

CHILDREN WITH MILD INTELLECTUAL DISABILITIES AND BORDERLINE INTELLECTUAL FUNCTIONING IN DUTCH RESIDENTIAL CARE AND THEIR FAMILIES

AN EXPLORATORY CASE-FILE STUDY

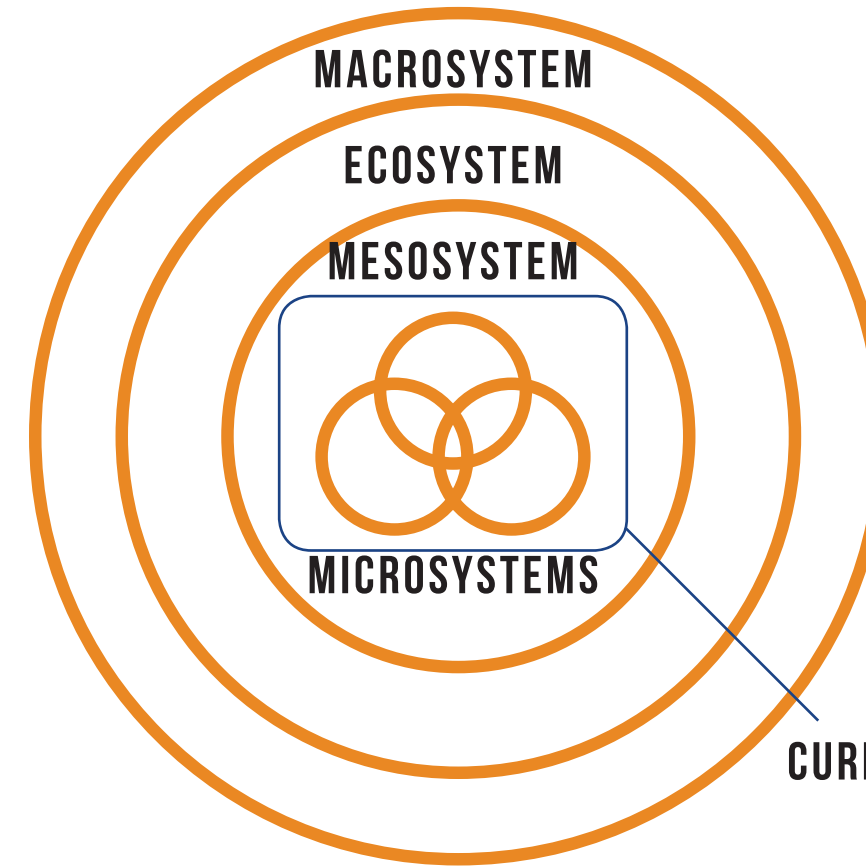
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BACKGROUND

