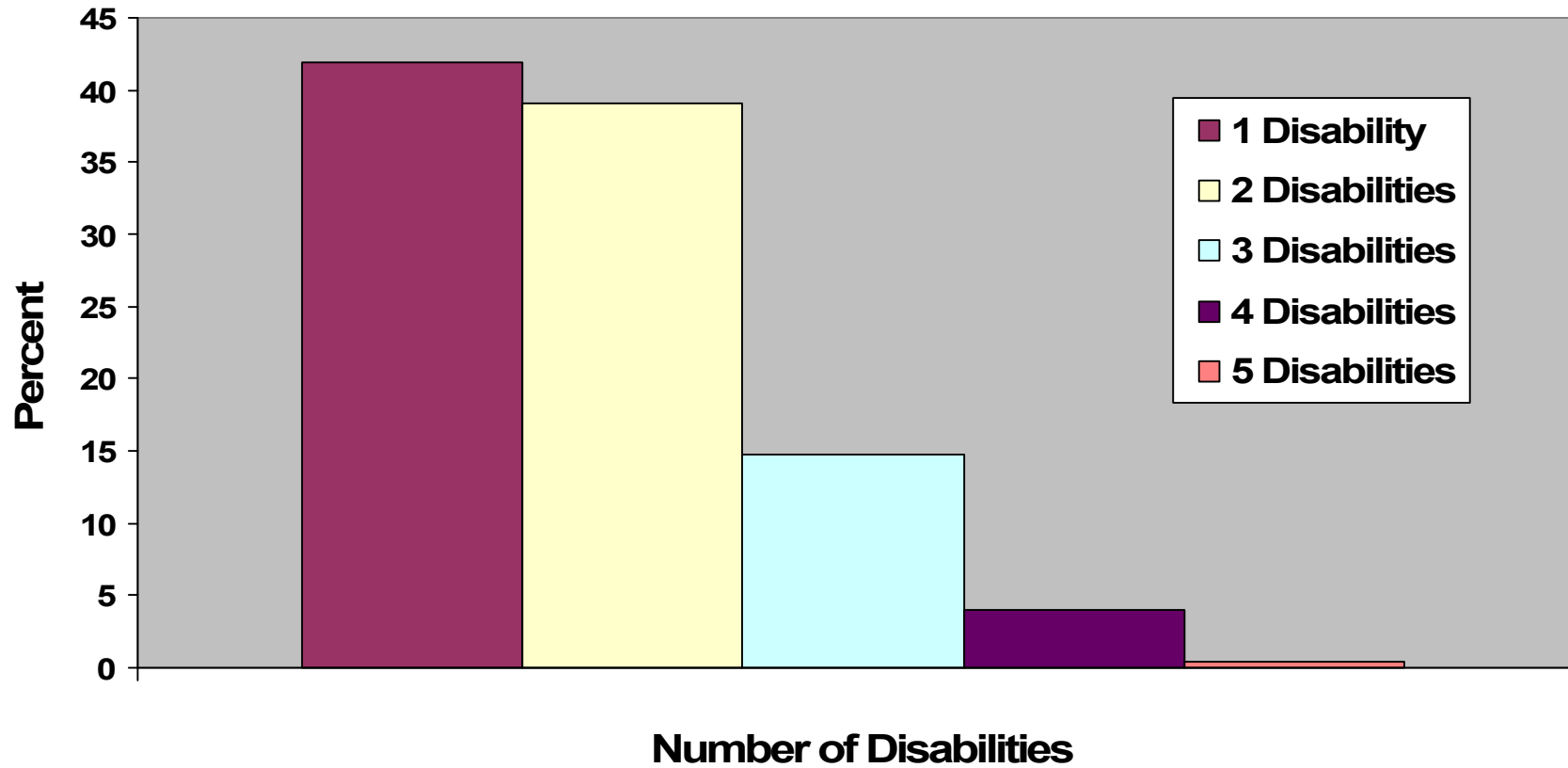
Frequency of Types of Intellectual Disabilities (FASD Combined)



Frequency of Most Commonly Diagnosed Mental Health Disorders



Frequency of Multiple Disabilities





Co-Occurrence of Mental Health and Intellectual Disabilities

- Of the 1869 children in care, all but 73 had either an intellectual disability, mental health disorder or both
- 514 children had both an intellectual disability and a mental health disorder
- 757 children had only an intellectual disability
- 393 children had only a mental health disorder



FASD

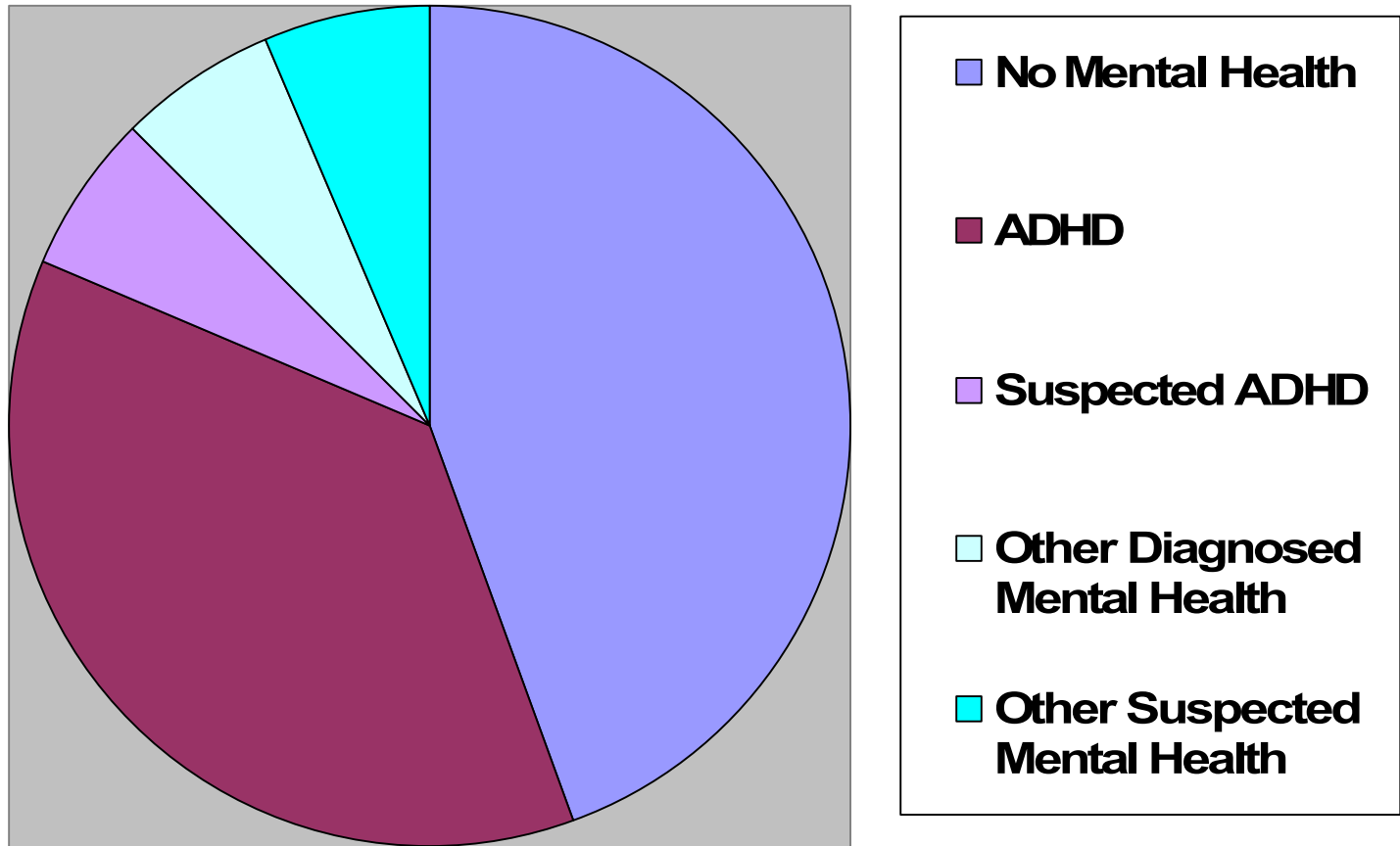
- FASD was diagnosed in 640 of the 1869 children in care identified with a disability.
- FASD was suspected in a further 323 cases.



