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'I Don't Think I Have Ever Worked Harder on a Case': Needs of Canadian Child Protection Workers and Parents With Intellectual Disabilities

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ABSTRACT

Background: The current literature has established that prejudice in child protection cases with parents with intellectual disabilities continues to persist. However, complexities of these cases are not well-understood from the perspective of child protection workers. This study aimed to identify the needs of child protection workers and their views on factors that influence supports for parents with intellectual disabilities.

Method: This qualitative study conducted semistructured interviews with child protection workers who have worked directly with parents with intellectual disabilities across five child protective agencies in three regions in Ontario, Canada ($n = 11$).

Results: Three major themes emerged after content analysis of interviews: (1) training and support needs of child protection workers; (2) key sources of support for parents; and (3) intersecting factors impacting decision-making.

Conclusion: Social service agencies continue to be fragmented and better coordination across agencies is needed to meet the cross-sectoral needs of parents with intellectual disabilities.

1 | Introduction

There is a growing number of families headed by parents with intellectual disabilities in Canada and around the world (Lin et al. 2014; Man, Wade, and Llewellyn 2017; Pérez-Curiel et al. 2023). Despite increased prevalence and recognition of the rights of persons with disabilities to build a family (United Nations 2006), parents with intellectual disabilities continue to be investigated by child protective services more often than parents without intellectual disabilities (McConnell et al. 2011, 2021; McConnell, Feldman, and Aunos 2008). Pacheco et al. (2022a) examined a sample of 15,980 child maltreatment investigations in Canada and found that 8% of all maltreatment cases involved parents with intellectual disabilities. These parents were referred

to essential services such as financial assistance, mental health services and family reunification less often than parents without intellectual disabilities. Brown et al. (2018) found that 6% of newborns of mothers with intellectual disabilities in Ontario, Canada, were discharged directly from hospital to child protective services immediately after birth compared to less than 1% of newborns of mothers without intellectual disabilities. This statistic has not been updated in Ontario since the cessation of the Ontario birth alert system that required hospital staff and medical professionals to notify child protective services when a mother with intellectual disability arrived at the hospital to give birth (Government of Ontario 2020). However, based on trends over the past several decades (e.g., Laliberte et al. 2024; Pacheco et al. 2022a), it can be expected that parents with intellectual

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disabilities continue to be overrepresented in child protection investigations.

Parents with intellectual disabilities may not always have a formal diagnosis of intellectual disability (International Association for the Scientific Study of Intellectual and Developmental Disabilities; IASSIDD 2008; American Psychiatric Association 2013). As indicated by IASSIDD (2008), they are often part of the 'hidden majority' who are living in the community without formal supports until they become parents and fall under the scrutiny of child protection services or other community service providers who may identify parenting challenges. This is when intellectual disability may first be suspected or identified, albeit with challenges due to inconsistent or missing information on parental history and characteristics. Parents with intellectual disabilities also form a heterogenous group and may not fit neatly into one category, further complicating identification of intellectual disability. Feldman and Aunos (2020) presented and validated a revised contextual-interactional model of parenting, based on ecological and developmental approaches. The authors demonstrated that parenting ability is not a static trait impacted by intellectual ability alone but rather a complex and dynamic set of skills influenced by a myriad of sociocultural factors including social support and services, parental mental health, financial stability, life crises such as death and illness, and a history of trauma and abuse (e.g., Hammarlund, Granqvist, and Forslund 2023). However, years of research has shown that intellectual disability is often conflated with lack of parenting capacity (e.g., Feldman and Aunos 2020; Tahir and Cobigo 2023; Aunos and Pacheco 2021).

Social work with families headed by parents with intellectual disabilities is often complex and demanding (Jones 2013), but relationship-based social work has immense benefits for families receiving child protection services (Marsh et al. 2012; Smithson and Gibson 2017; Tilbury and Ramsay 2018; Lehtme and Toros 2020; MacIntyre, Stewart, and McGregor 2019; Tarleton and Turney 2020; McGaw and Newman 2005). When child protection workers build rapport and trusting relationships with parents involved in child protection investigations, it dramatically improves family outcomes including improved parental self-efficacy, improved parent–child interactions, and greater likelihood of family preservation (Tilbury and Ramsay 2018; Lehtme and Toros 2020). However, child protection workers often experience great levels of stress, burnout, and emotional exhaustion (McFadden, Campbell, and Taylor 2015). Workload and compassion fatigue significantly influence turnover of workers in child protection agencies (Cabiati, Raineri, and Folgheraiter 2020; Griffiths and Royse 2017). Child protection workers' feelings of being overwhelmed with the caseload, the time-intensive work required on complex cases and lack of support from senior leadership within the organisation comprise the most critical factors impacting retention (Griffiths and Royse 2017; Nilsen et al. 2023).

