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Article 23: Respect for Home and Family
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To date, 153 nations have signed and 115 have ratified the UN Convention on the Rights of Persons with Disabilities. Article 23 of the convention affirms the right of persons with disabilities, including persons with intellectual disability, to marry and found a family...

... States parties are bound to “take effective action and appropriate measures to eliminate discrimination...” and to “render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities.” Further, article 23 stipulates that “in no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents”...

Of course it remains to be seen whether the nations of the world will act on these and other obligations under the convention. Turning words into actions, rhetoric into reality, is the challenge now. And the challenge is great. Discrimination and failure to provide appropriate assistance underlie the all but systematic removal and out-of-home placement of children born to parents with intellectual disability. As many as one in two of their children will be taken by statutory authorities and placed in out-of-home care.
To put this into some perspective: On any given night, in high income countries around the world, around 5 in every 1000 children are in out-of-home care (approximately 500,000 children in the USA alone). And of those 5 children, at least one will have been taken from a mother with intellectual or borderline intellectual disability. The evidence is remarkably consistent and it comes from multiple studies, including studies of prevalence and outcomes in American, Australian and British court samples.

Most recently, here in Canada, Maurice Feldman, Marjorie Aunos and I analysed data on a representative sample of over 12,000 child maltreatment investigations and found that almost 1 in 4 children placed in temporary (or not yet permanent) out-of-home care have a parent with intellectual or borderline ID (Feldman, McConnell & Aunos, 2012; McConnell, Feldman, Aunos & Prasad, 2011; McConnell, Feldman, Aunos & Prasad, 2010a; McConnell, Feldman, Aunos & Prasad, 2010b).

Similar findings have recently been reported in other countries. In Sweden and Denmark, for instance, studies that have utilised linked-up administrative data have found that having a mother who receives a disability pension is one of the single strongest predictors of child placement before the age of 7 (Franzen, Vinnerljung & Hjern, 2008; Ejrnaes, Ejrnaes & Frederiksen, 2011). In Denmark, having a mother who receives a disability pension increases the odds of placement by a factor of 14.
Before I go on to consider why these children are so often taken from their moms and dads, I want to give you a little background information, and make some general observations. The first observation is that child maltreatment rates have been stable or decreasing in high income countries around the world (Gilbert, Fluke, O’Donnell, Gonzalez-Izquierdo, Brownell, Gulliver, Janson & Sidebotham, 2012). Another observation is that rates of child maltreatment around the world are linked to rates of child poverty. Of course this is hardly surprising. So countries like Sweden, Denmark and Norway, where fewer than 5% of children are exposed to poverty, have lower rates of child maltreatment than countries like the United States, England and Canada, where more than 15% of children live in poverty¹.

More surprising is the observation that rates of out-of-home placement are unrelated to rates of child maltreatment or levels of child poverty. So we see that rates of out of home placement in Sweden, Denmark and Norway are similar to (if not higher) than rates of out-of-home placement in the US and England. Variation in the rates of out-of-home placement appear to be more closely associated with cultural factors: You can see here that Japan and Italy, which are more ‘familistic’ with respect to values and lifestyle, have the lowest rates of out-of-home placement among the nations shown here.

¹ Data derived from Thoburn (http://www.uea.ac.uk/polopoly_fs/1.103398!/globalisation%201108.pdf), and the Conference Board of Canada (http://www.conferenceboard.ca/).
Another thought-provoking observation is that rates and risk of out-of-home placement not only vary from nation to nation, but also within nations, from province to province or state to state. And within any province or state, risk may vary from region to region—depending, for example, on the available out-of-home care resources. And within any region, indeed within any particular child protection office, risk of out-of-home care can vary depending on the worker assigned to the case. In our analysis of child maltreatment investigations in Canada, we found that less experienced child protection workers, and workers with higher caseloads are more likely to take the child away.

The simple message here is that while there are many factors that may influence whether or not a child is taken away from his or her parents, many of those factors are beyond the parent’s control.

Recently in Australia, the NSW Minister for Family and Community Services expressed the view that “Parents are the beginning of this problem. We do not remove children until they are at risk of significant harm, until they’ve been bashed, neglected, not loved, not looked at, not fed, exposed to shocking violence, sexually abused - that’s what causes us to remove children...” *(NSW Minister for Family and Community Services, 2012)*

This view is not supported by research. It is a myth perpetuated by the selective reporting of extreme cases of child abuse and neglect in the media. The reality is that few child maltreatment investigations—including those that result in out-of-home care—involves cruel or uncaring parents, or indeed, any evidence of harm. Child maltreatment investigations (and out-of-home care placements) are more often driven by the ‘perceived risk of harm’. And it is not usually the risk of physical or sexual abuse that is at issue—but rather, the risk of ‘developmental deprivation’ associated with *chronic adverse family circumstances*.