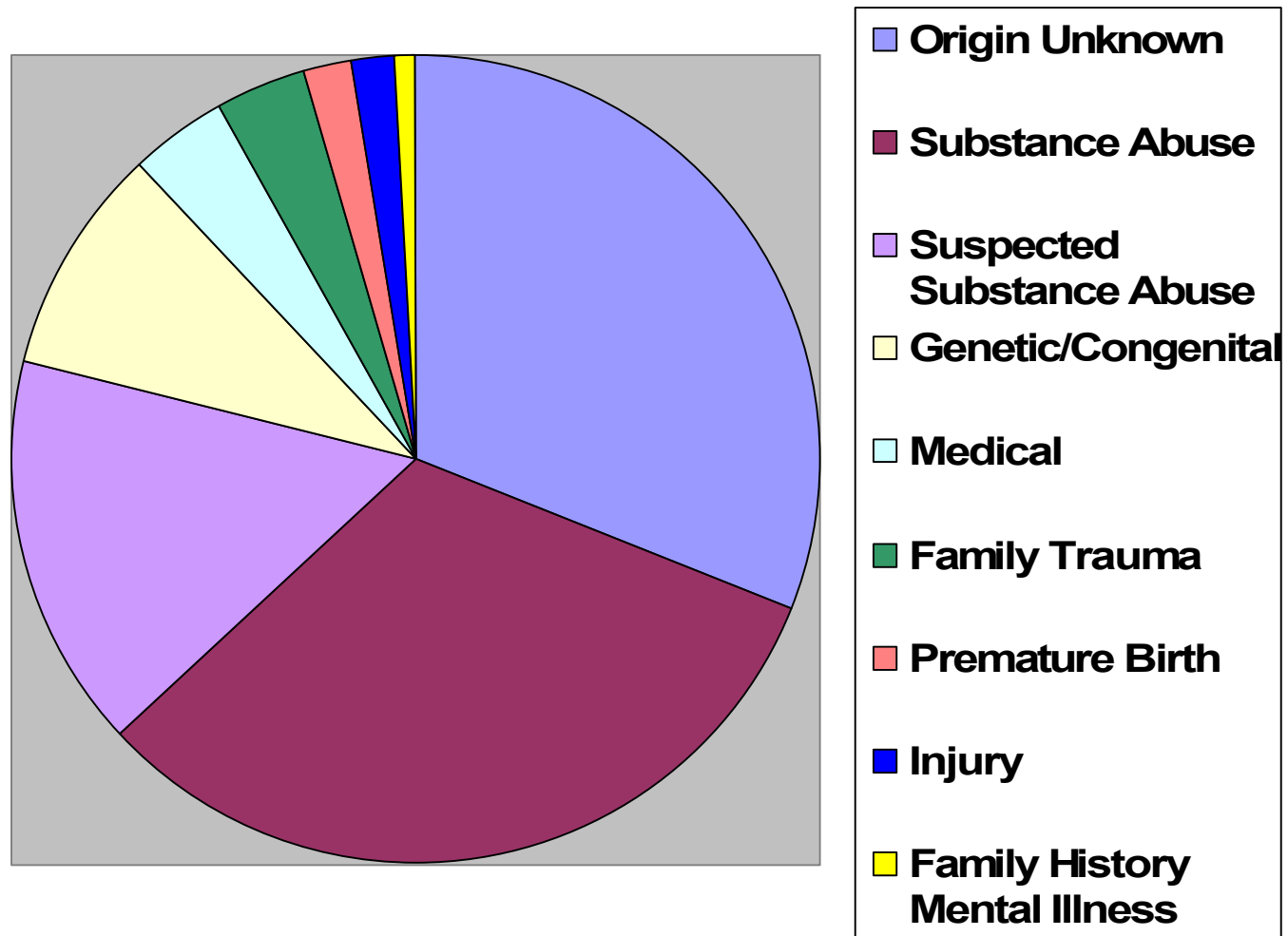
Impact of FASD

- 963 children in care were impacted by diagnosed (640) or suspected (323) FASD.
- This represented approximately 17% of the children in care population in Manitoba

Co-Occurrence of Diagnosed FASD and ADHD



Origin of Disability Including Suspected FASD





Phase 1 - Summary

- 1 in 3 children in care had a disability
- Intellectual disabilities were found in 75.1% of children
- Multiple disabilities were found in 58.1% of children
- Substance abuse was the largest known origin of disabilities



Phase II – Research Questions

- What is the history of CFS involvement for children with FASD?
 - Legal status history
 - Placement history
- How does it compare to the history of children with other disabilities and children with no disabilities?



Phase II - Methodology

- Using CFS administrative database (CFSIS), established a population comparable to 2004 CWD group.
- Developed special queries related to legal status and placements.
- Created comparison groups based on legal status and disability.



Phase II - Methodology cont'd

- Children were grouped by disability:
 - FASD – Fetal Alcohol Spectrum Disorder (diagnosed and suspected)
 - CWD No FASD – Children with disabilities but no FASD
 - No Disability
- And by Legal Status:
 - PW – Permanent Ward
 - VPA – Voluntary Placement Agreement



Analysis

Data was analyzed on random samples from 6 disability and legal status groups:

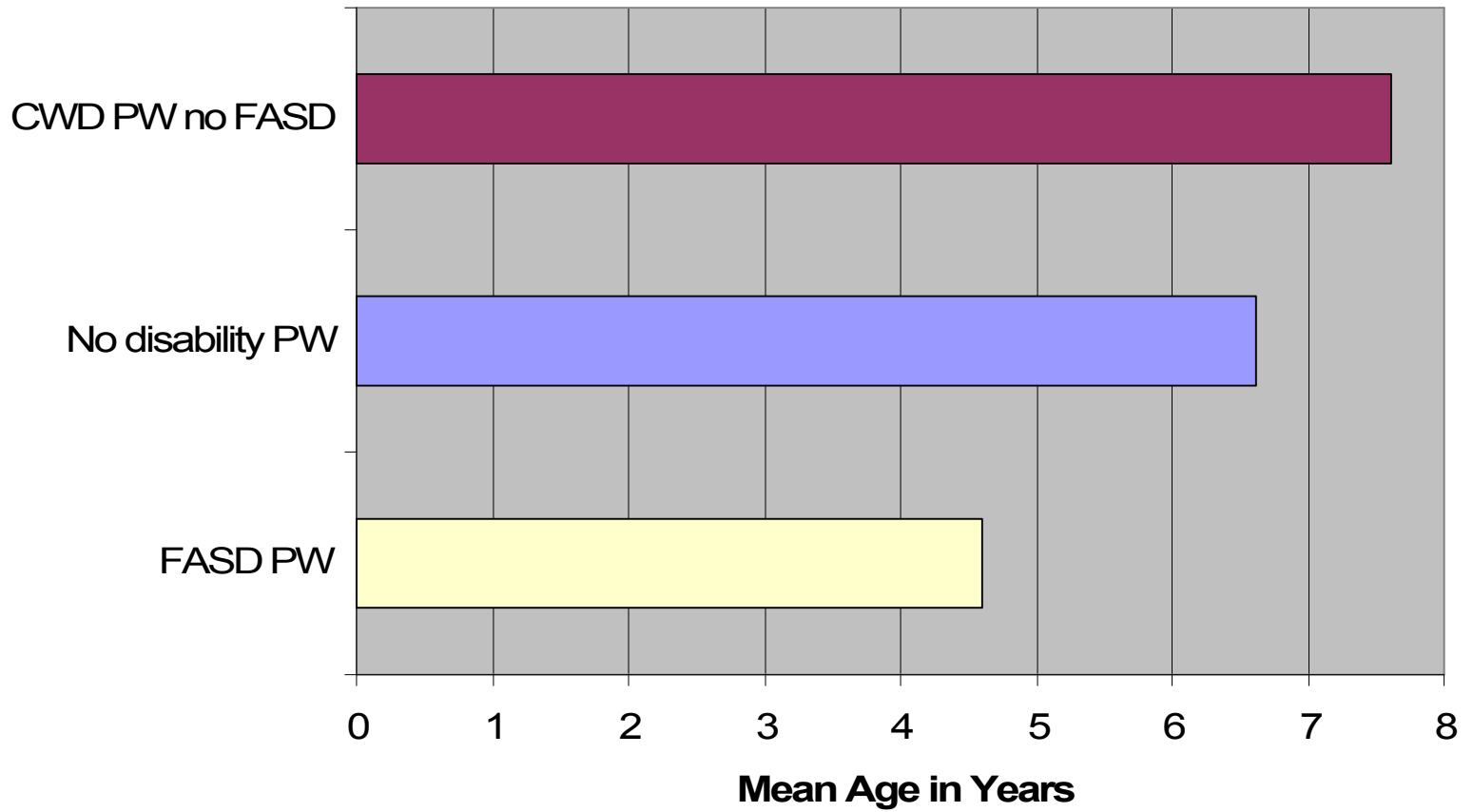
Disability	PW n	VPA n
FASD	122	18 or 20
CWD No FASD	94	38
No Disability	329	165



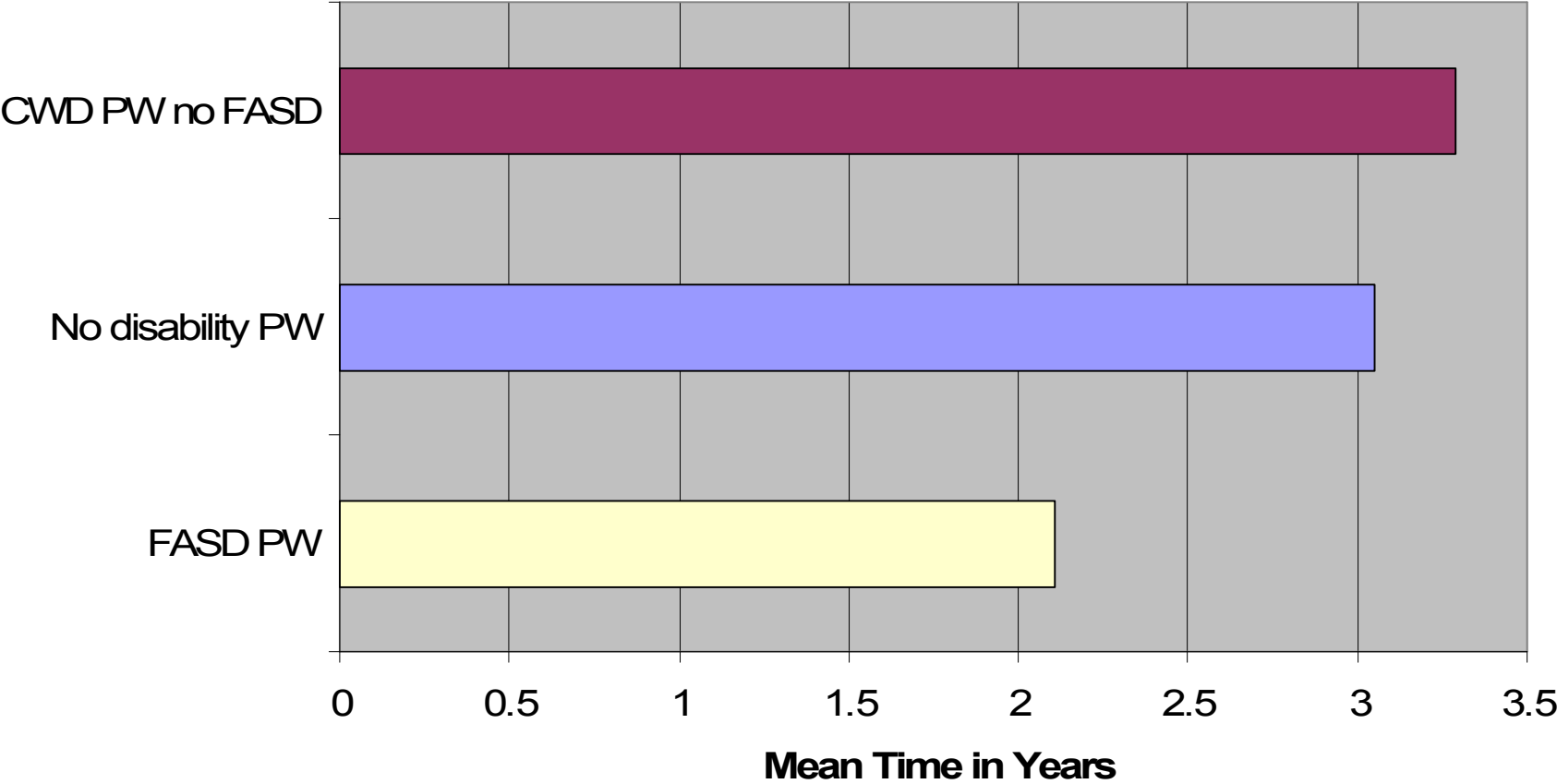
Colour coding scheme

- Yellow represents children in care with FASD.
- Red represents children in care with disability but no FASD.
- Blue represents children in care with no disability.

