Center for Advanced Studies in Child Welfare

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RESEARCH BRIEF

Parents with Disabilities in Minnesota's Child Protection System

Purpose of the Study

In this study, we estimate the representation of parents with disabilities at various child protection system (CPS) decision-making points. Further, we make comparisons of representation across disability diagnoses.

Background & Purpose

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The Child Protection System (CPS) was developed to assess and attend to issues of child maltreatment that arise due to acts of abuse and neglect by parents and caregivers. However, CPS involvement is complicated by factors outside of abuse and neglect, such as poverty (Anderson et.al, 2021) and substance use (Hafekost et al., 2017). Parents with disabilities (PwD) face many of the same challenges as parents without disabilities: un/underemployment, substance abuse, domestic violence, housing insecurity, poverty, etc. They may also experience additional challenges such as inadequate social support (Albert & Powell, 2020), and may hesitate to seek services or assistance due to the fear of losing their children (Hearle et al., 1999). This hesitation is not without merit in that PwD are approximately twice as likely as parents without disabilities to be involved in a CPS investigation (LaLiberte et al., 2017). While crucial issues of disproportionality and disparity in CPS have been well-researched (e.g., race/ethnicity), research around CPS involvement for PwD is more limited.

Parents with disabilities are approximately twice as likely as parents without diagnosed disabilities to be involved in a CPS investigation (LaLiberte et al., 2017).

Failing to understand this phenomenon prohibits necessary system-wide changes to ensure a well-trained workforce that can provide appropriate assessment and service delivery to children and families, including PwD. The current lack of child welfare training focused on disability may result in unintentionally biased decision-making that can contribute to existing disparities (LaLiberte et al., 2024).

The research questions for this study were:

1. ***Are PwD disproportionately involved in CPS compared to parents without disabilities? Do the rates of disproportionate representation change throughout the CPS process?***
2. ***Does the type of disability diagnosis affect rates of disproportionate CPS involvement?***
3. ***Does the presence of parental disability predict CPS progression over and above other parent characteristics (i.e., poverty, gender, and race/ethnicity)?***

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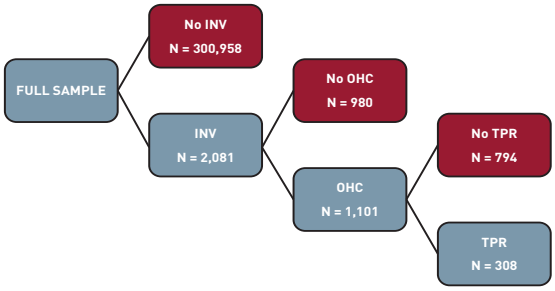
Methods

To answer the study questions, descriptive statistics, chi-square analysis, disparity indices with decision-point enumeration, and logistic regression analyses were conducted using integrated administrative data from the Minnesota Departments of Human Services and Education through Minn-LInK.

Administrative data from the Minnesota Departments of Human Services (DHS) and Education (MDE) were integrated through Minn-LInK. A longitudinal, population-level cohort of individuals aged 15-21 whose disability status was identified from statewide educational records from academic years (AY) 2001-2004 comprised the sample. Statewide child protection records were used to determine subsequent CPS involvement of these individuals (as adults); 2,081 parents were identified in CPS records and matched to the individual's prior educational records. Six categories of disability were included: emotional/behavioral disorder [EBD], sensory disability, intellectual and developmental disability [IDD], specific learning disability, other health disparities, and 504 accommodation disabilities.

Of the 303,039 individuals in the study sample, approximately 89% (n=270,821) had no diagnosed disability. Fewer than one percent (n=2,081) of the sample was involved in a CPS investigation between 2000 and 2012 (Figure 1). Of these 2,081, 76% (n=1,575) did not have a diagnosed disability. Fifty-three percent (n=1,101) of the individual parents involved in a CPS investigation experienced OHC of at least one child, and of those parents 28% (n=308) experienced TPR of at least one child. Chi-square analysis was used to examine the representation of PwD at the point of CPS investigation (INV), out-of-home care experience of their child/ren (OHC), and termination of parental rights (TPR) as compared to parents without diagnosed disabilities and as compared to parents with other disability diagnoses. Disparity indices with decision-point enumeration were calculated to determine the magnitude of disproportionate representation of parents with disabilities at various CPS decision-making points. We conducted logistic regression analysis to assess whether the presence of a disability diagnosis was predictive of progression through the CPS system.

Figure 1. Depiction of Study Sample



Findings

PwD were significantly overrepresented at various decision points within CPS, particularly at investigation and TPR. Overrepresentation was particularly evident for PwD who were diagnosed with EBD, IDD, and specific learning disabilities.