Prejudiced attitudes amongst child protection workers toward parents with intellectual disabilities are well-documented noting that workers frequently make presumptions about parental incompetence based on the intellectual disability (Proctor and Azar 2013; Callow, Buckland, and Jones 2011; Gur and Stein 2020; Lightfoot, Hill, and LaLiberte 2010; Lightfoot and LaLiberte 2011; Proctor and Azar 2013; Strnadová et al. 2017; Tahir and Cobigo 2023); however, the nuances of these experiences across different jurisdictions are not well-captured in qualitative research. Proctor and Azar (2013) conducted a quantitative study that found child protection workers had lower feelings of distrust and anger toward parents with intellectual disabilities (compared to parents without intellectual disabilities), but also had higher feelings of pity and a greater likelihood of expressing that parents with intellectual disabilities will provide inadequate care for their children. Gundersen, Young, and Pettersen (2013) highlighted findings from focus groups showing that child protection workers recognised the stigmatisation experienced by parents with intellectual disabilities and the resulting lack of appropriate supports and services. Workers noted the need for specialised child protection services for parents with intellectual disabilities because traditional approaches to risk assessment and 'good enough' parenting do not take into account the special circumstances of social disadvantage experienced by parents with intellectual disabilities (Gundersen, Young, and Pettersen 2013).

Although the perspectives of social workers have been explored, there are only a handful of qualitative studies directly exploring the perspectives of child protection workers involved in investigations with families headed by parents with intellectual disabilities (Norlin and Randell 2023; Albert and Powell 2021; Lewis, Stenfert-Kroese, and O'Brien 2015). For example, Lewis, Stenfert-Kroese, and O'Brien (2015) presented key findings from interviews with seven social workers engaged in child protection work with parents with intellectual disabilities. These included feelings of 'hopelessness' and not knowing how to help parents with intellectual disabilities, particularly for workers lacking training and education in intellectual disabilities. In addition to feeling 'underskilled', workers also experienced 'feeling torn' between the needs of the children and the parents (Lewis, Stenfert-Kroese, and O'Brien 2015). These studies explored child protection workers' struggle with operationalising 'good enough' parenting (Norlin and Randell 2023), identifying limitations in specialised services for parents (Albert and Powell 2021) and views of parenting ability as intrinsic and 'not something that could be taught' (Lewis, Stenfert-Kroese, and O'Brien 2015). Most studies did not explore specific case challenges experienced by child protection workers, particularly in Ontario, Canada, and the specific mechanisms of support perceived as valuable by child protection workers for themselves and the parents with intellectual disabilities they support is still not well-understood.

Based on the existing gaps in understanding the views of child protection workers, the following research questions were posed:

- What are the needs of child protection workers when supporting parents with intellectual disabilities?

- What factors are perceived by child protection workers as influencing supports for parents with intellectual disabilities?

2 | Method

2.1 | Context of Social Services in Ontario, Canada

It is important to contextualise the social services sector in the province of Ontario, Canada, to situate the present study. The Ministry of Children Community and Social Services

TABLE 1 | Participant demographics.

Pseudonym	Age	Education	Numbers of years employed in child protection work	Number of years at current agency	Number of cases involving parents with intellectual disability
Lena	53	Psychology	27 years	27 years	3 or 4 every year
Mary	58	Social Work and minor in Psychology	Unsure	9 years	Estimated 2
Sam	30	Social work, Criminology, Psychology and Certificate in dementia studies	1 year	1 year	6
Chris	32	Social Work and minor in Psychology	9 years	9 years	5
Amaya	32	Criminal Justice (college diploma), BA in Criminology MA in Social Work	6.5 years	6.5 years	3
Freda	46	Sociology, Women's Studies and Social Work	22 years	20 years	10
Jim	58	Social Work and Child protection	27 years	21 years	Estimated 12–15
Beth	40	Social Work	4 years	4 years	9 at the time of interview; several in the past
Holly	32	Native Child and Family Services	Unsure	4 years	1
Sandy	62	BA in Literature	5 years	5 years	1
Joanne	39	Child and Youth Care	16 years	16 years	Several – no specific estimate

(MCCSS; Government of Ontario 2024) oversees the delivery of developmental services (i.e., services for persons with intellectual disabilities) as well as child protection services. The two types of services are governed by distinct legislations, the former being governed by the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act (SIPDDA 2008), and the latter being governed by the Child and Family Services Act (2017). Both are offered by local and independent agencies receiving funds from the same ministry. Child protection agencies and developmental service agencies operate separately, which may limit opportunities for collaboration and lead to challenges in effectively supporting families that receive services from both types of agencies.