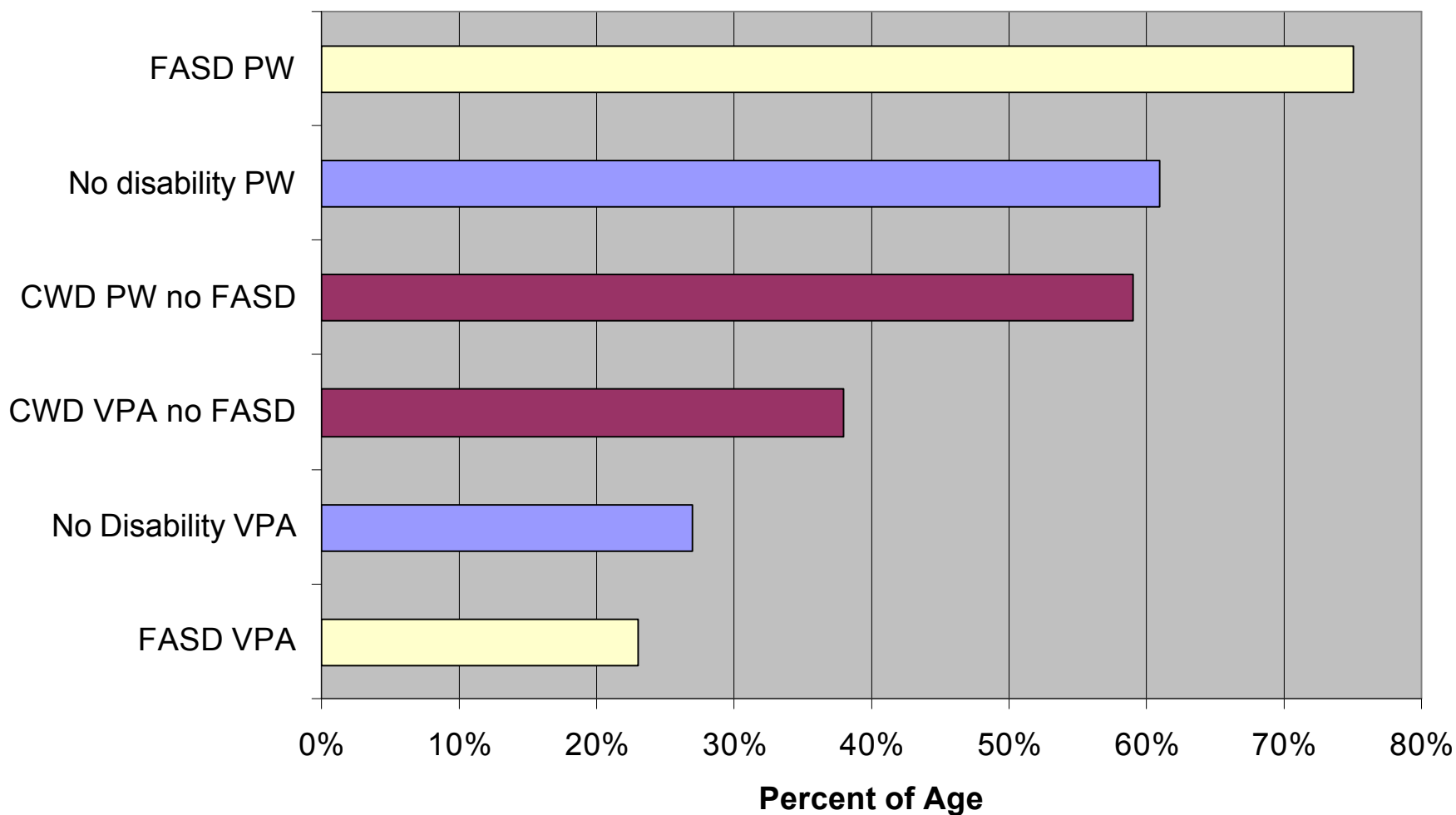
Comparison of Mean Age Children Became Permanent Ward in Years by Disability Group:



Comparison of Mean Time from 1st Legal Status to Becoming a Permanent Ward in Years by Disability Groups



Comparison of Time with a Legal Status as a Proportion of Age by Disability and Legal Status Groups





Phase II - Summary

○ Children with FASD:

- Enter care at a younger age
- Become PW more quickly
- Spend a greater proportion of their lives in care



Phase III - Research Questions

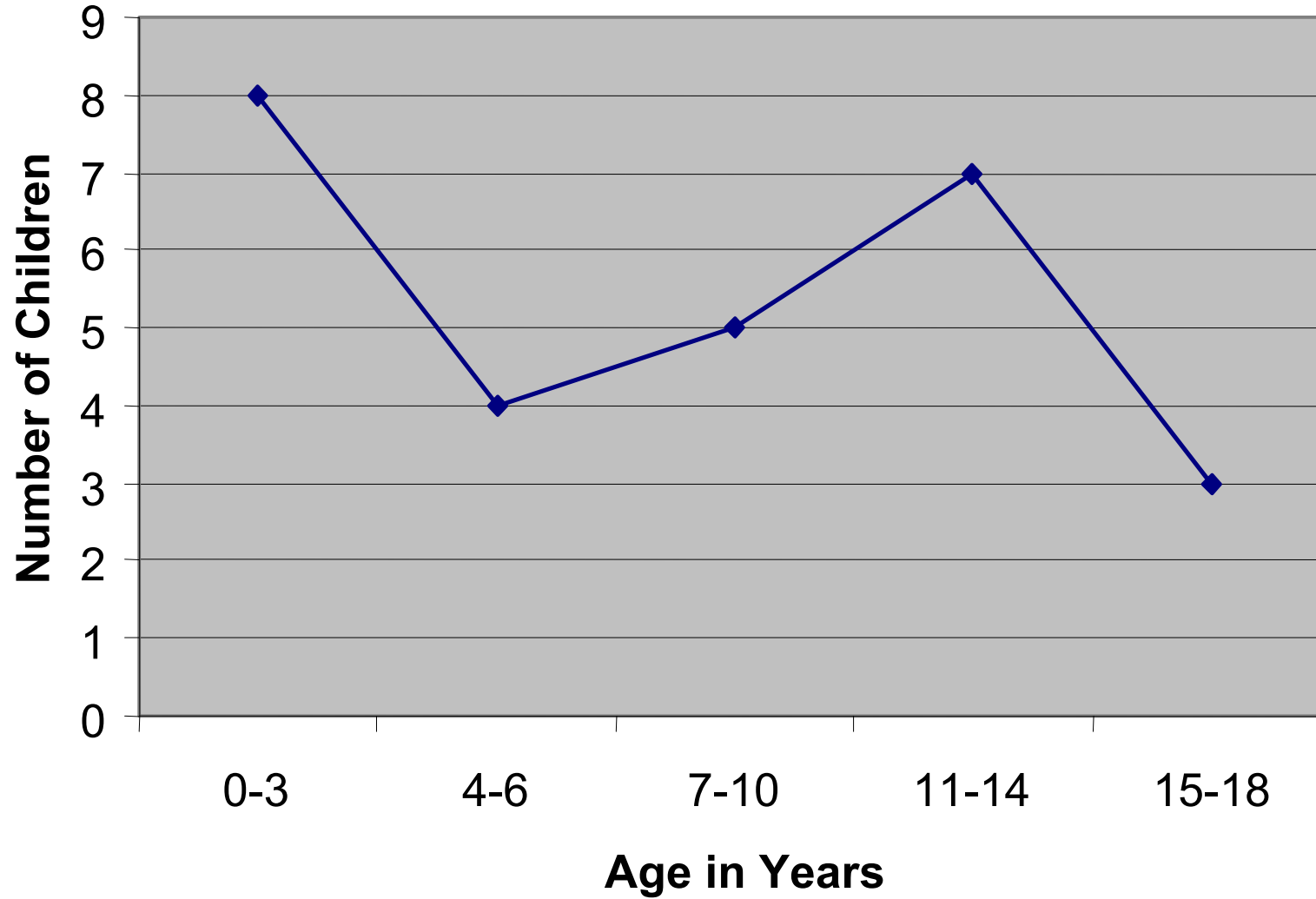
- What are the transition plans for youth with FASD reaching age of majority?
- What factors in their child in care history contribute to the success of their transition?
- What increases their risk of poor outcomes?