So what are the child maltreatment concerns – or what are the reasons given for (or used to justify) state intervention into the lives of parents with intellectual disability and their children?
These pie charts here show the distribution of alleged maltreatment types in child protection cases here in Canada. You can see that alleged sexual abuse and alleged physical abuse are less common in cases involving parents with intellectual disability. Neglect, and more specifically unintentional neglect, is by far the most common concern... A similar pattern has been found in Australia, the US and the UK.
The reality is that most child maltreatment investigations involve families pressed to the fringes of society. They are families headed by single mothers, disabled mothers, aboriginal mothers, mothers with no post-secondary education, mothers who receive social assistance, and so on. Often, child maltreatment investigations involve families who occupy many or multiple disadvantaged social positions. They are not just single mothers, they are single mothers with disabilities, or they are aboriginal mothers with no post-secondary education. And so on...

Recently, Franzen et al. (2008) investigated cumulative risk for out-of-home care, utilising linked-up data on over 1.5 million Swedish-born children. They found that if a child’s mother was married or cohabiting, had post-secondary education, was working and did not receive social assistance, the odds of placement before age seven were fewer than one in 2000. However, among children living with single, low educated mothers who received social assistance, the odds of placement were one in seven.
We looked to see if a similar pattern would be found in a representative sample of 12,000 plus children subject to child maltreatment investigation here in Canada. Firstly, we found that having a single mother does not increase the odds of out-of-home care – but having a single mother who receives social assistance certainly does. And if a child has a single mother who receives social assistance and is Aboriginal the odds of out-of-home placement increase 3-fold. And if you add maternal intellectual disability or cognitive impairment to the mix, the odds of placement rise rather dramatically.

We can reverse the order. Looking at the chart below you can see that merely having a mother with intellectual disability increases the odds of out-of-home placement almost 3-fold. If the mother has intellectual disability and is Aboriginal, the odds increase 7-fold. And if the mother has intellectual disability, is aboriginal, receives social assistance, and is also single...well you can see what happens.
The question is, of course, how can these findings be explained. One possible explanation is that disabled mothers, aboriginal mothers, and so on have more contact with human services – and are therefore exposed to greater levels of surveillance, scrutiny and monitoring. This could explain, at least in part, why they are more often subject to child maltreatment investigation. However, it cannot explain why maternal intellectual disability, aboriginal status and so on, predicts the outcome of these investigations.

Another possible explanation is that there is a clustering or aggregation of risk/vulnerability factors in these families. The argument goes something like... single moms with intellectual disability, and/or aboriginal mothers who receive social assistance are more likely to be using alcohol or drugs, have a mental illness, be exposed to domestic violence... and it is these factors that explain why their children are more likely to enter out-of-home care. Of course such ‘risk and vulnerability factors’ are more prevalent among fringe families.

Notably, you can see that mothers with ID – who are subject to child maltreatment investigations -- were much more likely than non-disabled mothers to have been maltreated in their own upbringing, to have mental and physical health issues, to be isolated and have few social supports, and to be perceived as non-cooperative by the investigating child protection worker.
However, the available data suggest that such risk factors do not explain why their children are more likely to be taken. For example, we were able to statistically control for some known risk factors in our analysis of child maltreatment investigation outcomes in Canada. Controlling for reported mental illness, alleged drug and/or alcohol use, alleged domestic violence, and perceived evidence or ‘signs’ of harm, made little difference.

So out-of-home placement appears to have more to do with who these mothers are than with what they do.

2 In other analyses I adjusted for variation in other risk factors such as maltreatment in the mother’s own upbringing, for total number of risk factors, and for protective factors such as available social supports. Nothing I did made any great difference.
In-depth, qualitative studies have revealed that child protection and judicial decision-making is shaped, and to some extent predetermined, by oppressive cultural models (or stereotypes) of disability and childrearing. Put simply, if we expect parents with intellectual disability to neglect or maltreat their children, we will consciously or pre-consciously, look for and no doubt find ‘evidence’ that is consistent with those beliefs/expectations, and at the same time, we will disregard or filter-out out ‘information’ that is inconsistent with those beliefs/expectations, and it is just the way our brains work. Further, if we expect parents with intellectual disability to neglect or maltreat their children, we are more likely to attribute any perceived maltreatment to the parent’s disability. Parental intellectual disability and parenting deficiencies are then conflated. And because intellectual disability is thought to be immutable – we are likely to believe that any perceived parenting deficiencies are too.