2.2 | Study Design and Recruitment

This qualitative study used a thematic analysis approach (Braun and Clarke 2012; Terry et al. 2017) with constant comparison to stay close to the data (Dye et al. 2000). After receiving institutional ethics approval, child protection workers employed across five child protection agencies in three Canadian regions across Ontario were recruited using a combination of convenience sampling and snowball sampling (Fowler 2014). The inclusion criteria to participate in the study were broad: (1) to be employed in a Canadian child protection agency and (2) to be involved in child protection investigations involving one or more parents with intellectual disabilities, currently or in past years.

2.3 | Procedure

Recruitment was open for 6 months and a total of 25 child protection agencies across Ontario were targeted for recruitment. Several agency-specific ethics review processes were completed in addition to institutional ethics approval. A child protection worker was defined as a frontline worker employed at a child protection agency involved in investigating a child protection concern. The worker may have an educational background in any discipline, including Social Work. A total of 11 child protection workers agreed to participate in the study, across five distinct child protection agencies, serving rural and urban areas. After obtaining informed consent using a secure digital document signing service, virtual interviews were scheduled with participants on Teams or Zoom. The interviews were semistructured and an interview guide was utilised to explore participants' experiences. The interview guide included demographic questions (see Table 1 for a summary), questions inviting case descriptions, questions about training and support needs of workers as well as

parents, and questions regarding challenges faced when working with parents with intellectual disabilities. Below is a sample of questions included in the interview, although follow-up questions were variable based on the semistructured method:

- What supports did you have access to as you worked on this case?
- Did you receive training on intellectual disabilities at your organisation or elsewhere?
- What communication methods did you use with parents with intellectual disabilities?
- What type of questions did parents ask you during interactions regarding the investigation?
- What programs were parents referred to and what supports were they connected with?

Interviews were carried out by the first author and lasted between 45 to 90 minutes in total and were videorecorded with participants' consent and later transcribed by senior research assistants.

2.4 | Data Analysis

The interview transcripts were uploaded into NVivo, a qualitative data analysis software (Lumivero 2024) for thematic analysis. The first author was immersed within the data and used a memoing strategy (Birks, Chapman, and Francis 2008; McGrath 2021) prior to a first round of coding to develop an initial coding structure, which was reviewed and validated with a senior researcher. The first author continued on to line-by-line coding to refine the coding structure and identify themes within the dataset. Constant comparison was carried out by categorising 'bits of data' based on similar experiences to form the initial coding structure. These codes were further refined using memos and conducting further rounds of cross-case analysis to identify opposite examples within codes and reorganising codes to identify overall themes (Dye et al. 2000). Reliability scores were not calculated due to their questionable validity and usefulness based on power dynamics between junior and senior researchers (Yardley 2000; O'Connor and Joffe 2020). Instead of reliability scores, other procedures were utilised to ensure quality such as constant comparison, iterative review of the coding structure and transparent reporting procedures (Merriam and Tisdell 2015).

3 | Findings

Demographics of participants including education, years of experience in child protection work and estimated number of cases involving parents with intellectual disabilities are summarised in Table 1. Most participants had received education in Social Work prior to starting their role in a child protective agency. Participants were recruited from diverse geographical regions, including urban and rural areas across multiple agencies (agencies not named to minimise risk of identification).

Three predominant themes emerged from the dataset, each with subthemes, which are described below and summarised in Table 2.

3.1 | Training and Support Needs of Child Protection Workers

The first major theme centered on the training and support needs of child protection workers. Most workers mentioned that they received no training in disability, let alone intellectual disability. As a result, most workers struggled to interact with and adapt communication methods for persons with intellectual disabilities. Barriers to accessibility and accommodation needs were not formally considered or assessed. However, the burden of providing these necessary adaptations and accommodations primarily fell on the child protection workers, particularly for parents who had no other source of support within the community or their family.

3.1.1 | Heavy Burden and Workload for Workers to Navigate Supports

Several participants expressed the intensity of cases involving parents with intellectual disabilities and the amount of time

TABLE 2 | Summary of themes and subthemes.