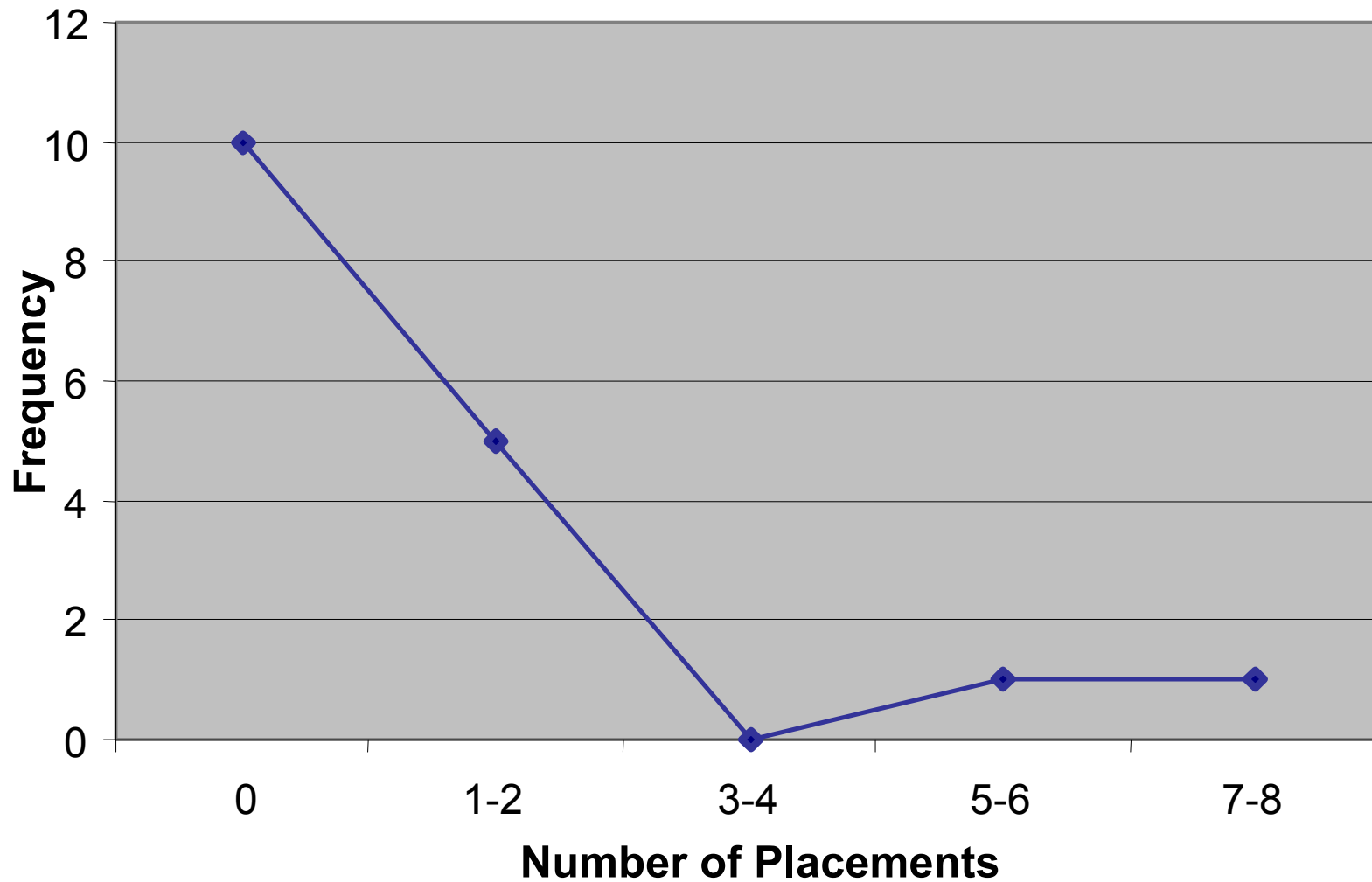
Phase III - Methodology

- Created a sample of youth age 16 or more who:
 - Were identified in 2004 with FASD (diagnosed or suspected)
 - Had closed Permanent Ward or Transitional Planning files
- Examined their files using the administrative database

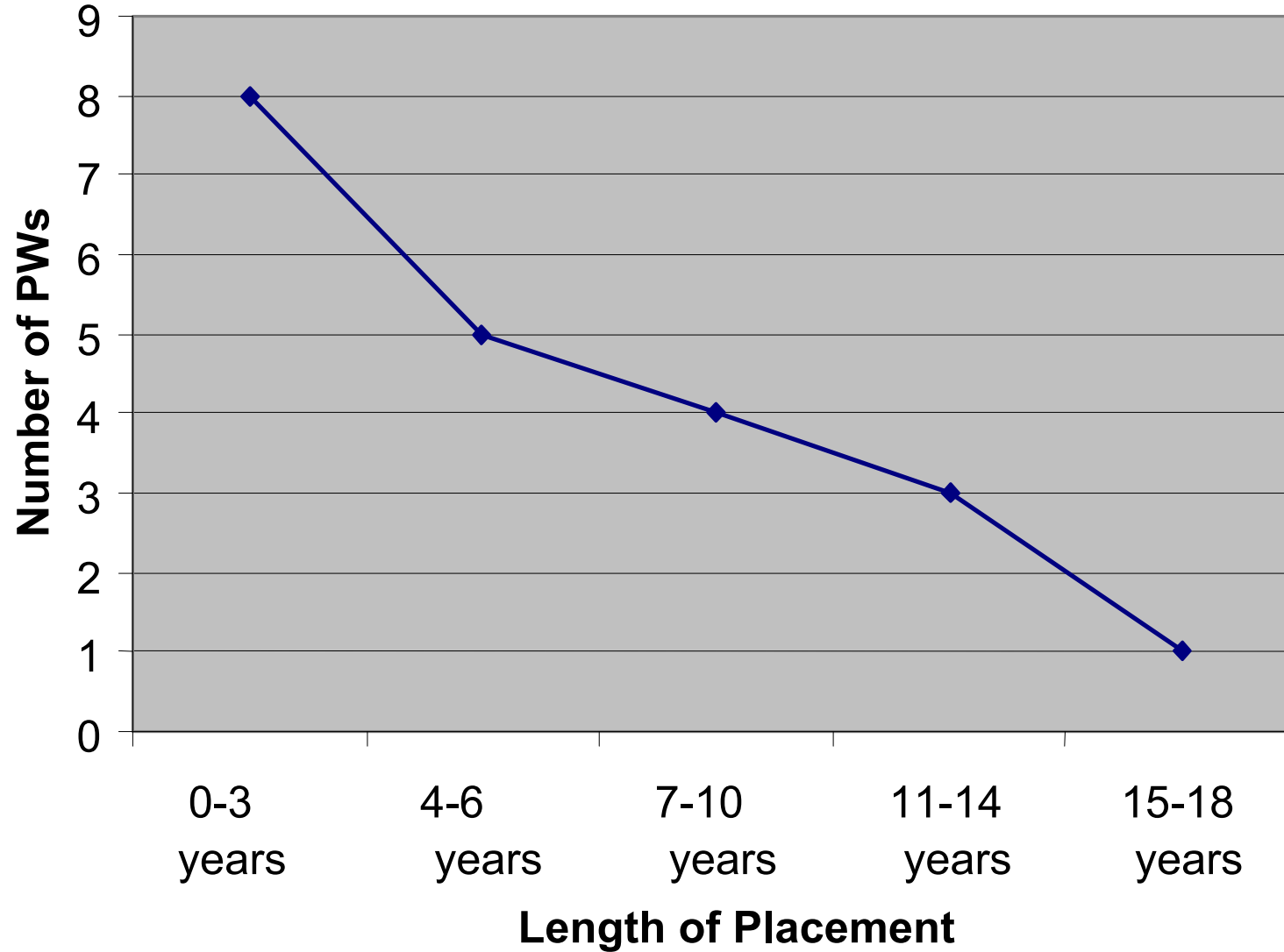
Frequency of Age at Permanent Ward Status (N = 27)



