



**Developmental Screening in
Pennsylvania Child Welfare Services:
A Statewide View of Children in Child Welfare**

Child Welfare Education and Research Programs
University of Pittsburgh, School of Social Work

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Executive Summary

In 2008, Pennsylvania's Office of Children, Youth, and Families implemented developmental and social-emotional screening for young children referred to child welfare service. This was in response to federal policies through the Child Abuse Prevention and Treatment Act (U.S. Department of Health and Human Services, 2003), and the Individuals with Disabilities in Education Act (IDEA, 2004) mandating that all children ages 0-3 must be screened if they have a substantiated child maltreatment case. The state policy strongly encouraged expanding the screening to include all children 0-5 receiving child welfare services. Two previous reports detailing results of Pennsylvania's screening initiative (Child Welfare Education and Research Programs 2010; 2011) showed that substantiation status is not related to children showing developmental or social-emotional concerns. These findings are supported by other national studies (e.g., Rosenberg & Smith, 2008), and Pennsylvania's model of expanded screening to include children up to age 5 whether or not there is a substantiated case reflects best practices.

The Child Welfare Education and Research Programs of the University of Pittsburgh, School of Social Work began a three phase study of the screening initiative beginning in June 2009. The objectives of this study were to examine screening implementation across the state; describe the demographic characteristics, living situation, and screening results of children statewide; establish access to Early Intervention services for children who show screening concerns; and develop a descriptive picture of the children's caregivers, including the extent to which the screening process engaged them in child welfare services.

Phase I of the study focused on implementation of the screening across the state. Interviews with child welfare and Early Intervention services revealed that 43% of counties were following the federal mandate of screening only children younger than age 3 with a substantiated maltreatment (Child Welfare Education and Research Programs, 2010; 2011). After two years of study participation, the researchers were interested to observe the value of the screenings among the counties and whether screening practices had changed. A follow up was conducted in November 2011, and several of the counties reported expanded screenings (i.e., an increased amount of children receiving screenings). Only 38% of all counties were screening only the federally mandated group, while the majority of counties (41%) were screening any child with an open child welfare case under the age of 5. The remaining counties were conducting screenings with some variation of these groupings.

Phase I participants from all 67 counties were asked about service availability for children and families with developmental and social-emotional concerns. The most

available services were developmental, including speech and language therapy. The least available were those addressing parent-child attachment and child trauma, indicating a need for behavioral health services for young children and their caregivers.

The Phase II Developmental and Social-Emotional Screening Results Study revealed the demographic characteristics and screening results of children across the state. Results of 4,669 children from 60 of Pennsylvania counties show that children are an average of 23 months old when they are screened. These children are primarily White and living in their biological homes at the time of the screening. The primary reason for their referral to child welfare is physical abuse, followed by neglect, and parenting concerns. Almost one-half (48.7%) of all children showed a developmental or social-emotional concern. There were no differences in the rates of positive (problem range) developmental or social-emotional screenings between children with substantiated maltreatment compared to those with unsubstantiated cases.

Existing research indicates that even though over a third of children aged 0-3 investigated for maltreatment have developmental screening scores showing they may qualify for Early Intervention (EI) services, only a small percentage are actually receiving these services (Casanueva, Cross, & Ringeisen, 2008). Because of this finding, one of the main goals of this project was to examine whether children with screening concerns were receiving appropriate services. To explore this issue, Pennsylvania's Office of Child Development and Early Learning (OCDEL) provided quarterly reports showing the progress of children whose screening showed a concern into services. When compared to community populations, Pennsylvania's child welfare system has an outstanding rate (60%) of children receiving further evaluation for EI services (Rauktis, Winters, Smith-Jones, & Rudek, 2012). However, a further evaluation does not always indicate whether a child actually received any services. Of those children who screened with concerns from Pennsylvania's child welfare population, 44% of them received some sort of EI service, with an additional 6% eligible for further tracking from the EI agencies.

Phase III of the study involved interviews with 337 caregivers of children in the child welfare system. The interviews were conducted with a random sample drawn from 29 different counties. The sample was primarily mothers who were White single parents. Most were living below the poverty line and had a high school diploma as their highest education level. Caregivers reported problems with mental health and substance abuse, and many experienced intimate partner violence in the past year. However, the presence of great individual and family strength emerged during these interviews. Caregivers reported having strong bonds with their children, evidenced by closeness, spending time with their child, and being able to soothe their child when he or she was upset. They also endorsed confidence in their ability to access concrete supports, such

as housing, food, assistance in finding a job, and help in times of crisis. Conversely, the caregivers did report a lack of social network support.

Caregivers also reported an overall positive relationship with the child welfare system. A somewhat positive or very positive experience with the developmental and social-emotional screenings was identified by 95% of the caregivers. The majority (75%) reported their overall experience with child welfare as a positive or somewhat positive and 78% reported being either satisfied or very satisfied with their current caseworker.

Recommendations

Results from the developmental and social-emotional screenings consistently show that there is no relationship between screening concerns and maltreatment substantiation. Based on the findings from the entire research project, the research team suggests the following recommendations to incorporate best practice in the screening process:

- 1) Revise the current policy so that all children in the home under age 5, not just the target child, receive screens. Findings from the Developmental Screening Project have shown that there is no relationship between substantiation status and developmental/social-emotional concerns.
- 2) Enhance collaboration between child welfare and other developmentally-focused programs such as Early Intervention and Early Head Start that provide service to children and families to optimize both child and family functioning.
- 3) Use the developmental screenings as opportunities to educate caregivers about child development. During their interviews, caregivers consistently shared that they were not aware that their child could perform as many developmental tasks as they demonstrated during the screening. They also shared a desire for more information on child development (62%) and 72% of caregivers interviewed indicated that they would like more information on recognizing developmental delays. *The ASQ User's Guide 2nd Edition* and *The ASQ:SE User's Guide* have activity sheets in the appendices (Appendix D and Appendix C respectively) for different age groups. These activity sheets can provide parents with guidance on what children should be doing and give them opportunities to enhance their children's learning environment. It is recommended that counties prepare packets of materials that can be taken to meetings with caregivers so that distribution of the supplemental activity sheets can become a standard component of the screening process.

- 4) Build regional teams within the child welfare workforce to complete the screenings. Working together in geographic proximity, counties can develop a shared team of caseworkers to conduct screenings across counties. Smaller counties, whose staff members do not complete screenings often, report feeling uncomfortable administering the screenings. Their lack of familiarity with the measure can result in a low-quality screening. The use of a specifically trained person to conduct screenings will ensure that children receive an accurate, quality screening and will provide an opportunity for caseworkers to develop a special area of expertise. This process may also lead the screening workers to feel an increased sense of pride in their work, which may increase job satisfaction and job retention. There is also an opportunity to better utilize workforce resources by developing regional screening specialists.
- 5) Enhance the protective capacities within the family context of young children by addressing socioeconomic needs, increasing social network support for families, providing focused interventions to target parent-child interaction, and promoting access to behavioral health care services for both children and their caregivers.

Introduction

Children involved in the child welfare system are a particularly vulnerable population. Poverty, maltreatment, familial mental health and substance use, and a chaotic home environment plague their young lives. With an increasing amount of research showing how early traumatic events can affect the developing brain (Dodge, Petit, & Bates, 1994; Rouse & Fantuzzo, 2000; Kortenkamp & Ehrle, 2002, Pechtel & Pizzagalli, 2011), early intervention (EI) for developmental and social-emotional problems can greatly impact a child's educational trajectory (Campbell & Ramey, 1994; Hill, Brooks-Gunn, & Waldfogel, 2003). Even with this knowledge, only 13% of 0 to 3-year-olds investigated for maltreatment who have developmental screening scores suggesting they may qualify for early intervention services actually receive such services following a child welfare referral (Casanueva, Cross, & Ringeisen, 2008).

To address the issues of low referral rates to necessary services and the increased risk of developmental and social-emotional concerns in this population, the federal government amended both the Child Abuse Prevention and Treatment Act (U.S. DHHS, 2003) and the Individuals with Disabilities Act (IDEA, 2004) to require that children under the age of 3 who are substantiated for maltreatment receive a standardized screening for both types of concerns. To adhere with the updated federal regulations and establish a model for best practice, Pennsylvania's Department of Public Welfare, Office of Children, Youth, and Families (OCYF) implemented a policy in September 2008 that established a minimum screening mandate of the federal requirements, but strongly recommended that all 67 counties screen every child with an open child welfare case under the age of 5. Pennsylvania's OCYF chose the Ages & Stages Questionnaires^{®1} and the Ages & Stages Questionnaires: Social-Emotional^{®2} to effectively screen the children in the commonwealth. The ASQ and ASQ:SE are a series of age-appropriate questionnaires designed to identify children who need further developmental and social-emotional evaluation.

Training to use the ASQ instruments was provided to child welfare agencies by Pennsylvania's OCYF when the policy was introduced, and is offered on an on-going

¹ Ages & Stages Questionnaires® (ASQ™): A Parent-Completed, Child-Monitoring System, Second Edition, Bricker and Squires. Copyright © 1999 by Paul H. Brookes Publishing Co., Inc. Ages & Stages Questionnaires is a registered trademark and ASQ and the ASQ logo are trademarks of Paul H. Brookes Publishing Co., Inc.

² Ages & Stages Questionnaires®, Social-Emotional (ASQ:SE™): A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors, Squires, Bricker, & Twombly. Copyright © 2002 by Paul H. Brookes Publishing Co., Inc. Ages & Stages Questionnaires is a registered trademark and the ASQ:SE logo is a trademark of Paul H. Brookes Publishing Co., Inc.

basis by the Child Welfare Resource Center (CWRC). The one-day training is provided by developmental specialists with experience in early intervention and education. Training includes background information about the screening policy, instruments, EI services, experiential activities around children's developmental milestones, and completing ASQ instruments using case scenarios. More recent curriculum includes completing and scoring the ASQ and ASQ:SE while watching a videotaped screening of a 3-year-old-child. Some counties have received additional training from their local EI provider (McCrae, Cahalane, & Fusco, 2011, p. 1413).

To assess the implementation and success of the screening mandate, OCYF contracted with the University of Pittsburgh's School of Social Work, Child Welfare Education and Research Programs to conduct a thorough research project on this initiative. The research team designed a three-phase project design, which began in May 2009 with interviewing county child welfare and early intervention workers. A web-based database was created and launched in July 2009 to capture demographic and screening results for children involved in child welfare services across the commonwealth. The final phase, interviewing a random sample of caregivers, began in June 2010.

Methods

During phase I, county administrators were asked to select someone from their agencies who was the most knowledgeable about the implementation of the screening mandate to participate in a phone interview with the research staff and be the point of contact (point persons) for the duration of the project. The research staff collected information regarding the implementation of the screening mandate, service availability, and successes and challenges to the screening initiative from county child welfare point persons. Also during these interviews, point persons were asked to identify someone within their corresponding EI agencies to interview regarding this mandate as well. EI respondents were asked more detailed questions concerning referrals following a screening and information sharing with child welfare. Completion rates for Phase I of the project were excellent, with all 67 county child welfare agencies, and 98% of EI agencies participating in the telephone interview.

To fully understand the population of children being served by child welfare services in Pennsylvania, the CWRC created a web-based database for counties to enter demographic information for children and their caregivers, and also the children's screening results. The database was launched on July 1, 2009. The county point persons were asked to determine two people in their agencies who would be able to enter the necessary data elements into the database by the last day of each month. A

web-based training was held with those individuals to show them how to use the database and explain the reporting functions. Other releases of the database included reports requested by the county users, such as a tickler report that will notify the county when a child is due for a follow-up screening.