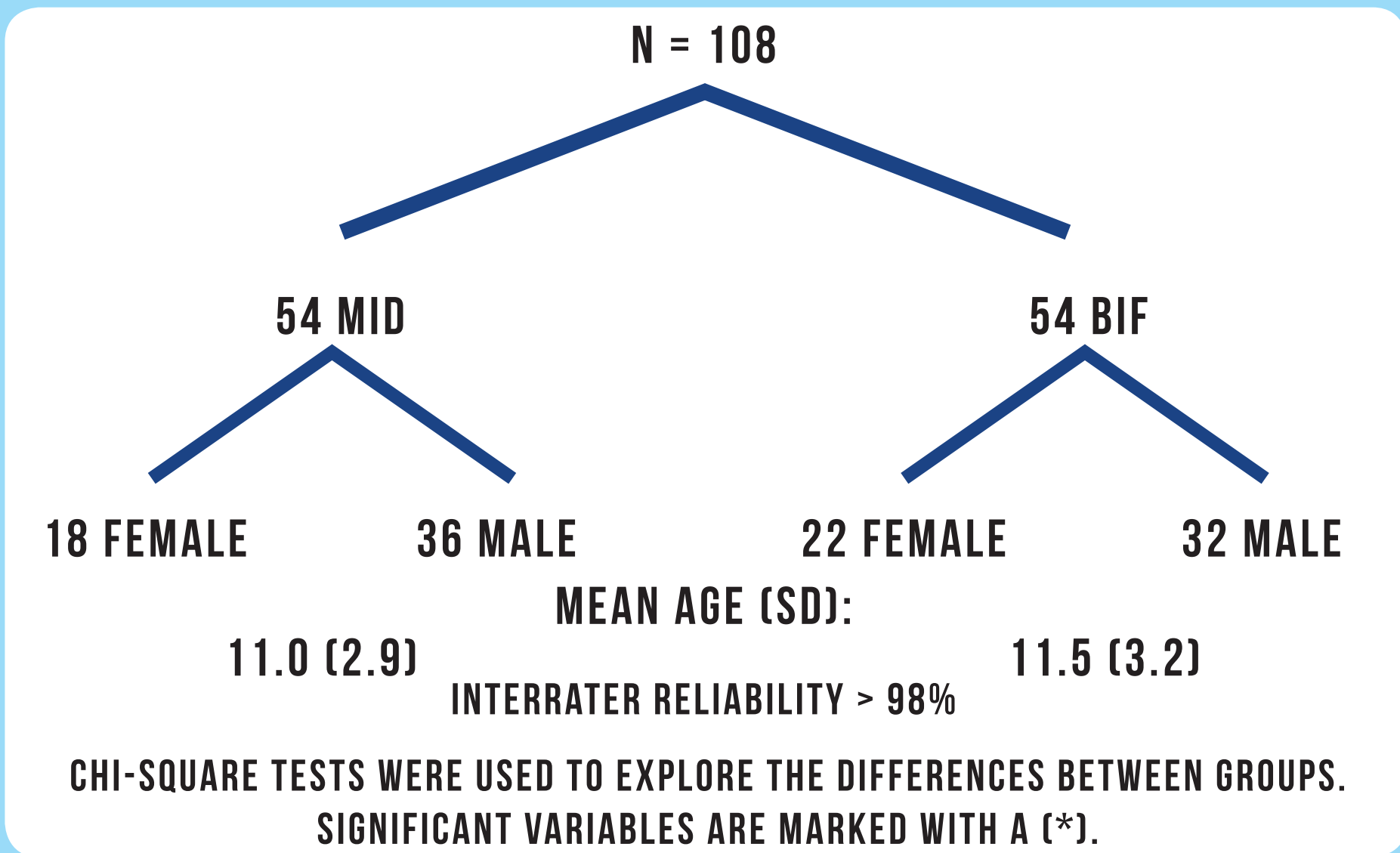
Since IQ boundaries are no longer decisive for the classification of mild intellectual disabilities (MID) and borderline intellectual functioning (BIF) [1], an attention shift is made towards the support needs of an individual based on social adaptive functioning [2]. However, BIF is an important and frequently unrecognized condition [3] while these individuals often face the same kind of problems as individuals with MID [4,5]. In many countries, due to an IQ above the ID cut-off point (>70), people with BIF often don't qualify for support services, despite their hardship in multiple areas of our increasingly demanding society [5]. This stresses the need for more detailed information on the profiles of these children. In Dutch practice of providing support, care and treatment for children with ID, children with BIF can receive support from organizations supporting children with MID when there are serious impairments regarding social adaptive functioning [6,7]. This study aims to describe and compare the profiles of children with MID and BIF referred to a Dutch residential care centre for children with MID. Child-, family- and environmental characteristics are included, as recent research emphasized the importance of a transgenerational approach to children (with MID or BIF) [8,9].