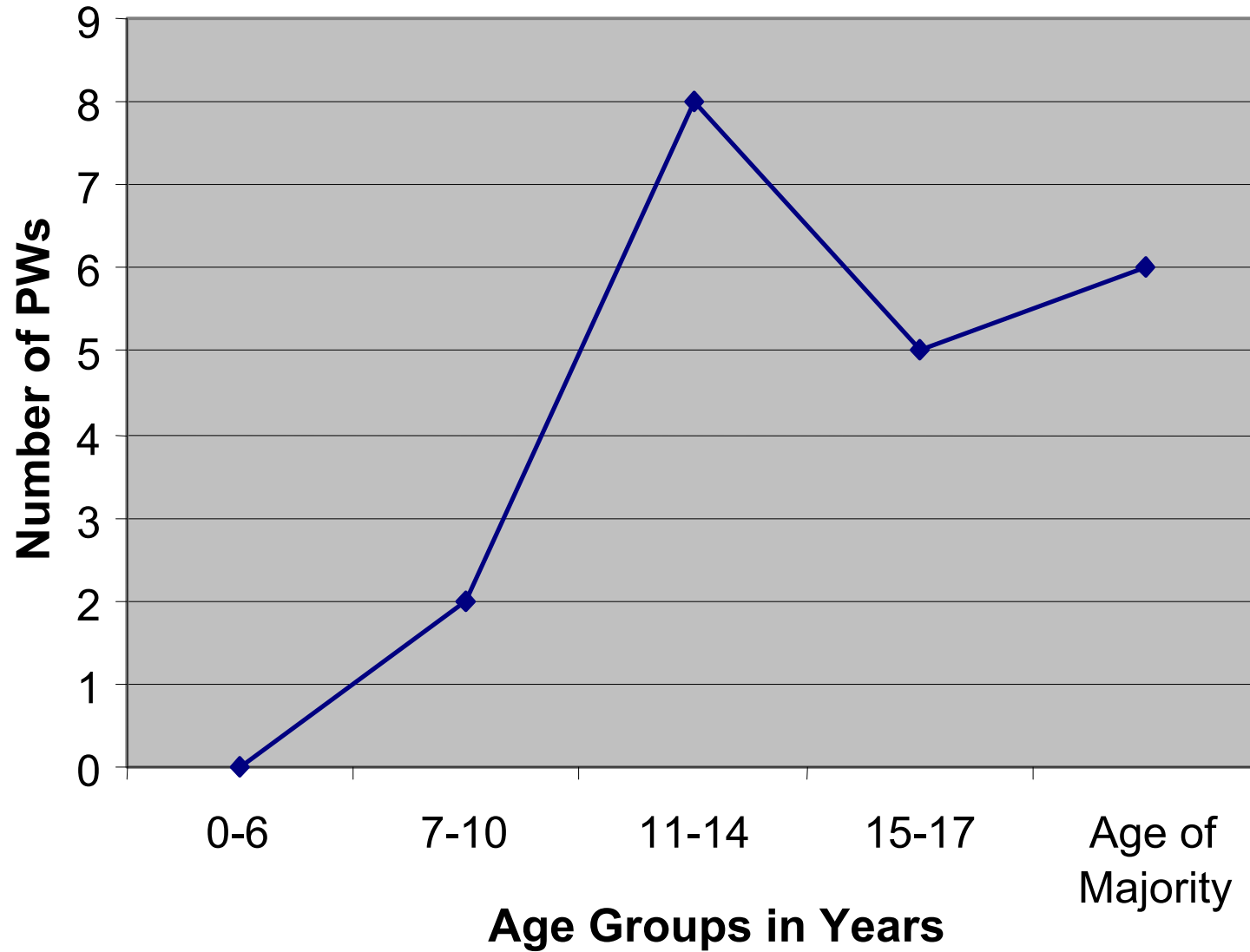
Frequency of Number of Placements Preceding Longest Placement of PWs (FASD) (N = 17)



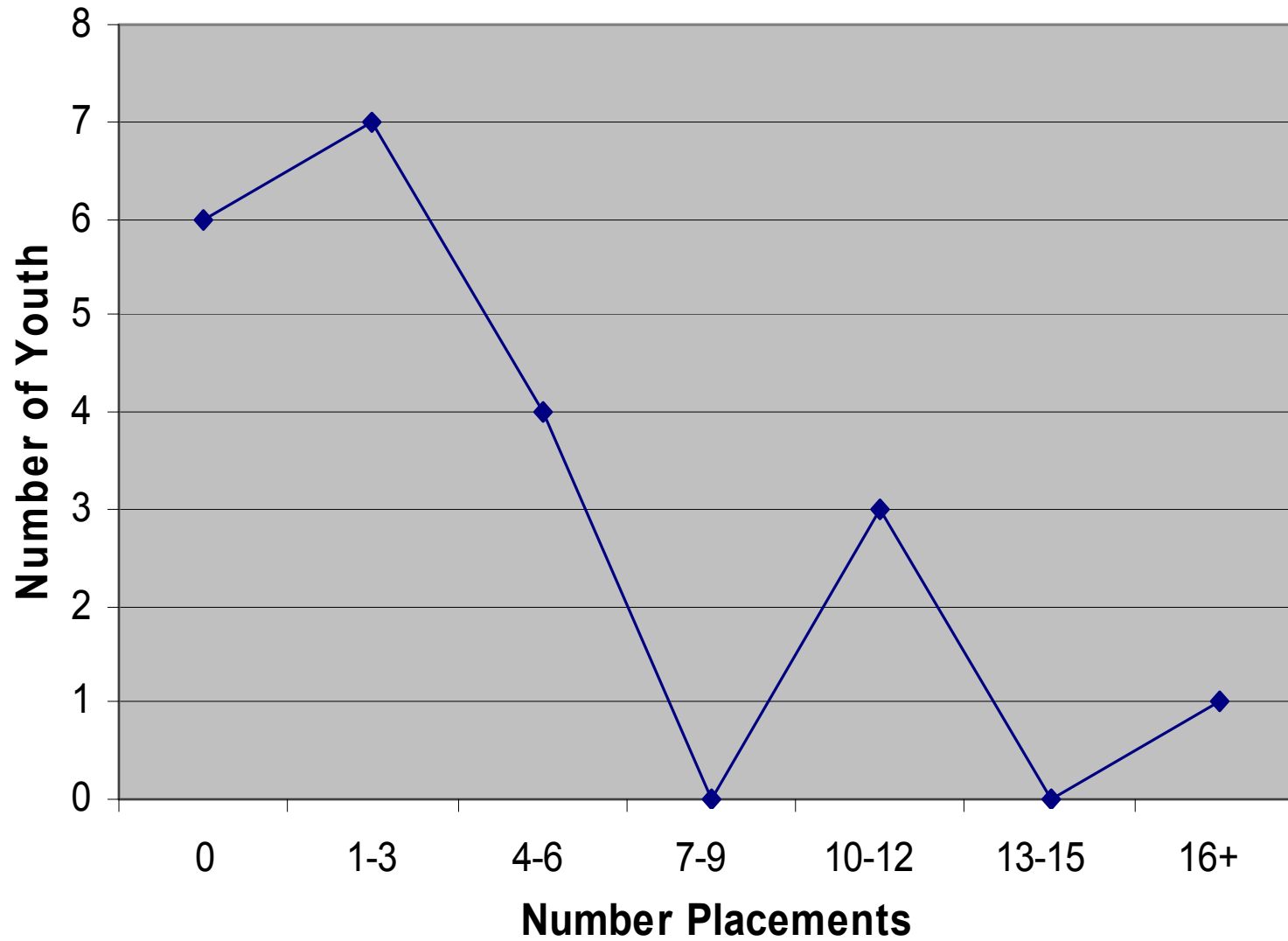
Frequency of Length of Longest Placement of PWs (FASD)(N = 21)