To gauge service utilization, data for children who screened with concerns on the ASQ and/or ASQ:SE from the screening database was sent quarterly to Pennsylvania's Office of Child Development and Early Learning (OCDEL). OCDEL used demographic information and Master Client Index Numbers (MCIs) to determine how many children who screened with concerns (1) were referred to EI; (2) received a full, multi-disciplinary evaluation from EI; (3) were found eligible for services or tracking; and (4) received services.

The screening database was integral in the third phase of the study, and allowed the researchers to select cases from 29 randomly selected counties to participate in an hour long, in-person interview with the primary caregiver of children who received a screening. Counties were randomly selected using a number of criteria which included (1) location in the state; (2) group of children being screened; and (3) number of children in the screening database. Each county was given a quota for the number of interviews needed from their county based on their usage of the screening database. The interview was a mix of open-ended and scaled items and included four standardized measures (Appendix A). A total of 11 individuals with various social service backgrounds interviewed 338 caregivers from 29 counties. Interviews took place primarily in the caregiver's homes and caregivers were compensated with a \$40 gift card for their time.

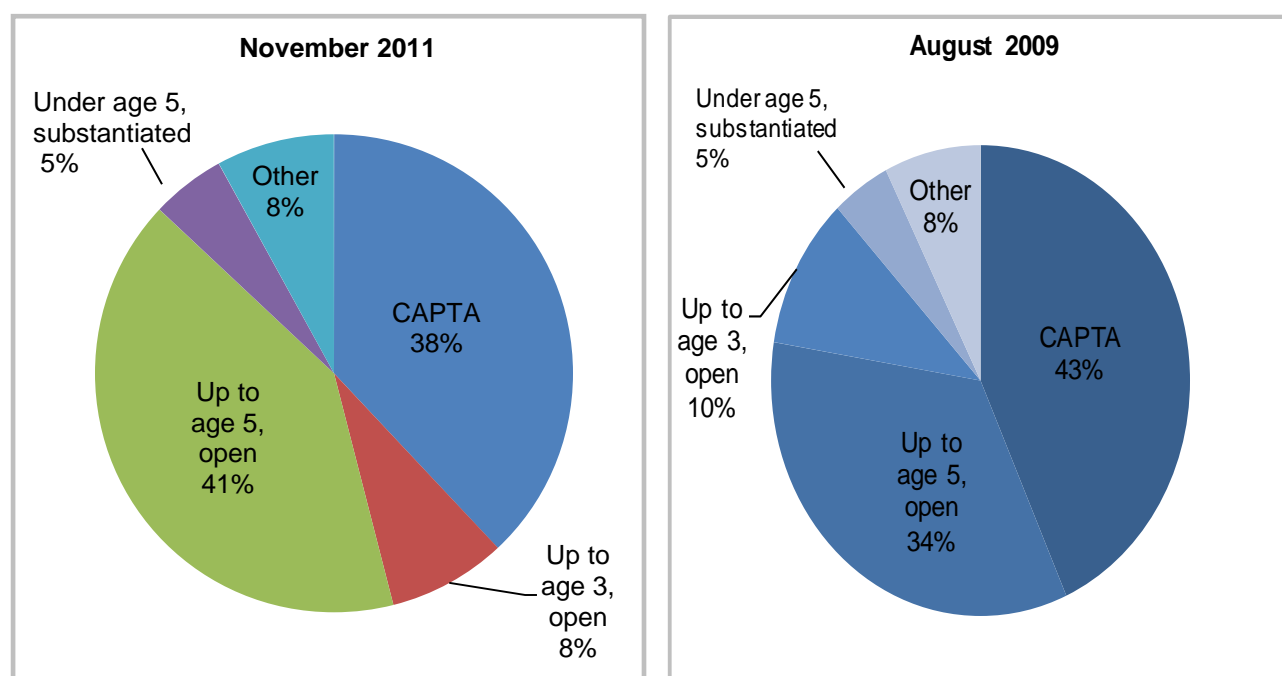
Results

Phase I: Phone interviews with child welfare point persons and early intervention workers

One of the main research questions of this project concerned implementation. Child welfare point persons were asked what group of children they were screening (i.e., just the federally mandated group, every child under the age of 5 open for services, or some other group) and who was conducting the screening. During Phase I, most counties (43%) were screening only the federally mandated group (under age 3 with substantiated maltreatment). A smaller percentage (34%) were screening any child with an open child welfare case under the age of 5, and the other remaining counties were conducting screenings with some variation of these groupings (Child Welfare Education and Research Programs, 2010). After two years of study participation, the researchers were interested to observe the value of the screenings among the counties and whether

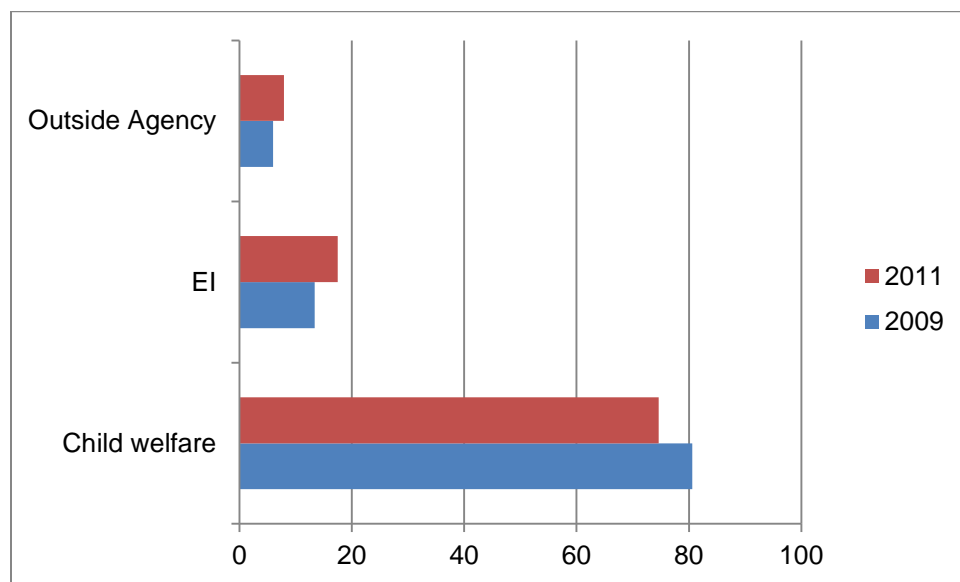
screening practices had changed. The study team was particularly interested in whether there was an expansion in the age range of children receiving screenings. In November 2011, the county point persons were contacted via e-mail and asked to identify what group of children they were screening and who was conducting the screening. A shift in screening practice was seen when comparing the 2009 percentages to the more recent 2011 percentages. The number of counties screening every child under the age of five increased by 7%, with the number of counties just screening the federally mandated group decreasing (Figure 1).

Figure 1: Percentage of counties screening children under the age of 3, substantiated vs. children under the age of 5, 2009 and 2011



Likewise, percentages also changed concerning who was conducting the screenings. Results from the 2009 telephone interviews showed that slightly over 80% of county child welfare agencies were conducting the screenings themselves, with only 13% of counties using their EI providers to conduct the screenings, and even a smaller percentage (6%) using family centers or other outside agencies (Child Welfare Education and Research Programs, 2010). The rates of county child welfare agencies conducting the screenings in house decreased by 6%, and increases were seen in both EI and outside agencies conducting the screenings (Figure 2).

Figure 2: Percentage of county child welfare agencies conducting screenings vs. other agencies, 2009 and 2011

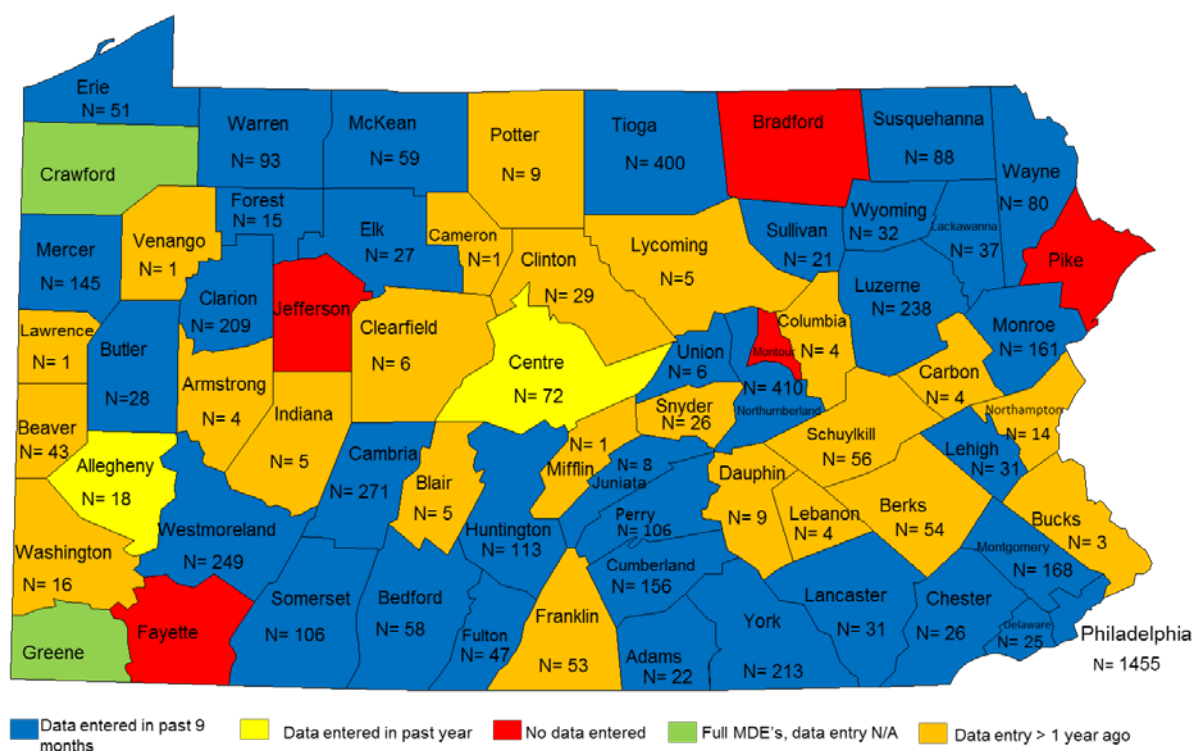


In addition to shifts in who is conducting the screening and what group of children counties are screening, the research team noticed some other changes implemented within counties because of the research project. A few counties realized that most families do not have the necessary items within their homes to conduct a good, quality developmental screening. This prompted those counties to create kits containing all the necessary materials for the ASQ, that caseworkers could take with them into the home to complete the screening. Other counties decided to assign the screening tasks to certain caseworkers, who conducted the screenings with every eligible child. This design not only freed up other caseworker's time, but it also created a sense of ownership of the screening initiative and instilled confidence in the administration of the screenings for those caseworkers who were assigned to this task. The research team also received feedback from the counties regarding their desire for more communication about the results and progress of the research project. This prompted the research team to develop quarterly research notes to highlight certain findings and update the counties on the status of the project. A series of 10 research notes can be accessed on the project website: <http://www.pacwrc.pitt.edu/ASQ.htm>. The research team also created a Facebook page which is updated weekly, not only with information about the project, but with other issues concerning child welfare policy and practice.

Phase II: Screening Database

As of October 31, 2012, well over half of Pennsylvania's counties were using the database frequently (defined as new data entered in the past nine months), with additional counties (36%) entering new data between one and two years ago. Philadelphia County provides the research team with data at least on a quarterly basis. Allegheny County also provided the research team with additional data in order to compare the two biggest urban counties in the state. Database participation can be seen in more detail in Figure 3. A total of 3,990 cases have been entered into the web-based database created by CWRC. When including the additional data from Allegheny and Philadelphia counties, the research team has information on nearly 5,000 children across the state of Pennsylvania.