THEORY

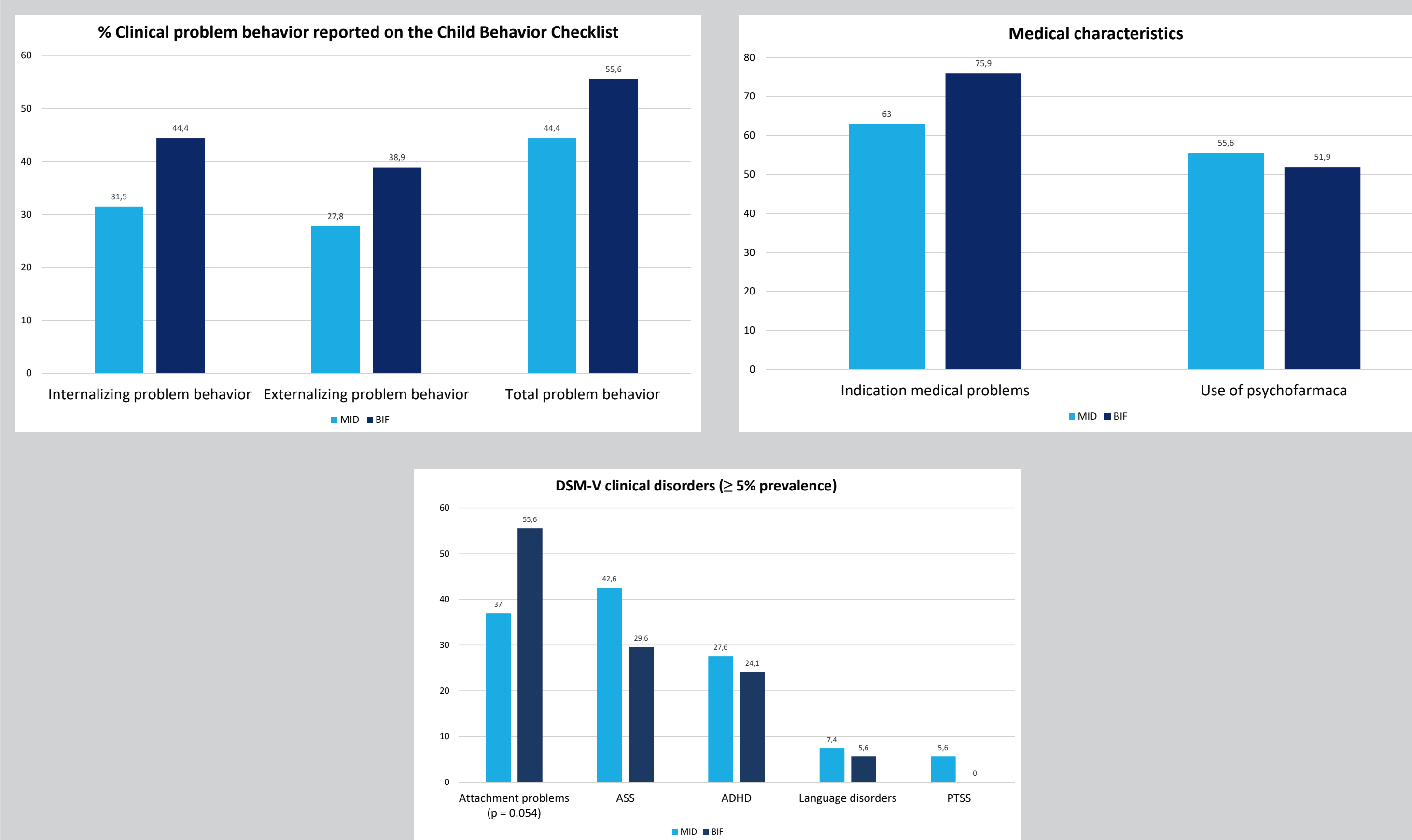
ECOLOGICAL MODEL (BRONFENBRENNER, 1979)