Theme	Subtheme
1. Training and support needs of child protection workers	1.1 Heavy burden and workload for workers to navigate supports
	1.2 No training provided on disability, particularly intellectual disability
2. Key sources of support for parents	2.1 Informal sources of support
	2.2 Formal sources of support
	2.3 Identification of intellectual disability as catalyst for support
3. Intersecting social factors impacting decision-making	3.1 Intellectual disability itself not perceived as an isolated risk factor by workers
	3.2 Mental health as a complicating factor
	3.3 Complex intergenerational issues impacting some families headed by parents with intellectual disabilities

spent of the cases due to resource navigation, communication challenges and service referrals. Often, workers did not have the experience or knowledge regarding intellectual disabilities and how to manage such cases. Mary mentioned:

Mary: Really, I don't think I've ever worked harder on a case. It's time laborious when you're actually meeting with them. You spend double the amount of time or at least time and a half. You have way more collateral communication. Basically this is all your side of the file, but it only counts as a file. But really it's a network and a network meeting is on top of your ministry standard in which you must see the family a minimum of 30 days. It doesn't include any of those other additional layers that you're doing—checking in with the network, outside of the meeting or meeting with collaterals or attending stuff with a client. Like I have sat there and had to be like "hey you haven't managed to get to the doctor so we're going to do a drop in because it is concerning what you're saying."

Similarly, Jim mentioned the challenges of resource navigation that workers often end up doing because this service is often scattered or unavailable in the community:

Jim: I think on the first one carrying the resource role was heavy. Too heavy for me personally and I don't think we should have done it anyway, but we had to because of circumstances. I think just kind of having that resource worker for the first one was key and remains key.

3.1.2 | No Training Provided on Disability, Particularly Intellectual Disability

Most participants highlighted the need for formal training or disability as part of their standard trainings and education. Some workers mentioned that they sought this training independently from external sources after experiencing challenges working with parents with disabilities, but most continued to have challenges due to lack of knowledge, experience and skills related to adults with intellectual disabilities. For Chris, engaging meaningfully with families headed by parents with intellectual disabilities was a struggle:

Chris: But that is the biggest struggle, just the overall capacity and trying to engage, and that seems to be a struggle across every training we have. One of the worries is how do we work with families that have capacity issues? How do we work with families that have intellectual disabilities? THIS approach will not work with someone who has an intellectual disability. It is the criticism I have been saying for years.

Joanne also mentioned that workers receiving education at the right time can prevent hostile situations that occur from a lack of understanding and knowledge of how to support persons with intellectual disabilities:

Joanne: I think, in terms of our institution, I think there could be more education with workers, about the services and how to work with people with cognitive disabilities or differences, right from intake. Then it would not be so adversarial.

3.2 | Key Sources of Support for Parents

All participants outlined specific key sources of formal and informal support for parents that helped in mitigating challenges for the parents and maintaining custody of their children.

3.2.1 | Formal Sources of Support

Several sources of formal support were indicated, including parent education programs, service navigation, financial support, developmental services, and support with planning and organisation (executive functioning tasks). For example, Lena described how critical the support of an adult developmental services worker was in helping the parent with intellectual disabilities with social participation and life skills, which subsequently aided in improving parenting skills and ability to take care of their children and family:

Lena: They both had [developmental agency] involvement, they both had adult protection workers. They both had community care access workers. I don't know if you know that as well, here in [this city] the community care access based on their eligibility criteria is done by the [developmental services access point]. It tells you what supports they are entitled to and if they're entitled to living support, then community care access will assign a worker who essentially becomes like an external brain/ home manager for them so that they can live in a supported place. And they are in there all the time. They are sort of like a parallel adult protection worker, but their focus is on maintaining safety in the community, the house, the rent, the like life skills portion.

Chris also mentioned a case with a family headed by two parents with intellectual disabilities who were involved in child protection prior to the child's birth, in which providing support at the right time to set them up for success:

Chris: They have a choice because it is voluntarily. Whether they want to work with us or not. These parents did work with me. It wasn't always smooth sailing, but they agreed to work with me prenatally. So, we talked about doctors' appointments, and just prenatal care getting them set up, replace stuff and do planning.

3.2.2 | Informal Sources of Support

Outside of structured programs and service referrals, informal social support was highlighted as an indispensable factor in supporting parents with intellectual disabilities in various life domains including emotional support during child protection proceedings, advocacy, communication support, and parenting support. Having a supportive partner (in a marriage or long-term relationship) was the most frequently mentioned source of social support for parents with intellectual disabilities. For example, Mary pointed out that the parent she was supporting had continued involvement in child protection due to unstable relationships, but had a more successful experience in her relationship and subsequently in her parenting, leading to her child protection file eventually closing:

Mary: the thing you should know about this mom is that she went on to have another child within the next two years, and she was able to successfully parent that child but at that point she had a different partner who she was living with, and that partner was living with him mom, so that person was actually a good support.