Figure 3: Frequency of county database usage and number of cases entered per county



County point persons have found the reporting functions of the database extremely helpful in not only notifying them when children are due for the next screening, but also to inform them on how many children are screening with concerns in their counties. Close to a year after launching the database, the research team asked county point persons who were regular database users their opinions of the database. As evidenced below, responses were overwhelmingly positive and reflected an interest in continuing to use the database as a tool.

“What has been one of the greater benefits about this database is that it is very user friendly and easy to navigate and for those reasons, it’s a task that is very easy to check off of one’s to-do list. And the structure of the survey makes it easy on caseworkers when I’m sitting with them to fill it out because it is information they know off the top of their head and it takes less than 5 minutes to complete, which in the time -crunched world of a caseworker is a blessing.”

“We intend to begin using the database primarily to notify caseworkers when screenings are due. This tracking will be the biggest advantage to our work. We integrated the database by requiring caseworkers to complete the forms and forward them to a data entry person, who will enter, then notify them of upcoming screening due dates.”

“The tickler system will be a great advantage for NCCYS and hopes are to run this report on a weekly basis and distribute it to supervisors as a reminder for the workers that a screening is due.”

The researchers have received additional positive feedback from counties that are using the database, and hosted a conference call with county point persons who are regular database users to discuss possible upgrades and determine the best layout for ease of use in future versions.

A special thanks goes to Luzerne, Northumberland, and Tioga counties for not only incorporating the database as a part of everyday practice within their agencies, but also for providing the CWRC IT specialists with their feedback and ideas to make the next release of the screening database a more effective tool in their day-to-day activities.

Reviewing the most recent data from the screening database, we are able to establish a clear picture of Pennsylvania’s young children involved in child welfare services. Demographic information was analyzed using all the existing data and showed that statewide there were 4,669 children screened. The mean age of the children in the dataset was 23 months (Table 1). There were roughly equal numbers of boys (49.2%) and girls screened. Two-thirds of the children (65.5%) were White, 29% were African American, and 5.4% were biracial. Another 15.4% of the children were Hispanic.

The majority of the children (63.7%) were living with their biological parents at the time of the screening. More than a quarter (27.8%) was in foster care and 8.2% were in kinship care. 15.9% had spent time in a Neonatal Intensive Care Unit (NICU).

Table 1: Statewide child demographics

Child demographics	Percentage
Mean age (in months)	23.1
Boys	49.2
White	65.1
African American	29.0
Biracial	5.4
Other	0.5
Hispanic	15.4
NICU	15.9
Living with biological family	63.7
Living in foster care	27.8
Living in kinship care	8.2
Living with adoptive family	0.3

Information was collected on the primary referral reason to child welfare services (Table 2). The largest category was physical abuse, which accounted for 21.9% of all referrals. Neglect, which included both physical and supervisory neglect and failure to protect, comprised 19.8% of the referrals. Caregiver substance abuse accounted for 13.9% and caregiver mental health issues were 5.8%. Although the federal mandate requires only screening of substantiated cases, several counties expanded criteria to include all children in the household. In counties with expanded criteria, 41% of the children screened for developmental and social-emotional problems did not have a substantiated case.

Table 2: Statewide primary referral reason to child welfare services

Primary referral reason	Percentage
Physical abuse	21.9
Sexual abuse	1.0
Neglect	19.8
Caregiver substance abuse	13.9
Caregiver mental health	5.8
Parenting concerns	14.8
Intimate partner violence	3.4
Lacking basic needs	7.9
Substantiated*	59.0

*Substantiation status was only examined in counties that expanded their screening criteria to include all open cases.

Developmental and social-emotional screenings were conducted using the ASQ and the ASQ:SE (Table 3). Results showed that 32.2% of all children showed concerns on the ASQ, with the largest concern types being communication (18.3%) and fine motor skills (14.1%). Almost 16% of children showed more than one ASQ concern type. Nearly 40% of all children showed concerns on the ASQ:SE. Roughly half of the children had either ASQ or ASQ:SE concerns.

Table 3: Statewide rates of developmental and social-emotional concerns

Screening concern	Percent
ASQ concern	32.2
Communication concern	18.3
Fine motor concern	14.1
Gross motor concern	12.3
Personal-social abilities concern	7.3
Problem solving abilities concern	9.2
More than one ASQ concern	15.5
ASQ: SE concern	38.6
Concern on either ASQ or ASQ:SE	48.7

Statistical analyses were conducted to examine the child and maltreatment factors related to having developmental and/or social-emotional problems. A two-step process was employed. First, the relationship between all child and maltreatment variables was examined if the relationship was statistically significant. Significant variables were then entered into a logistic regression model. Logistic regression reports the likelihood of the variables' relationship to the outcomes by generating odds ratios. An odds ratio over 1 shows an increase in risk while an odds ratio under 1 shows a protective factor. Models were developed for the entire statewide sample, children in out of home care, children in urban counties, and children in rural counties.

Statewide Screening Results

In looking at the entire database across the state, boys were 76% more likely to have developmental concerns (Table 4). Children who were in the NICU were 85% more likely to have developmental problems, and children living in foster care were almost three times more likely to have developmental concerns. In terms of referral reasons, when caregiver mental health problems were the reason, children were more than twice as likely to have developmental problems, and when physical abuse was the primary referral reason children were five times more likely to have developmental problems.

A different picture emerged when looking at the results of the social-emotional screenings. Girls were more likely to have social-emotional problems. African

American children were twice as likely, as were children who had spent time in the NICU. Children referred for physical abuse were three times more likely to have social-emotional problems. This enhances the information provided in the 2009-2011 PA Child Abuse Reports showing physical abuse consistently accounting for 26% of all injuries to children over the 3-year period. In addition, birth parents are responsible for approximately 1/3 of all physical injuries to children (Department of Public Welfare, 2009; Pennsylvania Department of Public Welfare, 2010; Pennsylvania Department of Public Welfare, 2011). No other variables were significant in the models, including substantiation status.

Table 4: Statewide relationship between child and maltreatment variables and screening concerns

	Developmental Concerns n=1575	Social-Emotional Concerns n=1199
Gender	1.8***	0.5***
African American	--	2.1***
NICU	1.9***	2.7***
Foster Care	2.9***	--
Caregiver Mental Health	2.8***	--
Physical Abuse	5.3***	3.0***

Out of Home Care

Children in kinship care and foster homes were examined to explore the relationship between significant variables and ASQ and ASQ:SE scores in this population (Table 5). Children in out of home care who were referred to child welfare for physical abuse were almost nine times more likely to have developmental problems. However, children referred for neglect were 75% less likely to have developmental problems.

Three variables were significantly related to social-emotional problems. Girls were 66% more likely to have social-emotional problems, while children who had been in the NICU were four times more likely. Similar to the developmental model, when physical abuse was the primary referral reason, children were 12 times more likely to have social-emotional problems and when neglect was the primary referral reason they were 88% less likely. The results that show neglect to be indirectly related to both developmental and social-emotional concerns among children placed in out of home care seems counterintuitive at first glance. However, this finding may reveal the benefit out of home care can have on the developmental and mental health status of young children who have experienced neglect.

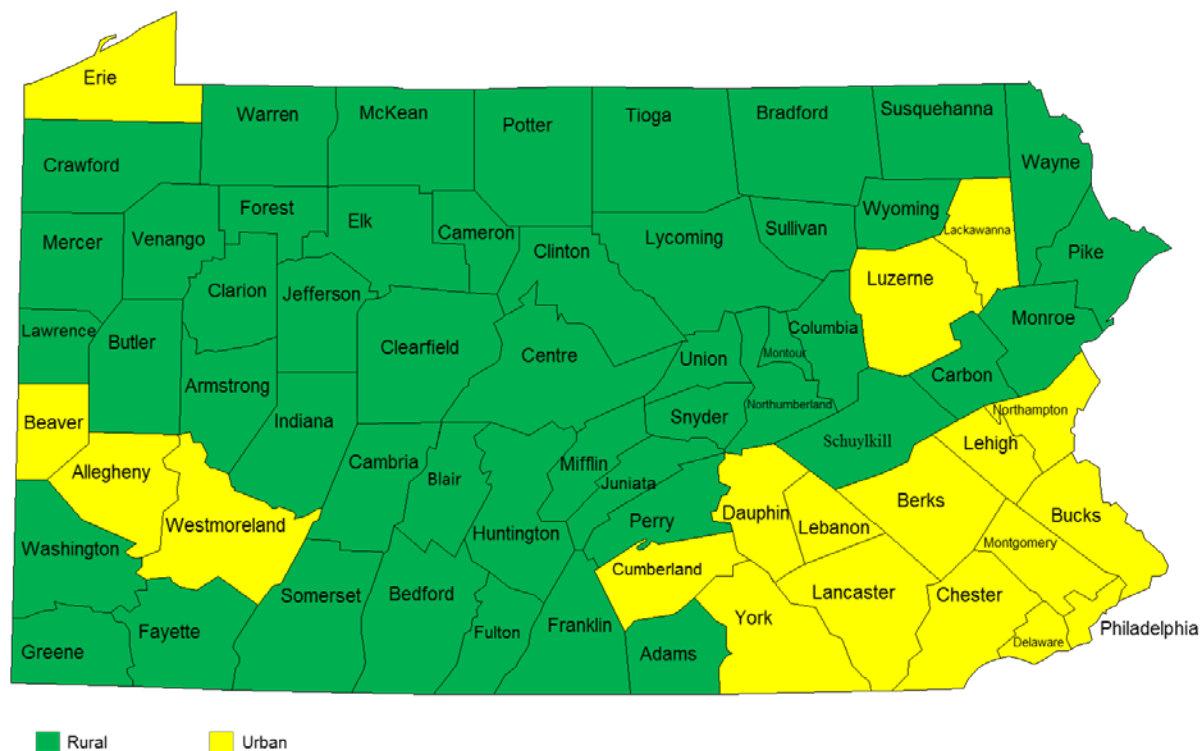
Table 5: Out of home care, relationship between child and maltreatment variables and screening concerns

Characteristic	Developmental Concerns n=294	Social-Emotional Concerns n=282
Gender	--	0.3***
NICU	--	4.0*
Physical Abuse	8.6***	12.1***
Neglect	0.3*	0.1***

County Composition

Children who lived in urban and in rural counties, as defined by the U.S. Census (Center for Rural Pennsylvania, 2011) were examined separately to explore the relationship between child and maltreatment variables and ASQ and ASQ:SE scores. In Pennsylvania, 19 counties are classified as urban and 48 are rural, as shown in Figure 4 below.

Figure 4: Pennsylvania counties as defined as rural or urban



The Center for Rural Pennsylvania's definition of rural and urban is based on population density. Population density is calculated by dividing the total population of a specific area by the total number of square land miles of that area.

Table 6 shows the results of the relationship between ASQ and ASQ:SE scores, child characteristics, and maltreatment variables among children living in rural and urban areas.

Table 6: County composition, relationship between child and maltreatment variables and screening concerns

Characteristic	Developmental Concerns		Social-Emotional Concerns	
	Urban n=495	Rural n=1051	Urban n=262	Rural n=1291
Gender	1.8**	1.9*	0.4***	--
African American	--	--	2.5***	--
Biracial	--	1.1*	--	2.7*
NICU	1.6*	3.2**	2.6**	--
Physical Abuse	5.1***	4.3**	11.9***	--
Caregiver Mental Health	6.9***	--	--	--
Caregiver Substance Abuse	3.3**	--	--	--
Foster Care	2.9***	--	--	--
Kinship Care	--	--	--	3.2**

In urban counties, boys (80%) and children who had been in the NICU (60%) were more likely to have developmental problems. Children who had been referred for physical abuse were five times more likely, and those referred for caregiver mental health were almost seven times more likely, to have developmental concerns. When caregiver substance abuse was the primary referral reason, children living in urban counties were three times more likely to show developmental concerns. Children in foster care were almost three times more likely to have developmental problems.

