Center for Advanced Studies
in Child Welfare

MINN-LINK
Minnesota-Linking Information for Kids

DISCUSSION GUIDE FOR MINN-LINK BRIEF #40

Children with ASD Involved in Child Welfare: Disparities, Allegations and Services

Translating research to practice may be difficult, yet a better understanding of current research is necessary to ensure child welfare workers engage in best practices when working with children and families. The Minn-LInK Discussion Guide is designed to help facilitate thoughtful discussions about the information presented in the research brief in order to inform practice and enhance discussion surrounding meaningful issues.

This study explored child welfare involvement of children with ASD, as compared to children with other disabilities and children without disabilities. Children with ASD had higher rates of child welfare involvement than children without disabilities, however not as high as children with other disabilities. Furthermore, children with ASD had the highest rates of physical abuse allegations, and the lowest rates of general neglect. Families of children with ASD had the highest recommendations for parenting education and health/disability related services. This study also found demographic differences in children with ASD who were involved in child welfare: Native American and African American children had the highest rates of involvement, as did children with from very low-income families and children in rural areas.

Discussion on Practice Implications

1. This study found that children with ASD have higher rates of child welfare involvement (both overall involvement rate as well as recidivism) than children without disabilities, however not as high as children with other disabilities. What factors do you think might be contributing to the higher rate of child welfare involvement for children with ASD than children without disabilities?

   Why might children with ASD have lower rates of involvement than children with some other disabilities? How can we individualize our practice to meet the needs of families with children with different types of disabilities?

2. Why do you think families of children with ASD might be at higher risk for physical abuse? What does this tell you about the types of supportive services that families of children with ASD might be in need of to prevent physical abuse? As a practitioner, what approaches might you take with a family who has a child with ASD to reduce the risk for physical abuse?

3. Why do you think families of children with ASD might have different service recommendations than children from families of children without disabilities or with disabilities other than ASD? With the highest rates of recommendations for parenting education and health/disability related services, what does this tell you about the needs of families of children with ASD? Are their additional services and resources that you want to become more familiar with to support families of children with ASD?

Discussion on Agency- & System-Level Changes

1. This study found higher rates of child welfare involvement for children with ASD than children without disabilities, however not as high as children with other disabilities. This was true for both overall involvement rate as well as for rates of recidivism. How could this knowledge inform program and policy decisions aimed at the prevention of child welfare involvement among families with children with disabilities, and specifically ASD?

2. Similar to the general child welfare population, this study found that children with ASD that are from certain racial/ethnic groups (Native American and African American) and low- and very low–income families experience child welfare involvement at the highest rates. What policies and practices are currently in place to address these disparities across the general child welfare population? What are additional policies and practices needed to address racial and economic disparities in the child welfare population specifically among families with ASD?

3. What types of programming and support services are needed to reduce physical abuse of children with ASD? What are the cross-system collaboration opportunities for meeting the needs of these families? What system-wide changes need to occur in order to reduce the risk of physical abuse in families of children with ASD? How can we advocate for improved support for families of children with ASD?