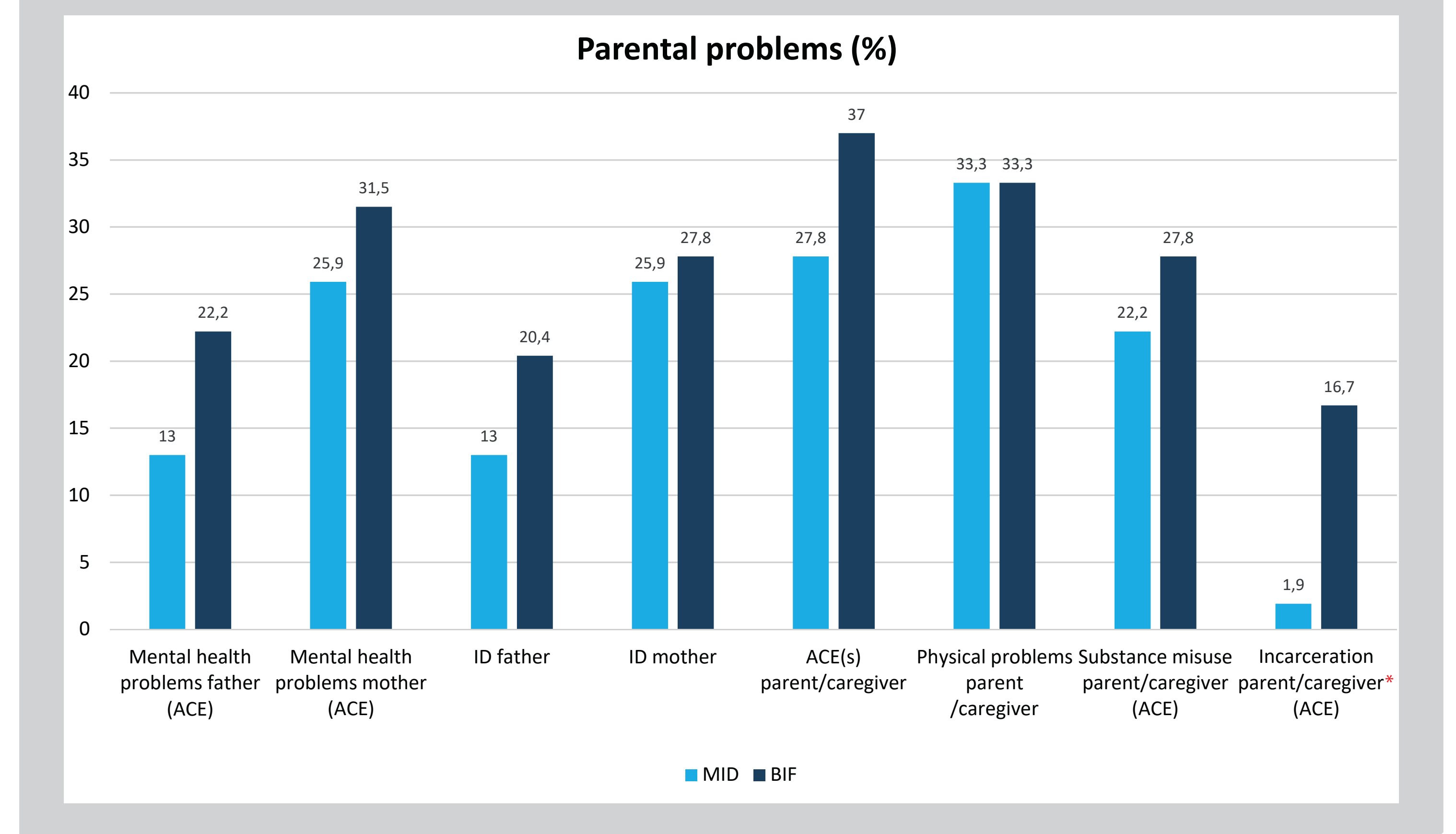
CASE-FILE SAMPLE



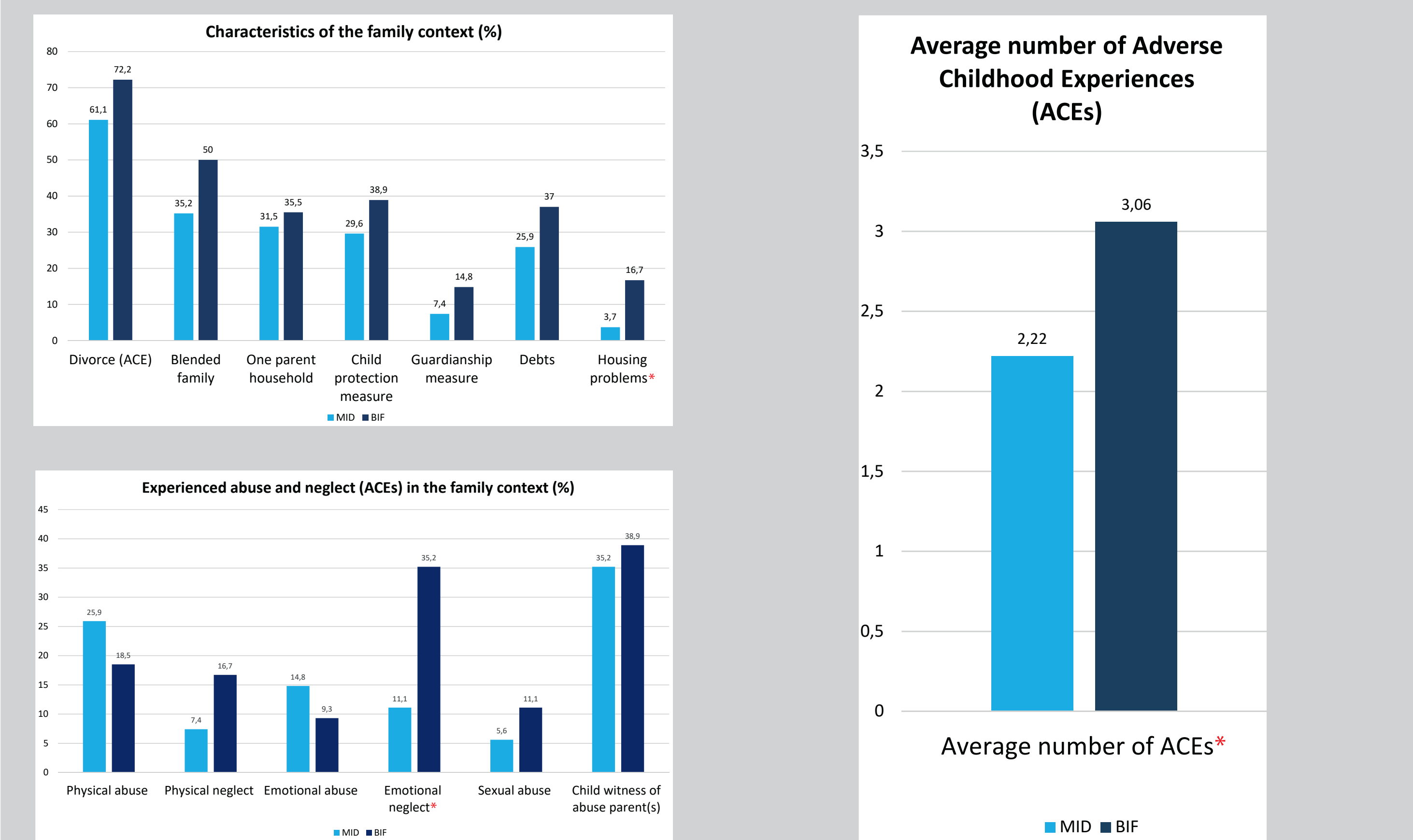
CHILD CHARACTERISTICS



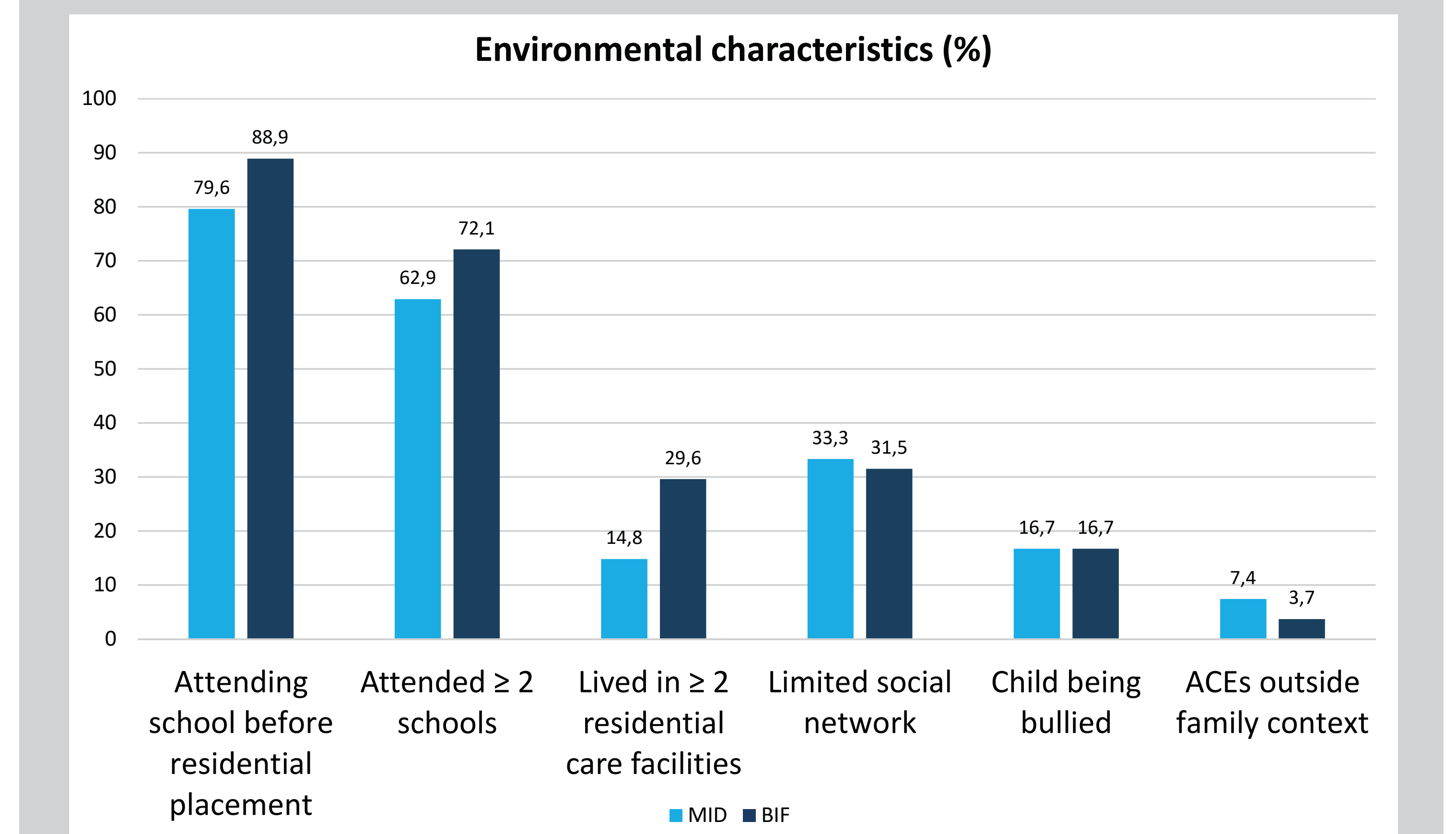
PARENTAL CHARACTERISTICS



FAMILY CHARACTERISTICS



ENVIRONMENTAL CHARACTERISTICS



CONCLUSIONS

- Children with MID and BIF living in a Dutch residential care centre face problems on multiple levels. Children with BIF even have significantly more Adverse Childhood Experiences (ACEs) and more parents/caregivers with housing problems than children with MID.
- A transgenerational approach in research is important for more detailed information on the profiles of children with MID and BIF living in residential care. Focus should lie on possible relationships between child-, parental-, family- and environmental characteristics to identify risk factors for mental health problems in both groups.
- Ultimately this must lead to 1) closing the gap between the availability of support for children with MID and BIF and 2) adjustment and development of (new) treatment programmes.



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References

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