Four variables were significantly related to social-emotional problems among children living in urban counties. Girls were 58% more likely to show social-emotional concerns and African American children were two and a half times more likely. Being in the NICU increased the likelihood of social-emotional problems by more than two times, and when physical abuse was the primary referral reason children were almost 12 times more likely to show social-emotional problems.

Some different variables were significant when looking at developmental problems among children living in rural counties. Boys, children who had been in the NICU, and referral for physical abuse were all more likely to be related to developmental problems. Biracial children showed both developmental and social-emotional concerns when looking specifically at rural counties. Biracial children living in rural counties were about 10% more likely to have developmental problems. In regard to social-emotional

problems, biracial children were almost three times more likely to show concerns. Children living in kinship care in rural areas were also more likely to have social-emotional concerns. Biracial children in Pennsylvania are predominantly White/Black and rural communities are 94% White (Center for Rural Pennsylvania, 2011). Ethnic minorities in rural areas are poorer and more isolated than their White counterparts (Probst, Samuels, Jespersen, Willert, Swann, & McDuffie, 2002). Therefore, the elevated concerns seen in biracial children could be related to greater disenfranchisement and social isolation of their families (Fusco & Cahalane, 2013).

Service Utilization

Research informs us that even though over a third of children aged 0-3 who are investigated for maltreatment have developmental scores that suggest they may qualify for EI services, only a small percentage are actually receiving such services (Casanueva, Cross, & Ringeisen, 2008). Because of this finding, one of the main research questions of this project inquired whether children who screened with concerns were receiving necessary services. To answer this question, Pennsylvania's Office of Child Development and Early Learning (OCDEL) provided the research team with quarterly reports showing the progress of children whose screening showed a concern into services (Figure 5). When compared to community populations (5%), Pennsylvania's child welfare services has an outstanding rate (60%) of children receiving further evaluation for EI services (Rauktis, Winters, Smith-Jones, & Rudek, 2012). However, a further evaluation does not always indicate whether a child actually received any services. Of those children who screened with concerns from Pennsylvania's child welfare population, 44% of them received some sort of EI service,

The mother of two young children referred to Early Intervention after screening with concerns on the Ages & Stages Questionnaire® has found that services are beneficial for the well-being of her children.

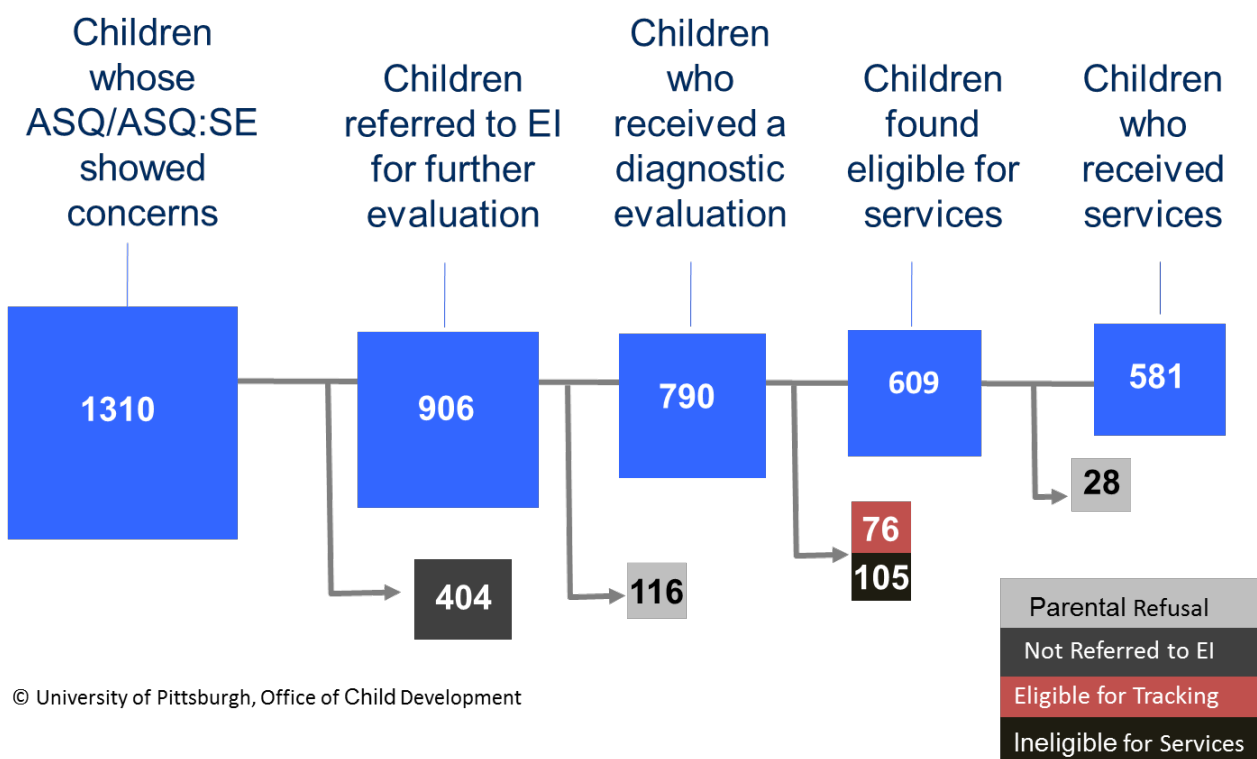
"I am a mother of two girls under the age of 5 yrs. My husband works long hours and is gone all day. Early Intervention has been a blessing in helping my daughters get the early therapies that they need before entering the public school system where it's a competitive race to keep up with the other children. The one-on-one speech and physical therapy has given my 2 year old more self confidence in her movement and communication challenges."

with an additional 6% eligible for further tracking from the EI agencies.

As shown in Figure 5, the largest group of children drops from the path to EI services early in the continuum, after the screening results show a concern. After speaking with families and workers in the agencies, anecdotal information suggests that families may be taking a "wait and see" attitude before pursuing further evaluations.

Work conducted in Family Centers in Allegheny County by the University of Pittsburgh, Office of Child Development suggests that a family's hesitation for a further evaluation may be because of the stigma that is attached with a developmental and/or social-emotional diagnosis (Rauktis, Winters, Smith-Jones, & Rudek, 2012). Further education on the function of EI and collaboration between the child welfare and early intervention systems may help to alleviate some of these fears and enable more children in need to receive the necessary services.

Figure 5: Service utilization by Pennsylvania's child welfare involved children after screening with a concern on the ASQ or ASQ:SE

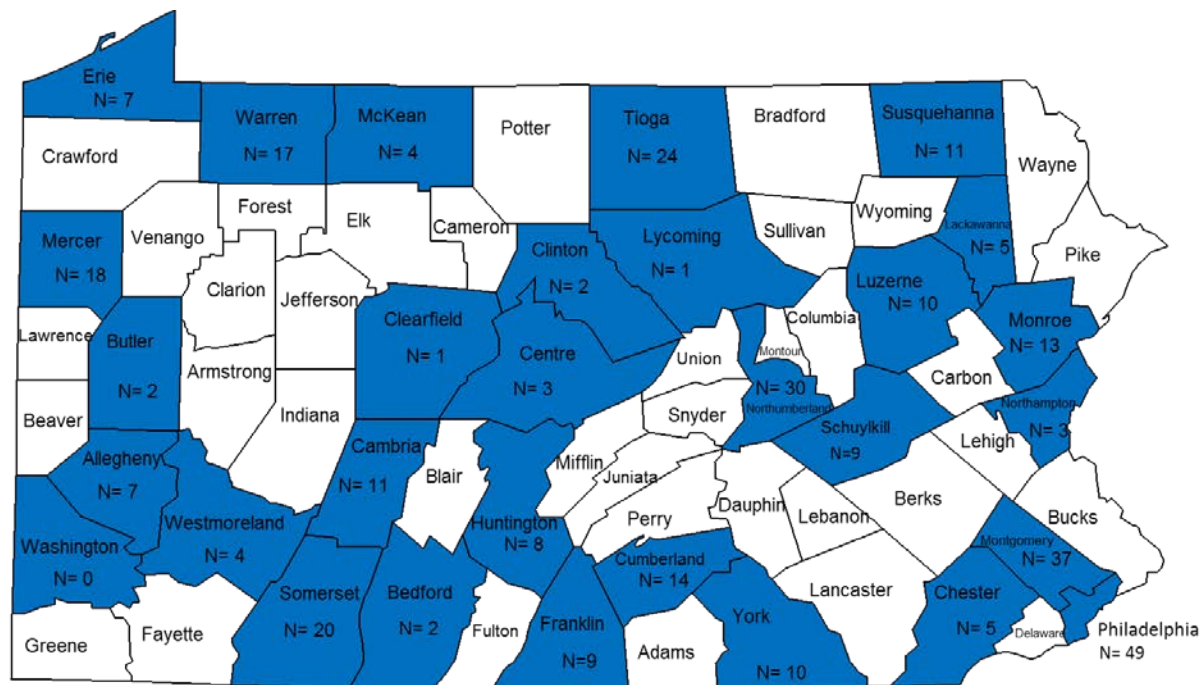


Phase III: Caregiver Interviews

Caregiver interviews were conducted in 29 randomly selected counties over the course of two years. County point persons were sent lists of cases that received a screening in the past nine months. The point persons then contacted the caseworkers for those cases, and the caseworkers approached the families about the project. A simple form was completed for each case that was selected to indicate the caregivers' decision concerning participation. Contact information was forwarded to the research team for those caregivers who agreed to an interview. Caregivers were contacted

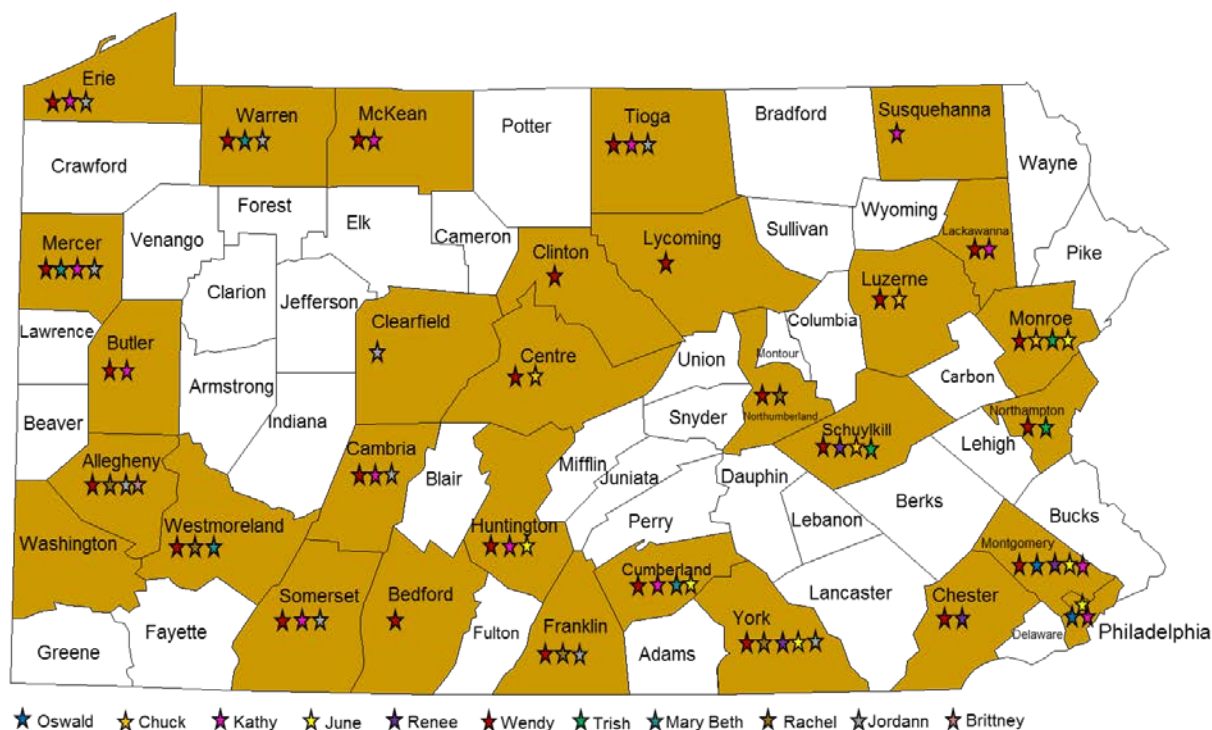
within a week through various forms of communication, such as (1) phone calls; (2) letters; (3) text messages; and (4) Facebook private messages. A total of 337 caregivers were interviewed in the counties. County participation was unprecedented, with 57% of selected counties reaching their quota of interviews and 23% completing over half of their interview quotas. More details on county participation can be seen in Figure 6.