Some workers even mentioned that if the parent they were investigating had a healthy relationship, it would make a key difference in maintaining custody of children:

Lena: if he had a healthy partner, he might be able to raise that little one all on his own. But it is more about the person being able to assist the person with the cognitive disability.

Amongst sources of informal support, having a social support network consisting of partners, grandparents, siblings, friends, and other relatives was perceived as particularly important. For example, grandparents played a key role in the lives of parents Amaya was involved with:

Amaya: Her network, like her father, her sister, her neighbours, friends, all chipped in to help her out. If she has difficulty paying a bill or finding food she'll call the food bank, she'll call her friends for assistance. Because basically this is a big concern for the family, but she finds ways. She is able to pick up the phone and call and advocate for herself in times of need, but she also reaches out to the people she trusts, who can help her advocate. If she doesn't feel like she can do it, she will call someone who can call and do it. So, that network is a huge piece in this family that has been able to really make a difference in her ability to care for her kids.

3.2.3 | Identification of Intellectual Disability as Catalyst for Support

Several participants noted the importance of pursuing a formal evaluation for intellectual disability, not for the purpose of a parenting capacity assessment, but rather the determination of appropriate support needs and access to formal services such as a developmental support worker. For example, Freda mentioned that she attempted to have the parent in her case receive an assessment, but they refused based on their lawyer's advice that it would negatively impact their case:

Freda: So, I had initially said to her, has anyone talked to you about this? And would you be open to developmental services and doing an assessment? It would lead to more money, more funding, all these things and help support you in parenting your kids. It would help stabilise your parenting of your kids, and she was like, yes, yes, yes, signed consents and then lawyer says absolutely not and revokes consents. And that was four years ago now, we're in trial, four kids permanency planning for all four kids because a lawyer four years ago said no.

Similarly, Jim mentioned 'gatekeeping' by a parent's physician who stated that the parent did not need an evaluation despite the clear need for support that could not be accessed without a diagnosis:

Jim: That is what we were arguing for. We were advocating for [assessment] and we were suggesting, but the gateway is the doctor. And so the doctor doesn't agree and doesn't sign off on what kind of assessment she needs.

3.3 | Intersecting Social Factors Impacting Decision-Making

The third major theme was consideration of intersecting social factors and multiple identities in the child protection workers' assessment of cases. Although not formally included in trainings or included in formal risk assessment tools in Ontario, most participants considered a balance of several key factors before making decisions about parenting capacity and risk of harm.

3.3.1 | Intellectual Disability Itself Not Perceived as an Isolated Risk Factor

One of the key subthemes highlighted that most participants did not consider intellectual disability itself as an isolated risk factor for parenting capacity issues and child protection concerns, particularly in the presence of formal or informal supports. The availability or presence of parental supports allowed workers to consider a more comprehensive social picture of the parent and family, including intersecting identities, additional social challenges and barriers that may result from having a disability. For example, Mary mentioned that often child protection concerns can be mitigated for parents with intellectual disabilities who have integrated services:

Mary: You might think "oh it's a cut and dry, parents can't parent with ID", no that is not the case you can frequently make things happen, if they have other supporting services. If there are ways that they can integrate some of these things, you're able to mitigate the concerns.

Joanne clearly expressed that intellectual disability itself was not a child protection concern in her work and there must be a safety issue or risk of harm to the child in order to be investigated by child protection. However, Joanne also acknowledged that parents with intellectual disabilities without a social support network are more likely to end up being investigated:

Joanne: There would have to be safety threat attached to that [being a parent with intellectual disabilities]. I mean there are many parents with disabilities that are capable of caring for their children but where the concern comes into place or where the safety comes into place is when obviously the child is being put in harm or at risk of, because of different capacities and it depends on the support network. Sometimes we have families that have a huge support network. They have a big family behind them. But sometimes they have nobody or they have very little and the people that they do have around them are not in a place where they could provide support.

3.3.2 | Mental Health as an Intersecting Factor

Amongst the most substantial challenges mentioned by participants was mental health challenges due to the unpredictability it caused in family interactions for several parents. Jim mentioned:

Jim: I think that would be, maybe the mental health piece. I think we have had with parents' intellectual disability and mental health too. Intellectual disability is intellectual disability. You know you're not having great days and bad days. You are just having regular days, but that is compounded with mental health. For example, I'm working now with a woman who has got schizophrenia. With schizophrenia, you can be jumping off a building one minute and happy next. I had one parent back in the day with both of those that was really kind of [unpredictable] when it comes to being able to assess the risk because you never really knew, with the mental health piece.