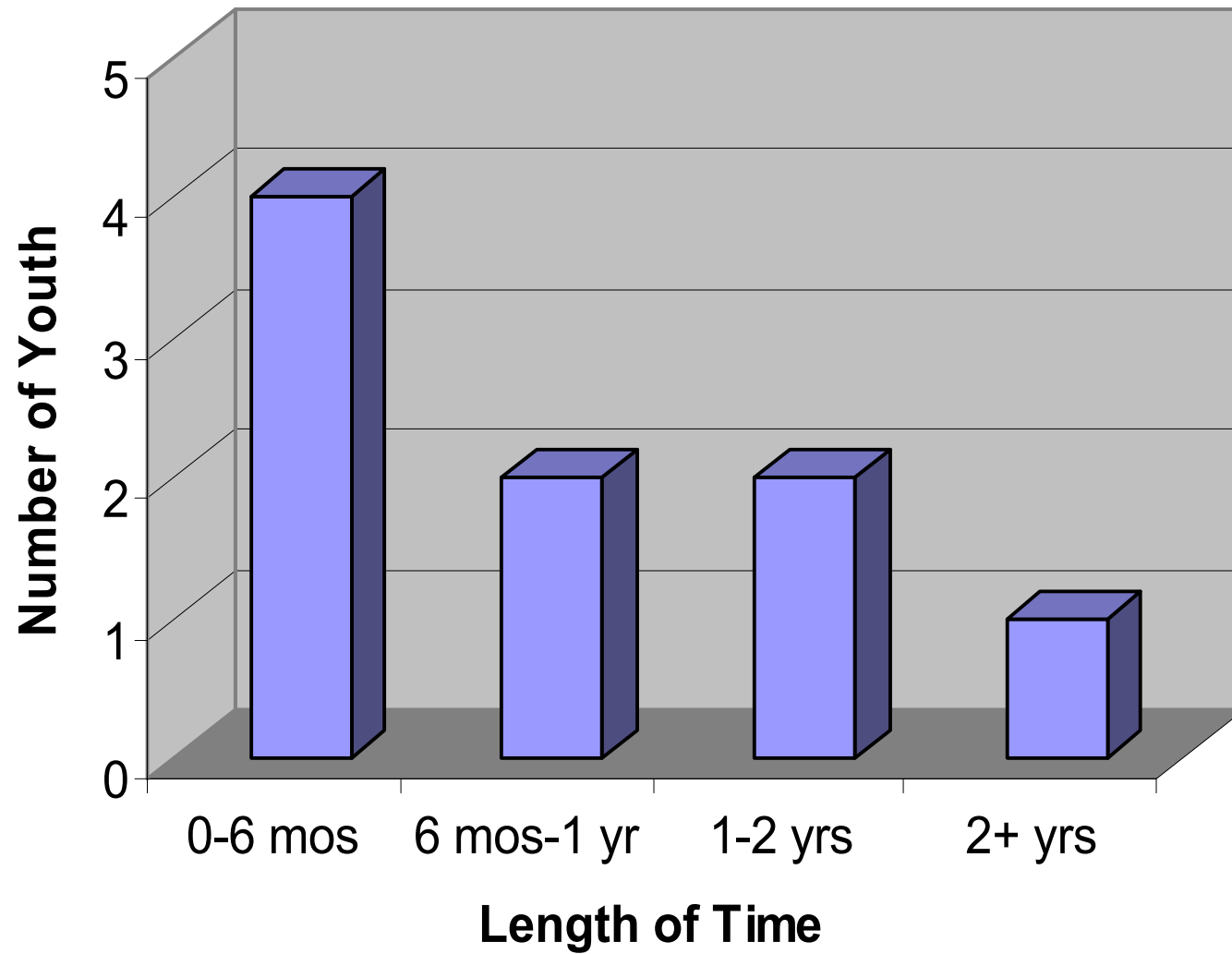
Frequency of Age at End of Longest Placement PWs (FASD)(N = 21)



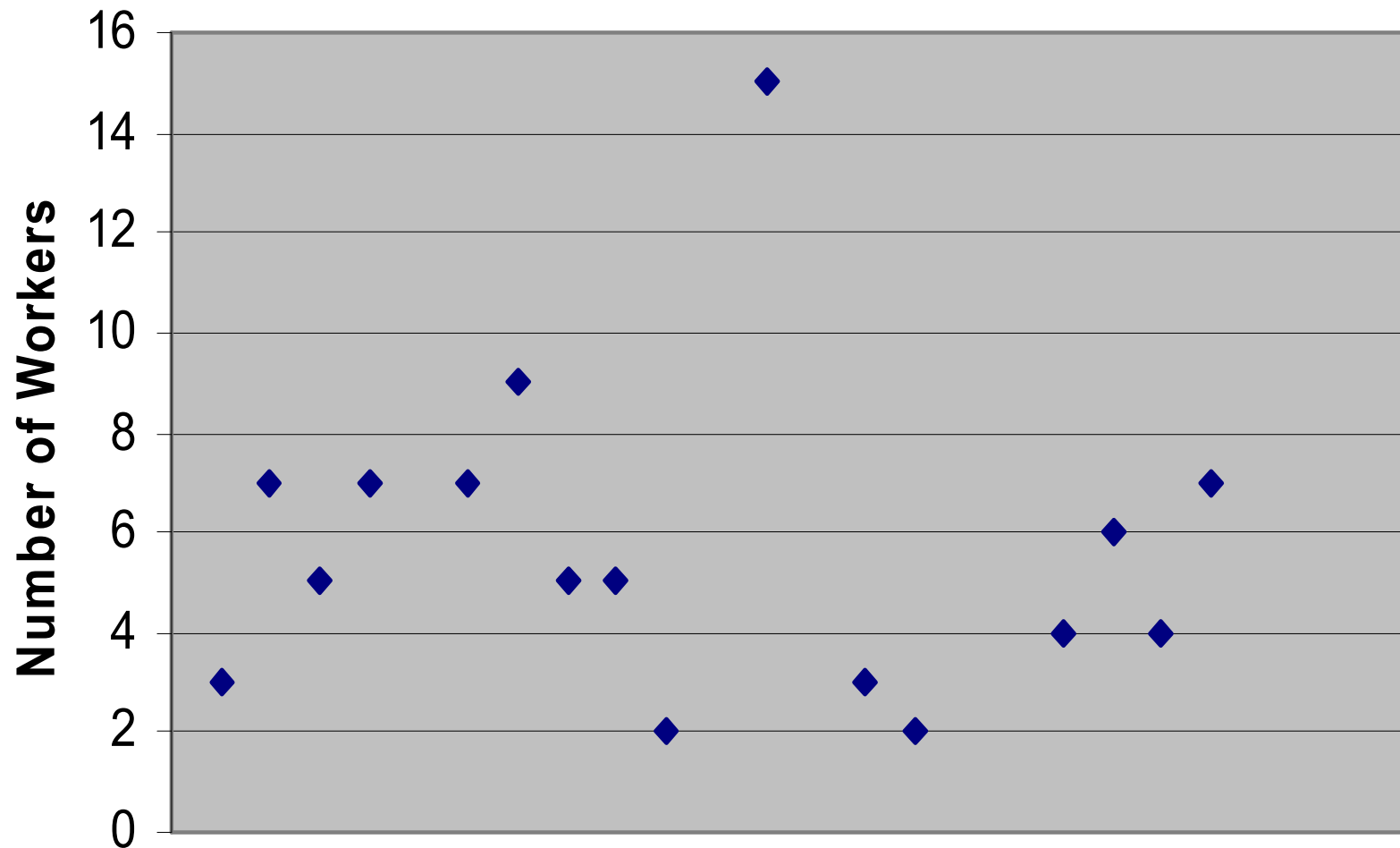
Frequency of Number of Placements Following Longest Placement (N = 21)