Figure 6: County caregiver interview participation including number of interviews completed



In order to complete the amount of interviews needed across 29 counties, the research team recruited additional interviewers who were based in differing regions of the state. Six trainers and/or consultants from the CWRC were identified. These individuals completed a 1-day training to review the study protocol and practice the interview. Prior to the training, every participant completed on-line modules concerning the responsible conduct of research and human subjects protection as required by the University of Pittsburgh's Institutional Review Board (IRB). In addition to these interviewers contracted through the CWRC, three part-time research assistants, the evaluation coordinator, and one of the co-principal investigators also conducted interviews. Contract interviewers selected the regions of the state where they were able to interview, whereas the other interviewers traveled throughout the commonwealth. Figure 7 below shows the activity of the interviewers, and the counties in which caregiver interviews were conducted.

Figure 7: Interviewer travel range



Demographics

A total of 337 interviews were conducted between June 2010 and October 2012. These interviews were conducted primarily in the caregivers' homes and averaged from one to two hours in duration. The majority (76%) of the interviewees were mothers under the age of 35, while fathers constituted a little less than 10% of the sample. The sample was primarily White (73%), with caregivers of color representing 27% of the interviewees. High school was the uppermost level of education for most of the caregivers (44%), and the majority (61%) were single parents. The mean age at birth of the first child was 20, and the caregivers had an average of three biological children. Not surprisingly, most of the caregivers were living at or below the poverty line and were receiving a variety of needs-based services such as federally-funded health and nutrition assistance (WIC), food stamps, income and housing support, and SSI payments. Sixty-three percent of the caregivers were receiving Medical Assistance. Table 7 shows the demographic characteristics of the caregivers in the sample.

Table 7: Caregiver demographics

Variable	Entire sample Total N=337	Female Caregiver Total N=304	Fathers Total N=33
Age			
Under 35:	82.8% (N=279)	84.2% (N=256)	69.7% (N=23)
Over 35:	17.2% (N=58)	15.8% (N=48)	30.3% (N=10)
Race			
Black:	13.7% (N=46)	13.9% (N=42)	12.1% (N=4)
White:	73.1% (N=245)	73.5% (N=222)	69.7% (N=23)
Am.Indian:	1.5% (N=5)	1.3% (N=4)	3.0% (N=1)
Biracial:	6.3% (N=21)	6.3% (N=19)	6.1% (N=2)
Other:	5.4% (N=18)	5.0% (N=15)	9.1% (N=3)
Ethnicity (Hispanic/Latino)	N=333	N=300	N=33
	Yes: 5.7% (N=19)	Yes 5.7% (N=17)	Yes 6.1% (N=2)
Gender			
Male:	9.8% (N=33)	0	100% (N=33)
Female:	90.2% (N=304)	100% (N=304)	0%
Education	N=336	N=303	N=33
None:	28.9% (N=97)	29.0% (N=88)	27.3% (N=9)
GED:	12.2% (N=41)	12.5% (N=38)	9.1% (N=3)
High School diploma:	43.8% (N=147)	42.9% (N=130)	51.5% (N=17)
VTec:	3.9% (N=13)	4.0% (N=12)	3.0% (N=1)
Associates:	6.5% (N=22)	6.9% (N=21)	3.0% (N=1)
RN:	0.3% (N=1)	0.3% (N=1)	0%
BA:	1.8% (N=6)	1.7% (N=5)	3.0% (N=1)
Other:	2.7% (N=9)	2.6% (N=8)	3.0% (N=1)
Average age at birth of first child	M= 20.14	M=19.55	M=25.51
Average number of biological children	M= 2.89	M=2.95	M=2.39
Marital status			
Single:	60.5% (N=204)	61.2% (N=186)	54.5% (N=18)
Married:	22% (N=74)	22% (N=67)	21.2%(N=7)
Separated:	9.2% (N=31)	8.6% (N=26)	15.2%(N=5)

Divorced:	7.4% (N=25)	7.6% (N=23)	6.1% (N=2)
Widowed:	0.3% (N=1)	0%	3.0% (N=1)
Partnered:	0.6% (N=2)	0.7% (N=2)	0%
Not married/cohabitating	N=246	N=223	N=23
	43.5% (N=107)	42.2% (N=94)	56.5% (N=13)
Married/cohabitating	N=93	N=223	N=9
	67.7% (N=63)	69% (N=58)	55.6%(N=5)
Working			
Fulltime:	12.5% (N=42)	9.9% (N=30)	36.4% (N=12)
Part time:	11% (N=37)	11.8% (N=36)	3.0% (N=1)
When available:	2.1% (N=7)	2.3% (N=7)	0%
Unemployed:	22.8% (N=77)	22.7% (N=69)	24.2% (N=8)
Family responsibilities:	22.3% (N=75)	24.0% (N=73)	6.1% (N=2)
Illness:	20.8% (N=70)	20.7% (N=63)	21.2% (N=7)
Don't want to work:	0.3% (N=1)	0.3% (N=1)	0%
Student:	5% (N=17)	4.9% (N=15)	6.1% (N=2)
Other:	3.3% (N=11)	3.3% (N=10)	3.0% (N=1)
Needs Based Services			
WIC	66.5% (N=224)	66.4% (N=202)	66.7% (N=22)
Food Stamps	85.2% (N=287)	86.5% (N=263)	72.7% (N=24)
Income Support	N=336	N=303	N=33
	36.9% (N=124)	38.9% (N=118)	18.2% (N=6)
Housing Support	19.0% (N=64)	20.1% (N=61)	9.1% (N=3)
SSI	29.7% (N=100)	28.9% (N=88)	36.4% (N=12)
Medical Assistance	63.2% (N=213)	62.8% (N=191)	66.7% (N=22)
Other	N=335	N=303	N=32
	7.5% (N=25)	7.3% (N=22)	9.4% (N=3)

The interviews provided an opportunity to engage caregivers in a collaborative process aimed at identifying their child's strengths and needs, as well as an occasion for caregivers to talk about the context of their own lives. This additional information allowed for a better understanding of the life experiences among this particular group of

caregivers. Table 8 provides further detail regarding the context of the caregivers' lives.

Table 8: Caregiver contextual demographics

Variable	Entire sample Total N=337	Female Caregiver Total N=304	Fathers Total N=33
Involvement with CYS as children	N=328	N=297	N=31
	Yes: 39.9% (N=131)	Yes 41.1% (N=122)	Yes 29% (N=9)
Currently receiving CYS services	N=333	N=302	N=31
	Yes: 86.2% (N=287)	Yes 86.4% (N=261)	Yes 83.9% (N=26)
Spent time in foster care	N=333	N=301	N=32
	21.6% (N=72)	Yes 22.3% (N=67)	Yes 15.6% (N=5)
Sibling(s) spent time in foster care	N=331	N=299	N=32
	19.0% (N=63)	Yes 19.7% (N=59)	Yes 12.5% (N=4)
Mental health services currently	N=336	N=303	N=33
	Yes: 37.2% (N=125)	Yes 38.3% (N=116)	Yes 27.3% (N=9)
Mental health services lifetime	N=215	N=191	N=24
	31.6% (N=68)	Yes 34.6% (N=66)	Yes 8.3% (N=2)
Psychotropic medications	Yes: 33.8% (N=114)	Yes 35.5% (N=108)	Yes 18.2% (N=6)
Drug and alcohol	N=329	N=297	N=32
	Yes: 31.3% (N=103)	Yes 31% (N=92)	Yes 34.4% (N=11)
IPV (in past year)	N=323	N=290	N=33
	Yes: 24.1% (N=78)	Yes 24.8% (N=72)	Yes 18.2% (N=6)
Has a PFA (lifetime)	N=322	N=289	N=33
	Yes: 37.9% (N=122)	Yes 40.1% (N=116)	Yes 18.2% (N=6)

Caregivers in the sample endorsed a significant amount of past and current mental health issues, substance use, and interpersonal violence in their lives. Mental health services were currently being used by 37% of the caregivers, and 32% reported mental health treatment over the course of their lifetime. Thirty-four percent endorsed the current use of psychotropic medication. Drug and alcohol use was noted by almost a third of the caregivers, and current (past year) interpersonal violence was reported by nearly a quarter. A noticeably high percentage of these caregivers (38%) had obtained

a Protection from Abuse order (PFA) during the course of their lifetime, suggesting consistent exposure to violence within the context of their intimate relationships. Not surprisingly, many of the caregivers had a history of involvement in the child welfare system as a child, with 40% reporting the receipt of child welfare services and nearly 22% spending time in foster care.

Protective Factors and Social Supports

Previous research (Ceballo & McLoyd 2002; DePanfilis, 1996; DePanfilis & Zuravin, 1999, 2002; Green, Furrer & McAllister, 2007) has identified the importance of positive social support as a protective element in preventing child maltreatment and influencing parenting behaviors. Evidence suggests that the size of the social support network is secondary to the level of satisfaction one has with key elements such as belonging, acceptance and empathy (Manji, Maiter & Palmer, 2005; Ortega, 2002). With an increased awareness of child risk and safety, programs such as home visiting, parent education and family support have focused efforts on enhancing positive family functioning and better assessing the protective factors that can help prevent child abuse and neglect.

The Protective Factors Survey (PFS) was used in this study to gather information regarding the presence of characteristics known to promote positive family functioning. The PFS is a 20-item measure designed to provide feedback to child protective service agencies for improvement and evaluation purposes. The scale was created by the FRIENDS Network in collaboration with the Institute for Education Research and Public Service at the University of Kansas, and was developed for use with caregivers receiving child maltreatment prevention services (FRIENDS National Resource Center for Community Based Child Abuse Prevention, 2012). The PFS measures protective factors in five areas: (1) family functioning/resiliency; (2) social support; (3) concrete support; (4) nurturing and attachment; and, (5) knowledge of parenting/child development. Caregivers were asked to respond to a series of statements about their family using a seven-point scale ranging from (1) strongly disagree/never to (7) strongly agree/always. Scores for the family function/resiliency, social support, concrete support and nurturing/attachment subscales were derived by calculating the means of the items. The PFS has been validated in several field trials and found to be a reliable measure (Counts, Buffington, Chang-Rios, Rasmussen & Preacher, 2010).

In general, the caregivers perceived that they had strong emotional bonds with their children, as evidenced by a high rating on the Nurturing and Attachment subscale. Caregivers reported a pattern of positive interactions involving closeness, spending time with their child, and being able to soothe their child when he or she was upset. They also endorsed a moderately high degree of confidence in their ability to access concrete supports, such as housing, food, assistance in finding a job, and help in times of crisis.

Social supports (e.g., emotional support from family, friends and neighbors) were perceived as slightly less available to the caregivers, as indicated by a mean rating of 5.8 on this subscale. Finally, although living in stressful conditions, the caregivers reported having fairly strong adaptive skills and strategies for handling crises, as evidenced by a mean rating of nearly 5 on the Family Functioning and Resiliency subscale. These skills included open communication, the ability to listen to both sides of an issue, and mutual problem-solving. Caregivers believed that these abilities were noticeably present within their family, indicating a sense of perseverance and tenacity that may enhance their ability to protect themselves and their children over time. Table 9 provides a summary of these findings.