Lena mentioned other mental health factors like having a history of trauma or ongoing trauma that greatly impacts parenting capacity:

Lena: When we see people with trauma, you'll see somebody go from zero to one hundred in anger in a split second, and as soon as I see that now I know there's some significant trauma in there, and I always ask. In this case, she [parent] and her sister had never gotten counselling for it.

Sandy expressed the importance of considering issues like social anxiety which may impact a parent's involvement in child protection:

Sandy: There is a bit of agoraphobia. We will meet earlier in the day because if you go to some of those places in the community, they don't want to be around too many people because that will trigger anxiety. There is stuff around anxiety from the parent.

3.3.3 | Complex Intergenerational Issues Impacting Some Families Headed by Parents With Intellectual Disabilities

Beth expressed the nuances of working within communities that may be impacted by social and economic disparities that transcend their current family issues and intellectual disability. Beth, who worked primarily with Indigenous families, mentioned that social and economic inequities are persistent in the community where she works, making families vulnerable to substance use. Beth highlighted that substance use was an intergenerational issue that impacted most family members in the cases she discussed:

Beth: Both of these parents have large families but I could confidently say every single one of their family members except for one, the grandmother, have substance abuse issues. They would allow their family members to come into the home and stay with them. What comes with that is usage and so they don't have a positive support

system in terms of their family. The grandmother works at [community agency] but doesn't live in town and has had about enough of them because it's lifelong. They've been her life, right? Dealing with these issues and she has said "I've had enough. You guys need to get your act together." But he [father] has a brother and his dad died. He has a brother who's an addict. He has a few other people are struggling with addiction. Her whole family, the mother's whole family, as well as her older kids now all struggle with addiction.

Similarly, Sandy also mentioned intergenerational poverty and challenges with unstable housing and homelessness as complex intergenerational issues:

Sandy: Yes, that is very common [mental health and substances]. Sometimes parents grew up in care, or grew up on the street, and they do not know what home looks like. Especially men. Most of the files are under a woman's name.

4 | Discussion

The present study set out to examine the perspectives of child protection workers in Ontario, Canada, identifying needs for themselves and factors that influence supports for the parents with intellectual disabilities involved in their cases. This study makes an important contribution to extant literature as it is essential to examine the experiences of child protection workers in each distinct jurisdiction because differences in legislations, policies and structure of social services may significantly influence experiences and perspectives. The key themes that emerged are aligned with extensive research showing that parents with intellectual disabilities who have strong support mechanisms, including formal and informal supports have positive outcomes and are more likely to keep custody of their children (Tarleton and Ward 2007; Koolen et al. 2020; Starke 2022).

Sources of social support including partners and extended family members were indicated as critical in helping to achieve positive family outcomes, as seen in extant literature (Koolen et al. 2020; Wilson et al. 2014). Being in a healthy and stable relationship with an emotionally supportive partner was a key perceived difference between parents with intellectual disabilities who kept their family together compared to those who did not. In fact, this study provided important evidence of the disadvantage experienced by parents with intellectual disabilities (both mothers and fathers) who frequently ended up in abusive or controlling relationships, which led to continued involvement in child protection, as highlighted by child protection workers. Lewis, Stenfert-Kroese, and O'Brien (2015) also noted the importance of a key social support person identified by child protection workers and recommended selecting a 'champion' for the parent with intellectual disabilities undergoing child protection. This can be their partner or another person within their social network who is deeply familiar with the family, has an established trusting relationship with them and is available for communication support, emotional support, and advocacy (Collings et al. 2018; Atkin and Kroese 2022).

4.1 | Shouldering the Burden: Needs of Child Protection Workers

It should be noted that although this study centers on the challenges and barriers experienced by child protection workers, families headed by parents with intellectual disabilities continue to form the core of this research. As identified by workers in the present study and seen in decades of research, parents with intellectual disabilities experience numerous barriers and inequities, including living in poverty, having unstable housing, experiencing persistent discrimination and stigma and going through life crises (e.g., Feldman and Aunos 2020; Tahir and Cobigo 2024). While child protection workers have pivotal and demanding roles, the challenges they experience are not pitted against the overwhelming difficulties experienced by parents with intellectual disabilities.

Child protection workers in this study practicing effective relationship-based social work were lauded by parents for providing them what they needed. In these cases, the child protection worker was evidently in touch with the lived experience of the parent and was dedicated to providing the necessary resource navigation and accessibility accommodations to support the family. However, in cases where appropriate supports for parents were identified and provided, it is essential to consider the heavy workload and burden of resource navigation for the child protection workers in the absence of professional support for themselves, which was clearly noted in this study. Child protection workers have previously left their jobs due to heavy workload, burnout, and emotional exhaustion (McFadden, Campbell, and Taylor 2015; Griffiths and Royse 2017).