Disproportionate CPS Involvement of PwD

The six specific disability diagnosis variables (EBD, sensory disability, IDD, specific learning disability, other health disabilities, and 504 accommodation disabilities) were analyzed across the three CPS decision points. Chi-square analysis revealed that parents with a diagnosed disability were disproportionately represented in CPS investigations, OHC, and TPR compared to parents without a disability diagnosis in the overall study sample (using the aggregated "any disability" variable, Figure 2, where a risk ratio of 1.0 indicates no difference between parents with a diagnosed disability and parents *without a diagnosed disability*). However, disparity indices using decision-point enumeration revealed that as parents progressed through CPS, the overrepresentation of PwD decreased at OHC to nearly similar rates of representation as parents without disabilities, but then increased again at TPR. Analyses depicted in Figure 2 also demonstrated that parents with a history of EBD, specific learning disabilities, and IDD were significantly more likely to experience INV and TPR than parents without diagnosed disabilities. Parents with a history of EBD, specific learning disabilities, and IDD were overrepresented in CPS investigations at rates two to six times higher than parents without diagnosed disabilities but were not overrepresented at OHC. Overrepresentation re-occurred, however, for parents with EBD and IDD at TPR as compared to parents without diagnosed disabilities.

Parents with specific disability diagnoses experienced varying trajectories of representation as they progressed through CPS when using decision-point enumeration in the calculation of disparity indices (Figure 3, where a risk ratio of 1.0 indicates no difference between parents with a specific diagnosed disability and parents with *any other disability*). Parents with EBD

Figure 2. Disparate Representation of Parents with Disabilities vs. Parents without Disabilities in CPS using Disparity Indices

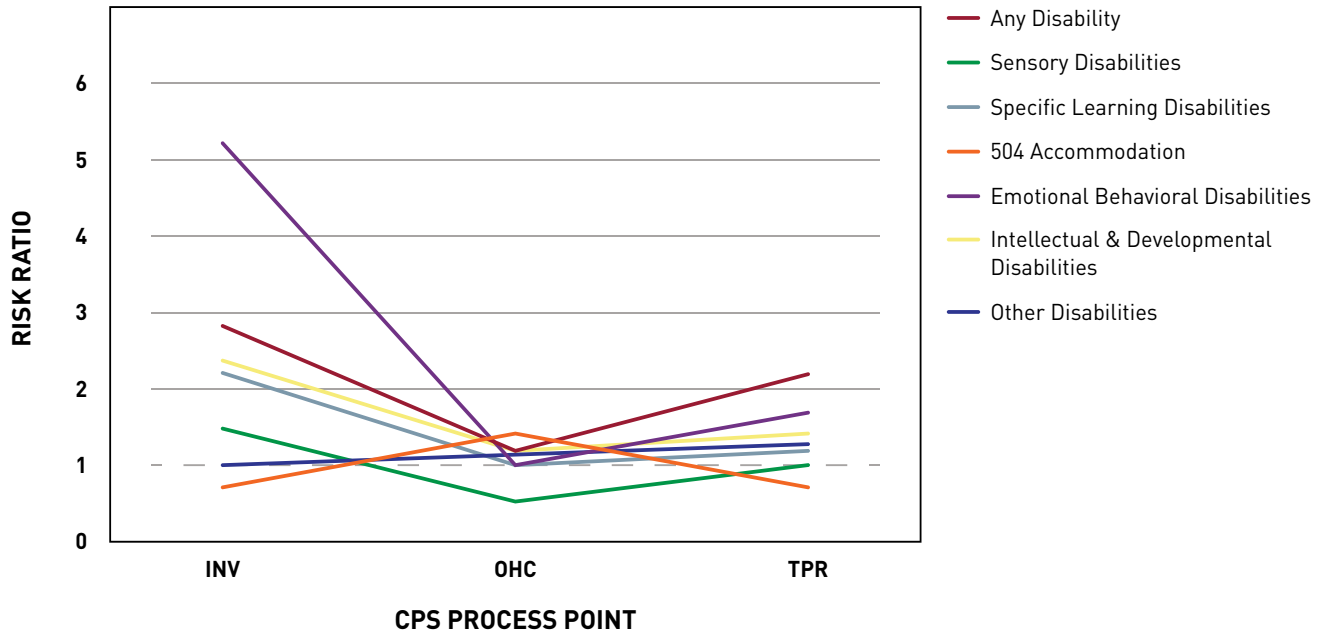
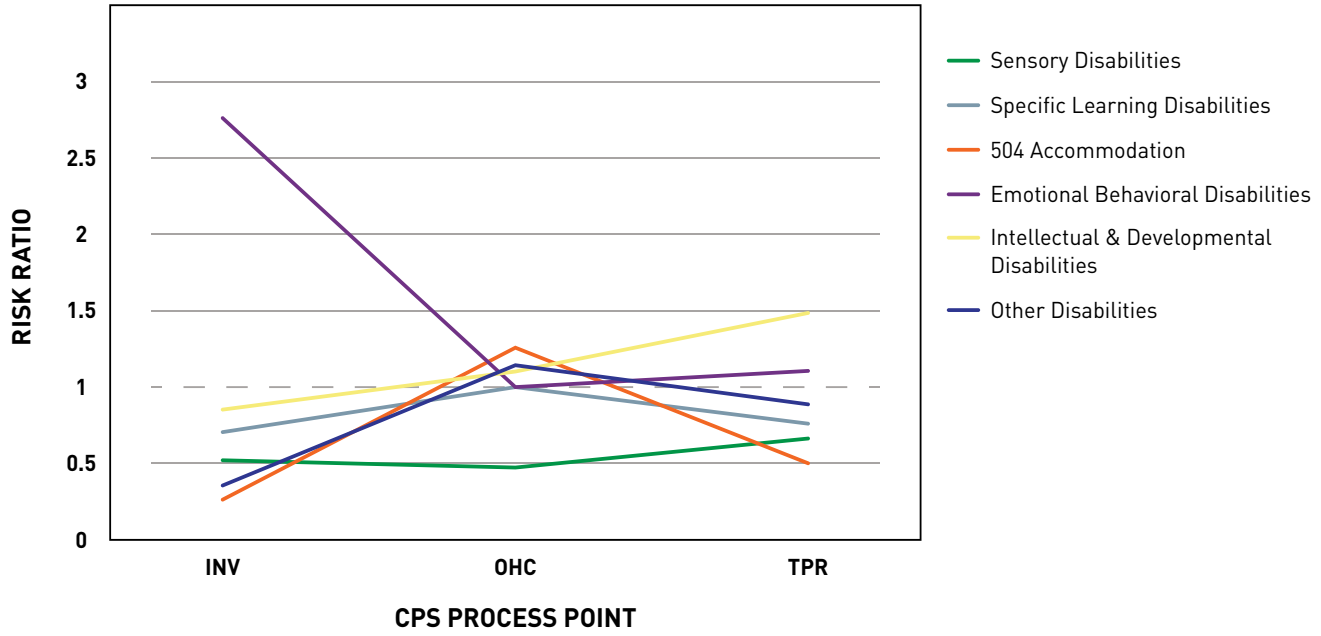