Table 9: Results of the Protective Factors Survey subscales

Protective Factor	Mean N=337	Median
Family Functioning/Resiliency	4.99	5.2
Nurturing and Attachment	6.61	6.75
Social Support	5.80	6.33
Concrete Support	5.84	6.33

1= strongly disagree/never; 2= mostly disagree/very rarely; 3= slightly disagree/rarely; 4= neutral/about half the time; 5=slightly agree/frequently; 6=mostly agree/very frequently; 7= strongly agree/always

The Child Development and Knowledge of Parenting portion of the Protective Factors Survey contains five unique items. Each is calculated individually to illustrate the caregivers' understanding of effective child management techniques, their ability to utilize successful strategies, and the caregivers' sense of age-appropriate expectations for their children's abilities. These individual items were all rated in the fairly high range by the caregivers, suggesting that caregivers believed that they had an adequate amount of knowledge about parenting and their children. Caregivers reported feeling most confident of their ability to exercise control while disciplining their children, in their ability to praise positive behavior, and in their ability to help children learn. While social desirability may be influencing these responses, caregivers also indicated areas in which they had less confidence in their abilities which suggests a thoughtful appraisal of both their strengths and challenges as parents. Caregivers were slightly less positive about their ability to view children's misbehavior as unintentional and less positive in their overall assessment of their parenting knowledge. Given the relatively young age of these caregivers, their mental health needs, history of substance use, experience of interpersonal violence, and lack of social supports, the overall protective factors findings indicate that they are functioning fairly well under difficult and challenging life circumstances.

The results of the Child Development/Knowledge of Parenting items and can be found in Table 10 below.

Table 10: Results of the individual items of Child Development/Knowledge of Parenting

Subscale Item	Mean N=337	Median
Adequate Knowledge of How to Parent	5.74	7.0
Knowledge of How to Help Children Learn	6.40	7.0
Children's Misbehavior is Unintentional	5.87	7.0
Parental Praise for Child's Good Behavior	6.67	7.0
Parental Control when Disciplining Child	6.68	7.0

1= strongly disagree/never; 2= mostly disagree/very rarely; 3= slightly disagree/rarely; 4= neutral/about half the time; 5=slightly agree/frequently; 6=mostly agree/very frequently; 7= strongly agree/always

Perception of Services

During the course of the in-depth interview, caregivers were asked about their experience with the screening for their child(ren) and their overall perceptions of child welfare services. A somewhat positive or very positive experience with the screening was identified by 95% of the caregivers who responded to this particular inquiry. Very few (less than 5%) of the caregivers found the screening to be a negative experience. One third of the caregivers reported that they had learned more about parenting, and nearly the same amount endorsed that they had learned quite a bit about their child as a result of completing the ASQ and ASQ:SE inventories. The majority of the caregivers found that the screening provided them with an opportunity to talk about what their child was doing well. Many had received written materials prior to or on the day of the screening, and had a clear understanding of the reason that their child was being assessed. Table 11 illustrates the caregiver experiences with the ASQ and ASQ:SE screening. The results of the caregiver experiences with child welfare services follow.

Table 11: Caregiver experiences with ASQ and ASQ:SE screening

Variable	Entire sample Total N=337	Female Caregiver Total N=304	Fathers Total N=33
Screening experience	N=293	N=266	N=27
Not positive at all	2.0% (N=6)	2.3% (N=6)	0%
Not very positive	2.4% (N=7)	2.6% (N=7)	0%
Somewhat positive	31.4% (N=92)	32.3% (N=86)	22.% (N=6)
Very positive	64.2% (N=188)	62.8% (N=167)	77.8% (N=21)
Learned anything about parenting?	N=292	N=265	N=27
Yes: 33.6% (N=98)		Yes: 34% (N=90)	Yes: 29.6% (N=8)
Learned anything about the child with the screening?	N=292	N=266	N=26
Not very much	32.9% (N=96)	33.5% (N=89)	26.9% (N=7)
A little	16.1% (N=47)	15.4% (N=41)	23.1% (N=6)
Some	18.8% (N=55)	18.4% (N=49)	23.1% (N=6)
Quite a bit	32.2% (N=94)	32.7% (N=87)	26.9% (N=7)
How they heard about the screening	N=289	N=263	N=26
CYS:	86.9% (N=251)	87.5% (N=230)	80.8% (N=21)
El:	3.5% (N=10)	3.0%(N=8)	7.7% (N=2)
Healthcare:	2.1% (N=6)	1.9% (N=5)	3.8% (N=1)
Prior experience:	3.1% (N=9)	3.4% (N=9)	0%
Mail, word of mouth:	1.4% (N=4)	0.8% (N=2)	7.7% (N=2)
Parent asked:	1.4% (N=4)	1.5% (N=4)	0%
Other agency:	1.7% (N=5)	1.9% (N=5)	0%
Written materials prior to the screening	N=277	N=251	N=26
Yes: 34.7% (N=96)		Yes 34.3% (N=86)	Yes 38.5% (N=10)
Written materials day of screening	N=272	N=249	N=23
Yes: 34.9% (N=95)		Yes 33.3% (N=83)	Yes 52.2% (N=12)
Reason for the screening	N=308	N=277	N=31
Developmental reason:	Yes: 50.3% (N=155)	Yes 49.1% (N=136)	Yes 61.3% (N=19)
Required/CYS protocol	Yes: 28.6%	Yes 30%	Yes 16.1%

	(N=88)	(N=83)	(N=5)
Trauma/injury/drug withdrawal	Yes: 2.9% (N=9)	Yes 2.2% (N=6)	Yes 9.7% (N=3)
Parent requested:	Yes: 6.2% (N=19)	Yes 6.9% (N=19)	0%
Research:	Yes: 0.6% (N=2)	Yes 0.7% (N=2)	0%
Not told a reason:	Yes: 5.8% (N=18)	Yes 6.1% (N=17)	Yes 3.2% (N=1)
Talked about what the child was doing well	N=279	N=253	N=26
	Yes: 81.7% (N=228)	Yes 81.0% (N=205)	Yes 88.5% (N=23)
Results of Screening Provided?	N=284	N=257	N=27
	Yes: 41.9% (N=119)	Yes 41.2% (N=106)	Yes 48.1% (N=13)

Caregiver reports regarding their experience with child welfare were generally positive. Overall, caregivers responded in the affirmative. Seventy-five percent reported a positive or somewhat positive experience, with slightly less than a quarter of caregivers rating it as not positive. In terms of contact with their current caseworker, 78% reported being either satisfied or very satisfied. Table 12 illustrates these findings.

Table 12: Caregiver experiences with child welfare services

Variable	Entire sample Total N=337	Female Caregiver Total N=304	Fathers Total N=33
CYS experience	N=335	N=302	N=33
Not positive at all	13.4% (N=45)	13.9% (N=42)	9.1% (N=3)
Not very positive	11.0% (N=37)	11.3% (N=34)	9.1% (N=3)
Somewhat positive	42.1% (N=141)	42.4% (N=128)	39.4% (N=13)
Very positive	33.4% (N=112)	32.5% (N=98)	42.4% (N=14)
Current Caseworker contact	N=335	N=302	N=33
Very dissatisfied	11.6% (N=39)	11.9% (N=36)	9.1% (N=3)
Dissatisfied	10.1% (N=34)	10.3% (N=31)	9.1% (N=3)
Satisfied	37.3%	36.8%	42.4%

	(N=125)	(N=111)	(N=14)
Very satisfied	40.9% (N=137)	41.1% (N=124)	39.4% (N=13)

Measurement of Strengths-Based Service Delivery

In order to determine whether Pennsylvania's developmental screening process was being delivered in a manner consistent with the strengths-based practice model, caregivers were asked to complete a brief inventory regarding their perceptions of the service. The Strengths-Based Practices Inventory (Green, McAllister & Tarte, 2004), a 16-item measure originally designed for use in early childhood education and family support programs, was used to obtain feedback from the caregivers regarding their service participation. The inventory includes four subscales that measure the following domains: (1) identification and use of strengths; (2) cultural competency; (3) interpersonal sensitivity and knowledge; and (4) relationship-supportive behavior. The items were scored using a 1 (strongly disagree) to 7 (strongly agree) scale, and scores for the subscales were derived by calculating the means of the items.

Overall, caregivers reported a fairly positive experience with the screening process and the manner in which services were delivered. The staff competence subscale had the highest mean score, indicating that caregivers agreed that child welfare staff were competent in their jobs. This was followed closely by the empowerment subscale, which indicated that caregivers felt respected, valued and treated as capable of meeting their needs and their personal goals. Means were slightly less positive for the Cultural Competence and Relationship-Supportive subscales, illustrating the need for child welfare staff to better address the cultural background and/or religious beliefs of caregivers as well as encourage caregivers to connect with other caregivers and become more engaged in their community. This is a challenge for child welfare practice in Pennsylvania, given the rural nature of the majority of the counties and the relative isolation of many caregivers. Table 13 shows these findings.

Table 13: Results of the Strengths-Based Practice Inventory

Strengths Based Practice Element	Mean N=337	Median
Empowerment Approach	4.84	5.20
Cultural competency	4.47	4.75
Staff Sensitivity-Knowledge	5.00	5.67
Relationship-Supportive	3.75	3.75
Inventory total score	4.50	4.75

1= strongly disagree 2= mostly disagree; 3= slightly disagree; 4= neither agree or disagree; 5=agree a little; 6=mostly agree; 7= strongly agree

Client Engagement in Child Protective Services

The task of engaging clients in child welfare services is a challenging one given the fact that most families have not asked for help and the process is frequently involuntary and adversarial. Recent work by Bundy-Fazioli and colleagues (2009) examined the effects of power differentials between child welfare family preservation workers and caregivers. Their results supported previous research showing a move in child welfare services toward shared power between parents and workers, while pointing out that feelings of powerlessness are often experienced by both caregivers and workers alike when dealing with child protective services. Further work in this area by DeBoer & Coady (2007) identified two factors of a good working relationship in child welfare services: the appropriate use of power and employing a humanistic approach.

In order to measure caregiver engagement in the current study, the Client Engagement in Child Protective Services Inventory (Yatchmenoff, 2005) was used. The Client Engagement in Child Protective Services Inventory is a 19-item measure specifically designed for the context of child welfare services. The measure includes four subscales: (1) Buy-In; (2) Receptivity; (3) Working Relationship; and, (4) Mistrust. Caregivers rated each item on a five-point scale from 1 to 5, with a score of 1 indicating strong disagreement and a score of 5 indicating strong agreement. Scores for the subscales and total were derived by calculating the means of the items.

The mean scores for each of the subscales and the total score on the Client Engagement in Child Protective Services inventory indicate that caregivers in the sample are generally neutral about their engagement in child welfare services. The Working Relationship subscale, consisting of items measuring mutual respect, empathy, and goal setting, had the highest mean score. This indicates that while the circumstances are challenging, caregivers and caseworkers are moving toward a positive direction in establishing a relationship. The mean score on the Mistrust subscale highlights the barriers caregivers encounter in putting faith in their interactions with a system that has the power to make decisions about their lives and the lives of their children. This apprehension is understandable given the non-voluntary nature of the caregivers' involvement, the fact that the referral to child welfare services was due to allegations of abuse and neglect, and the reality that nearly 40% of the caregivers were involved with the child welfare system as children. The findings related to client engagement are highlighted in Table 14.