Now that we have established that all—or much else—being equal, these children are more likely to be taken and placed out-of-home, how do we account for that fact that one in two (or more) children born to parents with intellectual disability will not be taken away. How can we account for this within-group variation?

- The supply of suitable surrogate parents
- The reassuring presence of significant others in the child’s life
- Worker confidence in the parent’s capacity to learn and adapt
- Prior expectations
- Parental (non)compliance
- Available supports and services
- Advocacy and/or mediation
One key factor is the supply of surrogate parents (or foster carers). I suspect that the limited supply of surrogate parents is the primary constraint on the systematic removal of children from parents with intellectual disability.

And when surrogate parents are in short-supply, the presence of ‘significant others’ in the child’s life—others who can ‘look out for the child’—may prevent or at least delay placement. If there are significant others present, such as extended family members or child care providers, any perceived risk of harm may seem less immanent.

Another key factor is the degree of confidence that child protection workers have in the parent’s capacity to remedy any perceived parenting deficiencies. In turn, the child protection workers confidence is influenced by

- Their prior expectations. Specifically, their expectations of what persons with intellectual disability are capable of... A major problem for parents with intellectual disability is that many people (including but limited to child protection and court personnel) mistakenly presume that they are incapable of learning, adapting and overcoming any perceived parenting deficiencies.

- Another influence is how cooperative or ‘compliant’ the parent is perceived to be. In practice, the compliant parent will validate the child protection worker’s concerns, and they will be willing to do whatever is asked of them. In Australia, England and Canada we have found that parents with intellectual disability are less likely than other parents to be perceived as cooperative, but those who are perceived as cooperative are much less likely to have their children taken from them.

- The availability of appropriate supports and services is another influence on worker confidence: A professional may believe that persons with intellectual disability are capable of learning and adapting, and the parent may be perceived as cooperative, but if there are no appropriate supports and services to assist the parent, their confidence in the parent’s capacity to change will be low.

A fourth factor I will mention here is the presence of an advocate or mediator. This could be a lawyer, but it rarely is. It is much more likely to be a grandparent or family support worker. The advocate or mediator can (a) facilitate communication and cooperation between the child protection authority and the parent; (b) they may be able to influence the child protection worker’s perception or definition of the child’s situation; and/or, (c) they may even strike a little fear in the heart of the child protection authority – with the prospect of a court battle leading to some kind of ‘settlement’.

In conclusion, I would like to tie this all together by arguing that preventing maltreatment and preventing the out-of-home placement of children born to parents with intellectual disability (that is, when it is unnecessary and unjust) are not the same thing. They are two different problems requiring two different sets of solutions.
If we want to prevent maltreatment, poverty reduction (including related housing) strategies seem key. A second strategy is the provision of universal, high quality services, especially services for children, such as child care and preschool. A third strategy involves strengthening the social relationships of mothers with intellectual disability. We have found that working to strengthen their social relationships not only reduces social isolation (for the mother and child) but also promotes mental health. A fourth strategy is parenting education: we have to equip professionals – including those providing pregnancy care and those providing parenting education and family support, with the skills they need to accommodate the learning needs of parents with intellectual disability.
If, on the other hand, we want to prevent unnecessary, unjust out-of-home placement, other strategies will be needed. Advocacy is one — advocacy at both the systemic and individual level. Systemic advocacy is needed to bring about law reform: In NSW Australia, systemic advocacy led to the inclusion of a clause in the Children and Young Persons (Care and Protection) Act (2002) — which governs child protection and court processes and procedures — specifying that parents cannot be presumed unfit on the basis of disability or poverty per se.

Another strategy is the development and dissemination of appropriate methods of assessing parenting capacity. The courts give great weight to so-called expert assessment in their decision-making. Current, inexpert practices, which are mother-centered rather than child-centered, which assess parents in artificial rather than natural settings, and which rely on invalid inferential testing, including IQ testing, simply have to stop. A third strategy is continuing professional education — including education of the child protection workforce, lawyers and the judiciary: I am not sure there is any other way of dealing with pejorative/prejudicial beliefs.

Fourth, and on this note I will finish, we may need to adjust our expectations — of ourselves as much as of others. I think our actions (and experiences) as parents and professionals are informed by two inter-related misnomers — one is that independence is the norm, .... the other misnomer is that most us are ‘good parents’. Imagine, if you will, what could happen if we started with the assumption that, [despite the fact that we love our kids and want the best for them], WE PRETTY MUCH ALL SUCK AT PARENTING...

*Perhaps then we would be slower to judge our neighbour and be more willing to help them out.*
References


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