Workload may be exacerbated when workers do not have the necessary training and resources to provide accessibility accommodations for intellectual disabilities such as accessible information and communication. This need has rarely been explored in the literature (Malouf et al. 2017; Tahir and Cobigo 2023; Powell et al. 2024). In the present study, the responsibility of providing accessibility accommodations for parents without a support network inevitably fell on the child protection workers. They highlighted substantial training needs and most child protection agencies do not provide training on intellectual disabilities or cognitive accessibility challenges. It is important that workers feel competent in their role to nurture constructive relationships with families.

This study also added to the evidence that formal supports like adult protective workers for intellectual disabilities, executive function supports, or life skills supports are perceived as essential mechanisms of support by child protection workers; a finding also highlighted by Koolen et al. (2020). In the absence of other structured supports or resource navigation, the child protection workers themselves constituted a critical source of support for parents with intellectual disabilities.

4.2 | Getting Everyone on the Same Page: Considering the Long-Term Needs of Parents

To complicate the picture, the parents' lawyer may be positioned against the child protective agency. As seen in this study, lawyers may provide misguided legal advice to not pursue a developmental evaluation because a diagnosis of intellectual disability could weaken the parents' court case. This legal advice is based on a long history of court proceedings and extensive literature analysing court samples showing that intellectual disability status is used as a key deciding factor in removing child custody and terminating parental rights (Callow, Tahir, and Feldman 2017; McConnell et al. 2021; Tahir and Cobigo 2023). However, lawyers may not be aware (or trusting) of shifting attitudes toward parents with intellectual disabilities, which may be detrimental in the long term. This study presented a nuanced perspective from workers: when parents decide against a developmental evaluation, they also forgo the supports they would have otherwise had access to, which would have enabled them to improve their parenting skills, access supports, and get accessibility accommodations. As a result of this missed connection, parents with suspected intellectual disabilities may not receive the support they need to care for their children, leading to continued involvement in child protection. On the flip side, parents may perceive a diagnosis of intellectual disability stigmatising as it is often associated with discrimination and negative community experiences (e.g., O'Byrne and Muldoon 2017). It is necessary to investigate how lawyers and child protection workers can collaborate to align their goals regarding the families they support.

4.3 | Consideration of Intersecting Social Identities in Child Protection Work

Another key finding of this study was that child protection workers usually did not make risk assessments (that form the basis for custody decisions) solely on intellectual disability, or disability at all. Substance abuse and mental health were considered greater risk factors than intellectual disability. This finding is similar to Norlin and Randell (2023), but contradictory to results of child protection proceedings noted by Aunos and Pacheco (2021) and Tahir and Cobigo (2023), who found that intellectual disability status heavily influenced workers' child removal decisions. Although workers in the present study noted that intellectual disability plays a limited role in their risk assessments, they mentioned the importance of parents with intellectual disabilities having a support network, suggesting that intellectual disability may lead to social vulnerabilities making parenting difficult without support. It is possible that there are regional differences between experiences of workers due to access to training and education specific to intellectual disabilities in some regions of Ontario, Canada. Examining regional or agency-specific differences warrants further attention in future research because access to disability-specific training has implications for positive changes in attitudes toward parenting with intellectual disabilities.

Working with families impacted by intergenerational issues emerged as an important subtheme that requires more attention. Workers mentioned that some of the families they supported struggled with substance abuse and mental health issues that were not limited to the parents and impacted the whole family and sometimes the whole community in which they lived. In these cases, workers gave precedence to these issues more than intellectual disability status when assessing risk and planning for supports.

4.4 | Looking Forward: Making the Case for a Better Community-Based Approach

The fragmentation of social services indicated in this study highlights the need for a coordinated strategy across developmental services and child protection services. Interagency collaboration between these types of services is essential because the needs of parents with intellectual disabilities often cross multiple sectors. Pacheco et al. (2022b) also highlighted the need for worker training, interagency planning and coordination. In fact, the need for integrated services has long been noted in the literature (e.g., Tymchuk 1999) but has not translated to changes in public policy and community practice, at least in Ontario, Canada. As it stands, the expertise required to communicate and interact effectively with persons with intellectual disabilities exists in the developmental services sector but not yet in child protection services.