Table 14: Results of the Client Engagement in Child Protective Services Inventory

Client Engagement Domain	Mean	Median
Buy-in	3.52	3.75
Receptivity	3.14	3.25
Working relationship	3.98	4.25
Mistrust	3.67	4.0
Total Score (Engagement)	3.66	3.74

1= disagree strongly 2= disagree; 3= not sure; 4= agree; 5=strongly agree

Childhood Trauma Symptomology

Little is known about trauma symptoms in young children receiving child welfare services. Early trauma has been linked with a range of negative outcomes, including substance abuse (Wu et al., 2010), depression (Wiersma et al., 2009), and cognitive impairments (DeBellis, 2010). Caregivers of children aged 3-5 ($n=100$) were asked to assess their children's trauma symptoms using the Trauma Symptom Checklist for Young Children (TSCYC; Briere, 2005). The TSCYC is comprised of 90 items that fall within eight clinical scales: anxiety, depression, anger/aggression, posttraumatic stress-intrusion, posttraumatic stress-avoidance, posttraumatic stress-arousal, dissociation and sexual concerns. The scale was normed with a sample of 750 children who represented the ethnic/racial composition of the United States, which leads to high validity and reliability. For the purpose of this study, three subscales that create the posttraumatic stress total score were included in the interview with caregivers. The posttraumatic stress total score reflects the total amount of posttraumatic re-experiencing, avoidance, and hyperarousal symptoms seen in the child. Caregivers rated a total of 27 items on a scale of 1 (not at all) to 4 (very often). Results showed that 21% of children scored within problem range for posttraumatic stress. It is important to detect these problems when children are young because early intervention can improve developmental trajectories across the child's lifespan (Lieberman & Van Horn, 2008).

The Experience of Caregivers: Qualitative Findings

Getting a clear picture of the children and families who are served in the child welfare system is an important step in designing services to best meet their needs. Open-ended questions during the interviews allowed the caregivers to offer their opinions and thoughts about various aspects of the screening process, as illustrated below.

Experience with the screening:

"I did it (developmental screening) without hesitation because my older son had Pervasive Developmental Disorder and intervention could have occurred earlier if he was screened. Parents should be given developmental information when a child is born."

"They (CYS) asked a lot of important questions about the baby and they tell you (CG) a lot."

"I liked what they were doing. They were able to tell me what to work on, what strengths and weaknesses the twins had, and they were available for questions."

"I enjoyed it. The lady explained ways to enhance learning and helped me find out where my daughter is developmentally."

"I enjoyed it, I really liked it. I was able to share my concerns and find out what my daughter was good at."

"It was a learning experience. There were some things they told me (that) I didn't know."

"It was helpful because it clarified the developmental process"

"The screening went very well, it was interesting. She (daughter) did things she doesn't normally do. I was surprised at how smart she is!"

What stands out to you about what you learned about your child?

"Babies can have problems at any age."

"Small things that you don't think are a big deal are actually milestones."

"Helped me be more aware of what she should be doing."

"I have been doing everything correctly to help him (my son) learn everything he needs to learn to stay on track. I have been doing my job."

What do you wish most for your child?

"That she won't let anyone or anything stand in the way of her dreams."

“That he has a good childhood and explores all the good things that are out there.”

“A Healthy/positive outlook in life.”

“The world. I want him to be happy, healthy, well-rounded (socially, emotionally, physically). I want him to have everything I had as a child and more.”

“That he interacts with other kids and enjoys learning different things.”

“I want him (my son) to have a positive lifestyle. I want him to know himself and have a sense of his own history so he can be successful and happy.”

The Experience of Caregiver Interviewers: Qualitative Findings

The caregiver interviews provided a unique opportunity for creating a better understanding of the lives and experiences of those caring for young children in the child welfare system. It also provided the interviewers with an opportunity to renew their connection to front-line practice. Many of the interviewers involved in the study had many years of child welfare experience as caseworkers, supervisors, competency-based trainers, and consultants. Meeting with the caregivers gave many of them a renewed appreciation for the work of caseworkers, and a reminder of the strengths families demonstrate while confronting multiple needs and challenges in raising their young children. The interviewers were asked to share their opinions about the interviewing experience. Some of their responses can be seen below.

How did this opportunity bring you back to your direct service days?

“It provided a “Reality” experience; reading and doing are two very different things.”

“I recalled what it was like to knock on someone’s door and to be uncertain of what was behind it; going into someone’s home and taking in your surroundings, and needing to assess your own safety needs while there.”

How were you able to have a different kind of experience with child welfare clients?

“It was so nice to be able to join with families and not have to think about how I was going to try to change them. I got to be present with them and listen deeply without having an agenda.”

“I wasn’t there to teach, to advise, or to monitor. My role was to be a recorder about their experiences.”

What have you learned from this work?

“The parents of these young children want the same thing I want for my child—to be happy, healthy, and to have a good life. But achieving this goal is much harder for them due to the fact that poverty makes everything so much harder.”

“It struck me how isolated these families are; the system does a very poor job connecting caregivers to the larger community thus providing them with nurturance and support.”

“I learned that all our efforts, statewide, of moving toward a stronger, strengths-based method of working with families, are working. With a few exceptions, most of the families felt that their caseworkers cared for them and were committed to their family being successful.”

What has been the most satisfying element of this work?

“The most satisfying element had to be the apparent perception of several caregivers that I, in the role of an interviewer, was someone to whom they could express their hopes and fears.”

“Meeting people and hearing some of the struggles and how a few have successfully overcome or are managing the struggles in their lives. I interviewed a few parents who were dealing with life threatening illness, and they had the most amazing positive attitudes and hope for the future.”

“I really enjoyed giving the caregivers an opportunity to unload their stresses and problems. They would share things with me, a willing listener, just because they knew that I was not going to have a long term role in their lives. They seemed to enjoy letting down their guard a bit and connecting with another person.”

What were you most impressed about as a result of learning more about the caregivers and their lives?

“The families had overwhelming positive attitudes of their lives despite the dire circumstances in which they were living, and they still had hopes and dreams for their children.”

“How resourceful families are and can be and how hard they worked to try and maintain a home for themselves and for their families.”

“Most of the caregivers have a great deal of strength, and their commitment to their children was exceptional. These were folks who had already (for the most part) acknowledged their mistakes and were trying to move forward.”

Summary

This three-phase project explored the developmental and social-emotional screening of young children receiving child welfare services in Pennsylvania. The policies and procedures for meeting CAPTA requirements and best practice standards for children 0 to three years of age were explored among all 67 counties in the state, and a shift toward an expanded screening practice including children up to five years of age was identified over the course of a three-year period. The collection of screening information has been integrated into child welfare practice through the development and maintenance of a user-friendly, statewide database that serves as a continuous quality improvement tool for counties. This database will ultimately become an integrated module of the statewide data system in Pennsylvania, and provides a profile of the developmental and social-emotional needs of our youngest children in the child welfare system. Nearly 5,000 children receiving child welfare services are represented in the database at this writing. An analysis of the service needs among this group of young children shows that while developmental services such as hearing and speech therapy are more readily available, interventions to address early trauma are scarce. A subset of 100 children showed that a little over 20% evidenced trauma symptomology. The need for trauma-informed, early intervention services for young children is clear, as is the need for a better understanding of the factors that serve as barriers for caregivers in accessing services that are available.

We were able to gain a clearer understanding of the needs and perspectives of caregivers through this study. Overall, caregivers of young children receiving child welfare services in Pennsylvania are met with the combined challenges of poverty, high rates of mental health need, substance abuse, and a history of past and present interpersonal violence. Over a third were involved with the child welfare system themselves and almost a quarter experienced an episode of out of home care. Many live in rural areas with no easy access to services for themselves or their children. Despite these realities, the caregivers who were interviewed in this study expressed a positive view of child welfare services and had confidence in their ability to parent their children with the help of supportive services. Although challenged, they exhibited resilience and an appreciation of what they can learn about child development, parenting, and early intervention. The results of this three-phase study in Pennsylvania provide support for fully integrating the developmental and social-emotional screening of young children into the practice model of child welfare services. Further investigation into the factors that facilitate caregiver engagement, as well as factors that function as barriers to service acquisition for both caregivers and their young children, is warranted.

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Subject ID: _____ Date of Interview: _____ Interviewer Initials: _____ ASQ # _____

1. What is your date of birth: _____/_____/_____
2. How old are you? _____
3. Do you consider yourself Spanish, Hispanic, or Latino? 1 YES 2 NO
4. **Please look at Response Card 1.** What race do you consider yourself?
- | | | | |
|---|--------------------------------|---|---------------------------|
| 1 | Black/African American | 5 | Hawaiian/Pacific Islander |
| 2 | White/Caucasian | 6 | BiRacial |
| | | | Specify: _____ |
| 3 | American Indian/Native Alaskan | 7 | Other |
| 4 | Asian | | Specify: _____ |

5. What is the highest educational degree you've received?

- | | | | |
|---|-------------------------------------|----|--------------------------|
| 1 | None | 6 | RN Diploma |
| 2 | High School Equivalency (GED) | 7 | Bachelor's Degree |
| 3 | High School Diploma | 8 | Master's Degree |
| 4 | Vocational Tech Diploma/Certificate | 9 | M.D., Ph.D., Law, Dental |
| 5 | Associates Degree | 10 | Other _____ |

6. What is your current marital status?

- | | | | |
|---|-----------------------------------|---|-----------|
| 1 | Single/Never Married (SKIP to Q8) | 4 | Divorced |
| 2 | Married | 5 | Widowed |
| 3 | Separated | 6 | Partnered |

7. IF MARRIED OR PARTNERED: Is your spouse/partner currently living with you?

- | | | | | | |
|---|-----|---|----|----|----------------|
| 1 | YES | 2 | NO | -8 | Not Applicable |
|---|-----|---|----|----|----------------|

8. IF NOT MARRIED: Are you currently living with a partner, such as a boyfriend, girlfriend, or fiancé?

- | | | | | | |
|---|-----|---|----|----|----------------|
| 1 | YES | 2 | NO | -8 | Not Applicable |
|---|-----|---|----|----|----------------|

9. How many adults (18 years and older) live in your household? _____

The next few questions are about your work status and your family income. Please know that we ask this because we want to describe your needs and the needs of other families like yours across the state. We will not share this information with anyone or report anything linked with your name.

10. Please look at **Response Card 2**. What is your current occupational status?

- | | | | |
|---|---|----|--|
| 1 | Work Full-Time (35 hours a week or more) | 6 | Don't work because retired |
| 2 | Work Part-Time (Less than 35 hours a week) | 7 | Don't work because of an illness or disability |
| 3 | Work when work is available | 8 | Don't work because don't want to work |
| 4 | Unemployed, looking for work | 9 | Don't work because currently a student |
| 5 | Don't work because of family responsibilities | 10 | Other _____ |

11. (SKIP IF CURRENTLY EMPLOYED)

Have you worked for pay any time in the last six months? 1 YES 2 NO

12. Please look at **Response Card 3**. What is your current occupation?

- | | |
|--------------------------------|-----------------------------|
| 1 Office Worker | 10 Protective Service |
| 2 Full-Time Homemaker | 11 Farmer, Farm Manger |
| 3 Manager | 12 Laborer |
| 4 Professional 1 | 13 Military |
| 5 Professional 2 | 14 Operator |
| 6 Service Worker | 15 Tradesperson |
| 7 Retail | 16 Sales |
| 8 Food Service | 17 School Teacher |
| 9 Owner | 18 Technical |
| -8 Not currently employed | |

13. What is the **total combined income of your family** from all sources in the **past 12 months**. If you don't know exactly, your best guess is okay.

Would it be easier for you to tell me total weekly, monthly, or yearly income?

- | | |
|-------------|-----------------|
| 1 = WEEKLY | -8 = DON'T KNOW |
| 2 = MONTHLY | -9 = REFUSED |
| 3 = YEARLY | |

Income: _____

If subject can't report an actual figure, go to number 14.