Figure 3. Disparate Representation of Parents with a Specific Disability Diagnosis vs. Parents with Any Other Disability Diagnosis in CPS using Disparity Indices



diagnoses were represented in CPS investigations at nearly three times the rate of parents with other types of disability, and parents with an IDD diagnosis appeared to be overrepresented at TPR.

Parent Disability as a Predictor of CPS Progression

When all predictor variables were considered together in assessing CPS progression for parents with any disability as compared to their non-disabled peers using logistic regression analyses, the variables significantly predicted involvement in a CPS investigation ($X^2(7, 303{,}039)=2544.08$, $p<.001$), experiencing an out-of-home placement ($X^2(7, 2{,}081)=81.86$, $p<.001$), and experiencing a TPR ($X^2(7, 1{,}101)=50.50$, $p<.001$). When controlling for childhood poverty, gender, and race, the odds of parents with any disability being involved in a CPS investigation were significantly greater (2.43 times more likely) than those of parents without disabilities. As parents progressed through CPS, the adjusted odds of parents with a disability being involved in OHC were 1.24 times and in TPR 1.85 times more likely than those of parents without disabilities.

Conclusion

This study sought to assess whether disproportionality existed at three decision points within CPS with respect to parents' disability diagnoses (compared to parents without disability and parents with other types of disabilities). Additionally, this study examined whether the presence of a disability diagnosis in parents predicted progression through CPS over and above other known risk factors. Findings of this study supported our hypothesis that parents with disabilities were disproportionately overrepresented in CPS compared to parents without disabilities. Our study also revealed differential patterns of representation across CPS decision-making points for parents with disabilities, and determined that parents with a history of EBD, specific learning disabilities, and IDD were significantly overrepresented across CPS decision-making points.

Limitations

Limitations were largely reflective of available data. Statewide educational records were used to identify parental disability, as parental disability codes within CPS records were largely missing. Thus, only younger parents (aged 10-34) who attended public school in Minnesota were included. Additionally, parents who acquired a disability diagnosis after high school or those whose disability was not recorded in educational records would not be included in the disability group.

Findings of the current study lend themselves to several implications. First, establishing a training mandate that requires mandated reporters and child welfare professionals to achieve a level of competence in disability knowledge would position them to more critically consider the impact of bias in reporting. Such a mandate would also support mandated reporters and child welfare professionals in providing and/or properly responding to family details which may play a part in child welfare assessment and service provision, including known parental disabilities. Additionally, child welfare agencies must implement practice approaches that continue to support the workforce following training. Care should be taken to ensure that such practice approaches cover the range of child welfare service provision and include consultation and collaboration with disability experts. Beyond this, strong and clearly articulated child welfare policy affirming an expectation of accommodation and modification within child welfare service provision is needed. Further research is required to: understand where and how initial overrepresentation of parents with disabilities in CPS begins; identify mechanisms that create barriers to working successfully with parents with disabilities; examine successful child welfare interventions; and understand recurrent CPS involvement for parents with disabilities.

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