Frequency of Length of Time for Transitional Planning (N = 9)



Number of Workers Recorded in History of Each Youth in Care (N = 16)





Summary Phase III

- ~ 30% of youth were maintained in their longest placement until age of majority
- Placements tended to breakdown in adolescence
- A breakdown in the longest placement tended to be followed by several moves
- Care was seldom extended past age 18 and rarely past age 19
- Youth experienced many workers



Summary of Findings

○ Children with Disabilities

- 1/3 of children in care have one or more disabilities
- 1/3 of children with disabilities have a diagnosis of FASD



Summary of Findings cont'd

○ Children with FASD

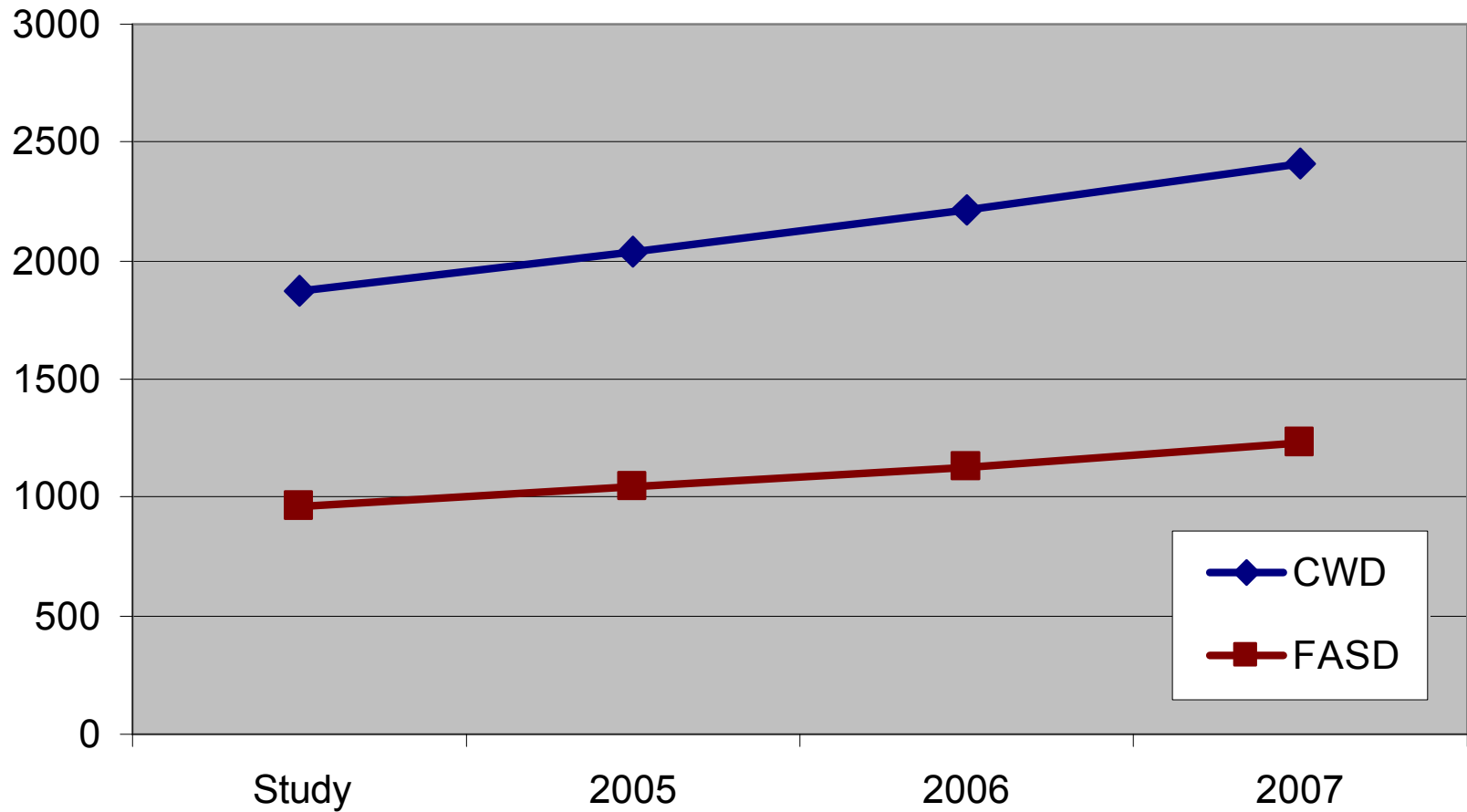
- Children with FASD are disadvantaged as they enter the system
 - They enter earlier, are made wards more quickly and spend greater proportion of their lives in care
- Children with FASD are disadvantaged as they leave the system
 - Their placements are least stable during the time for transition planning



Implications

- As the number of children in care increases, we can expect the number of children in care with disabilities to increase proportionally
- Children with FASD, as the group with the greatest dependence on agency care, need to be recognized as a priority

Projected Increase in Number of Children with Disabilities



Number of Children in Care in Manitoba

Authority	31-Mar-03*	31-Mar-04*	31-Mar-05*	31-Mar-06**	31-Mar-07**
First Nation North		697	887	1607	1786
First Nation South		1535	1,828	2956	3263
General		3550	3,333	1546	1618
Métis		0	70	520	574
Total	5,533	5,786	6,118	6,629	7,241

* *Pre-devolution (cases assigned by geographic jurisdiction)*

** *Post-devolution (concurrent jurisdiction, both on- and off-reserve)*



Implications and Conclusions

- Because of its frequency and the length of time affected children are in care, FASD presents a significant issue for child welfare agencies.
- Large numbers of children with FASD will be transitioning out of care and will require services in the adult system.
- The importance of gathering disability information in child welfare administrative data systems is demonstrated.
- Effective prenatal alcohol prevention programs and postnatal family supports are essential.



Research Questions

- What types of prevention programs should be developed for the high risk population for FASD?
- What are the support needs for foster families who are fostering children with FASD and other disabilities?
- What are the needs of children with disabilities who are transitioning out of care?
- How can voluntary placement agreements be used more effectively to maintain parental involvement in the care of children with FASD?



Children with Disabilities Project Final Report

- Copies of this report can be downloaded for free at:

www.cecw-cepb.ca/projects_e.html