To conceptualise a coordinated service program, lessons can be learned from local and international programs. For example, the *Healthy Start* program in Australia was a government-funded and technology-based network that provided support to parents with intellectual disabilities in the early years of parenthood (McConnell et al. 2008). With representation and leadership from health, education, welfare and legal organisations, it aimed to build capacity in organisations and service providers supporting parents with intellectual disabilities. The program was discontinued due to lack of funding after 2014 (Royal Commission 2023). On a local level in Ontario, Canada, a lesson in intersectoral collaboration can be taken from the provincial dual diagnosis strategy (Government of Ontario 2008). The Ministries of Health, Long-Term Care and Child and Community Social Services collaborated to create a joint policy to integrate developmental services and mental health services for persons with intellectual disabilities and a mental health diagnosis (Government of Ontario 2008), which continues to be implemented today. Dual diagnosis is recognised as a complex condition that requires health, legal and social services. The dual diagnosis strategy mandates shared responsibility of these services and provides guidelines for breaking down barriers to service access, creating partnerships and expanding linkages through local and regional community and health networks.

To provide effective support to persons with intellectual disabilities who desire to and become parents, their needs regarding sexual health, safe relationships and parenthood must be addressed. Service agencies supporting persons with intellectual disabilities are likely to have the expertise to provide such support, but they lack a provincial mandate for collaboration between disability service providers, lawyers and child protection agencies. Formal collaboration networks may help service providers engage in meaningful dialogue, exchange training and learning resources, and become informed about accessibility, disability rights, and effective support mechanisms for adults with intellectual disabilities who choose to become parents. A technology-based network and regional champions can pave the way to form partnerships between agencies and collaborate effectively, similar to *Healthy Start* (McConnell et al. 2008).

Lastly, it is critical to explore the resource pathways that enable child protection workers to effectively practice relationship-based social work as they support families in child protection

without burning out from the workload, resource navigation and providing supports that they have limited training and capacity to provide. This must occur at an organisational and systemic level as research has shown that organisational satisfaction is a stronger predictor of worker retention than reducing workloads (Brown et al. 2018; Nilsen et al. 2023). Child protection agencies must invest time and effort in needs assessments and program evaluations to ensure that workers feel well-supported in their demanding roles.

4.5 | Limitations

This study is not without its limitations, and these must be noted. First, the participants in the study were self-selecting and possible bias may have been introduced because only workers intending to create positive social change for parents with intellectual disabilities may have volunteered to participate. Second, there were concerns about gatekeeping within child protective agencies in Ontario and this led to significant challenges in recruitment of workers. 'Gatekeepers' are conceptualised as keepers of power who influence the parameters of what information reaches certain groups and how (Barzilai-Nahon 2009). Gatekeeping in this context can be understood as child protection organisations controlling the flow of information that reaches frontline workers. Several agencies had complex review processes for sharing research requests with workers and some agencies entirely refused to participate. A wider sample across diverse Canadian regions and other provincial jurisdictions would provide more robust data on varied perspectives and needs of child protection workers. Third, the needs of indigenous parents could not be fully explored and further research on the complex lived experience of indigenous parents with intellectual disabilities is warranted. Although some research has shown that indigenous parents with intellectual disabilities are overrepresented in child protection proceedings (Collings et al. 2018), their experiences remain unexplored in qualitative studies. This is essential to examine considering the historic socioeconomic inequities experienced by indigenous communities as well as Canada's recent legislative changes that allow Indigenous self-determination in child protection work for indigenous communities (Supreme Court of Canada 2024). Fourth, inclusive research methods (Walmsley, Strnadová, and Johnson 2018; Ghaderi et al. 2023) were not utilised in this study, and it would be highly valuable to develop an interview guide in collaboration with a co-researcher with intellectual disabilities to determine which specific challenges to explore with child protection workers.

4.6 | Conclusion

The present study aimed to examine the needs and experiences of child protection workers in Ontario, Canada, supporting parents with intellectual disabilities. Future research should look toward the changing landscape of child protection in Canada and the promising shift in sociocultural attitudes toward parenting by persons with intellectual disabilities demonstrated in this study. The need for disability-specific training and resources highlighted by workers shows that agencies within the social services sector in Ontario continue to be siloed and need better coordination to meet the cross-sectoral needs of parents with intellectual

disabilities. Social service agencies across sectors (or within the same sector in Ontario) must communicate and collaborate to build competencies in workers and plan supports for these incoming families. As it stands, the expertise required to effectively support persons with intellectual disabilities currently exists in the developmental services sector but not yet in child protection services. Lessons can be learned from international programs such as *Healthy Start* in Australia and local policies, such as the dual diagnosis strategy in Ontario. Furthermore, future research must be mindful of challenges associated with gatekeeping and recognise participation bias when it occurs; positive trends noted in research may not always be representative of child protection agencies in every jurisdiction.

Ethics Statement

Ethics approval for this study was obtained from the University of Ottawa Research Ethics Board (File # H-02-22-7670).

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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