14. Which category comes closest to the **total combined income of your family** from all sources in the **past 12 months**?

PER WEEK	PER MONTH	PER YEAR
1 = LESS THAN \$97	LESS THAN \$418	LESS THAN \$5,000
2 = \$97-\$192	\$418-\$833	\$5,000-\$9,999
3 = \$193-\$288	\$834-\$1250	\$10,000-\$14,999
4 = \$289-\$384	\$1251-\$1666	\$15,000-\$19,999

5 = \$385-\$480	\$1667-\$2083	\$20,000-\$24,999
6 = \$481-\$576	\$2084-\$2500	\$25,000-\$29,999
7 = \$577-\$673	\$2501-\$2916	\$30,000-\$34,999
8 = \$674-\$769	\$2917-\$3,333	\$35,000-\$39,999
9 = \$770-\$865	\$3334-\$3750	\$40,000-\$44,999
10 = \$866-\$961	\$3751-\$4166	\$45,000-\$49,999
11 = MORE THAN \$961	MORE THAN \$4166	\$50,000 OR MORE

-7 DON'T KNOW/NOT SURE

-8 NOT APPLICABLE, ANSWERED NUMBER 9

-9 REFUSED

15. How many people, including yourself, depend on this income? _____

16. At the **present** time, does anyone in this household receive child support for (Child's Name)?

1 = YES

2 = NO

3 = SPORADIC

17. Please look at **Response Card 4**. At the **present** time or at any time in the past 6 months, has anyone in this household received ...

Circle ALL THAT APPLY.

1 = WIC (Women, Infants, and Children)

2 = Food Stamps

3 = Cash Assistance, or other public assistance including welfare programs such as Workfare

4 = Housing Support (like public housing or Section 8)

5 = A disability check (SSI)

6 = Medicaid

7 = Other assistance _____

Section 2: Partner or spouse Demographic Information

(IF NO SPOUSE OR PARTNER, SKIP TO SECTION 3)

The next questions are about your partner, live-in boy/girlfriend.

18. Is your partner male or female? 1 Male 2 Female

19. Does your spouse (or partner) consider him/herself Spanish, Hispanic, or Latino?

1 YES 2 NO

20. **Please look at Response Card 1.** What race would your partner consider him/herself?

1 Black/African American	5 Hawaiian/Pacific Islander
2 White/Caucasian	6 BiRacial Specify: _____
3 American Indian/Native Alaskan	7 Other _____
4 Asian	

21. What is the highest educational degree that your partner received?

1 None	6 RN Diploma
2 High School Equivalency (GED)	7 Bachelor's Degree
3 High School Diploma	8 Master's Degree
4 Vocational Tech Diploma/Certificate	9 M.D., Ph.D., Law, Dental
5 Associates Degree	10 Other _____

22. **Please use Response Card 2.** What is your partner's current occupational status?

1 Work Full-Time (35 hours a week or more)	6 Don't work because retired
2 Work Part-Time (Less than 35 hours a week)	7 Don't work because of an illness or disability
3 Work when work is available	8 Don't work because don't want to work
4 Unemployed, looking for work	9 Don't work because currently a student
5 Don't work because of family responsibilities	10 Other _____

23. Has your partner worked for pay any time in the last six months? 1 YES 2 NO

24. What is your partner's current occupation? **Please use Response Card 3.**

1 Office Worker	10 Protective Service
2 Full-Time Homemaker	11 Farmer, Farm Manger
3 Manager	12 Laborer

- | | | | |
|----|------------------------|----|----------------|
| 4 | Professional 1 | 13 | Military |
| 5 | Professional 2 | 14 | Operator |
| 6 | Service Worker | 15 | Tradesperson |
| 7 | Retail | 16 | Sales |
| 8 | Food Service | 17 | School Teacher |
| 9 | Owner | 18 | Technical |
| -8 | Not currently employed | | |

Section 3: Child Information

The next questions are about (Child name) and any other children in your family.

25. How many biological children do you have? _____

26. How many of your biological children do you currently have in your care (live with you)? Only include children under age 18. _____

27. How old were you when you had your first biological child? _____

28. Do you have any non-biological children, such as foster children?

1 YES 2 NO **(SKIP to Q 30)**

IF YES: how many non-biological children do you have? _____

29. How many non-biological children do you currently have in your care? _____

30. List the ages of all the children living in the household (in months):

Child 1 _____ Child 6 _____

Child 2 _____ Child 7 _____

Child 3 _____ Child 8 _____

Child 4 _____ Child 9 _____

Child 5 _____ Child 10 _____

31. Not counting changes in custody due to separation or divorce, have you ever had a child or children removed from your care?

1 YES 2 NO

32. (IF YES): How many times have you had a child or children removed from your care? _____

33. How many children have been removed from your care at least once? _____

34. What were the reasons for this child (children) being removed from your care?

Section 4: Target Child Information

35. **IF NOT ALREADY KNOWN:** Is (Child's Name) currently living with you? 1 YES 2 NO

36. How old is (Child's Name)? _____ (months)

37. What is (Child's) date of birth ____/____/____

38. Is (Child's Name) Spanish, Hispanic, or Latino? 1 YES 2 NO

39. **Please look at Response Card 1.** What race would you classify (Child's Name)?

- | | | | |
|---|--------------------------------|---|---------------------------|
| 1 | Black/African American | 5 | Hawaiian/Pacific Islander |
| 2 | White/Caucasian | 6 | BiRacial Specify: _____ |
| 3 | American Indian/Native Alaskan | 7 | Other _____ |
| 4 | Asian | | |

40. **IF RESPONDENT IS A FOSTER PARENT OR RELATIVE,** (otherwise skip to #43): How long has (Child's Name) been in your care? (use calendar).

Date living situation began ____/____/____

41. **IF CHILD IS NOT LIVING WITH RESPONDENT:** You said that (Child's Name) was not currently living with you.

Where is (he/she) currently living?

- 1 With birth parent(s) 2 In a foster home 3 With a relative (specify: _____)
- 4 Other _____

42. How long has (Child's name) lived there? (use calendar)

Date child began living situation ____/____/____

43. Does your child have any medical issues? YES NO

43a. If yes, how much additional stress do you experience on a monthly basis due to your child's medical issue(s)?

1 Mild 2 Moderate 3 Severe 4 Very Severe -8 Not Applicable

43b. Please explain the medical issue:

44. Does your child have a behavior problem? YES NO

44a. If yes, how much additional stress do you experience on a monthly basis due to your child's behavioral problem(s)?

1 Mild 2 Moderate 3 Severe 4 Very Severe -8 Not Applicable

44b. If yes, please explain: _____

Check if child is age 3 or over and complete the TRAUMA SYMPTOM CHECKLIST FOR YOUNG CHILDREN (TSCYC), subscales using the **TSCYC form** and **Response Card 5**. Otherwise, continue to Section 5.

Section 5. Family Composition & Risk Factors

These next questions are going to talk about your family's relationships and ability to deal with common life stressors.

45. **Please use Response Card 6.** What is your relationship to (Child's Name)?

- | | | | |
|----|------------------------|----|----------------------------|
| 1 | Biological Mother | 13 | Foster Sister or Brother |
| 2 | Biological Father | 14 | Adoptive Sister or Brother |
| 3 | Step-Mother | 15 | Aunt |
| 4 | Step-Father | 16 | Uncle |
| 5 | Adoptive Mother | 17 | Grandmother |
| 6 | Adoptive Father | 18 | Grandfather |
| 7 | Foster Mother | 19 | Other Blood Relative |
| 8 | Foster Father | 20 | Other non-relative |
| 9 | Full Sister | | |
| 10 | Full Brother | | |
| 11 | Half Sister or Brother | | |
| 12 | Step Sister or Brother | | |

46. **Please use Response Card 6.** (IF MARRIED OR PARTNERED) What is your partner's relationship to (Child's Name)?

- | | | | |
|----|------------------------|----|----------------------------|
| 1 | Biological Mother | 13 | Foster Sister or Brother |
| 2 | Biological Father | 14 | Adoptive Sister or Brother |
| 3 | Step-Mother | 15 | Aunt |
| 4 | Step-Father | 16 | Uncle |
| 5 | Adoptive Mother | 17 | Grandmother |
| 6 | Adoptive Father | 18 | Grandfather |
| 7 | Foster Mother | 19 | Other Blood Relative |
| 8 | Foster Father | 20 | Other non-relative |
| 9 | Full Sister | 21 | No Relationship |
| 10 | Full Brother | | |
| 11 | Half Sister or Brother | | |
| 12 | Step Sister or Brother | | |

These next few questions have to do with (Child's Name)'s biological father (mother).

47. Does (Child's Name)'s father (mother) consider himself (herself) Spanish, Hispanic, or Latino?

- 1 YES 2 NO

48. **(IF CHILD IS IN FOSTER CARE OR ADOPTED, SKIP TO QUESTION 58. IF CHILD IS IN KINSHIP, CARE RATE ITEMS FOR BIO MOM & DAD, IF KNOWN.) Please use Response Card 1.** What race would your (Child's Name)'s father (mother) consider himself (herself)?

- | | | | |
|---|--------------------------------|---|---------------------------|
| 1 | Black/African American | 5 | Hawaiian/Pacific Islander |
| 2 | White/Caucasian | 6 | BiRacial Specify: _____ |
| 3 | American Indian/Native Alaskan | 7 | Other _____ |
| 4 | Asian | | |

49. What is the highest educational degree that your (Child's Name)'s father (mother) received?

- | | | | |
|---|-------------------------------|---|-------------------|
| 1 | None | 6 | RN Diploma |
| 2 | High School Equivalency (GED) | 7 | Bachelor's Degree |

- | | | | |
|---|-------------------------------------|----|--------------------------|
| 3 | High School Diploma | 8 | Master's Degree |
| 4 | Vocational Tech Diploma/Certificate | 9 | M.D., Ph.D., Law, Dental |
| 5 | Associates Degree | 10 | Other _____ |

50. **Please use Response Card 2.** What is (Child's Name)'s father (mother) current occupational status?

- | | | | |
|---|---|----|--|
| 1 | Work Full-Time (35 hours a week or more) | 6 | Don't work because retired |
| 2 | Work Part-Time (Less than 35 hours a week) | 7 | Don't work because of an illness or disability |
| 3 | Work when work is available | 8 | Don't work because don't want to work |
| 4 | Unemployed, looking for work | 9 | Don't work because currently a Student |
| 5 | Don't work because of family responsibilities | 10 | Other _____ |

51. Has (Child's Name)'s father (mother) worked for pay any time in the last six months?

- 1 YES 2 NO

52. What is (Child's Name)'s father's (mother's) current occupation? **Please use Response Card**

3.

- | | | | |
|----|------------------------|----|---------------------|
| 1 | Office Worker | 10 | Protective Service |
| 2 | Full-Time Homemaker | 11 | Farmer, Farm Manger |
| 3 | Manager | 12 | Laborer |
| 4 | Professional 1 | 13 | Military |
| 5 | Professional 2 | 14 | Operator |
| 6 | Service Worker | 15 | Tradesperson |
| 7 | Retail | 16 | Sales |
| 8 | Food Service | 17 | School Teacher |
| 9 | Owner | 18 | Technical |
| -8 | Not currently employed | | |

53. How is your relationship with (Child's Name)'s father (mother)?

54. **IF NOT ALREADY KNOWN:** Where is (Child's Name)'s father (mother) currently living?

55. **IF BIOLOGICAL FATHER DOES NOT LIVE WITH THE CHILD:** How often does (Child's Name)'s father (mother) see him/her?

56. **IF BIOLOGICAL FATHER (MOTHER) DOES NOT LIVE WITH THE CHILD:** Was this visitation schedule court-ordered?

1 YES 2 NO -8 Father does not see child

57. How involved would say (Child's Name)'s father (mother) is in his/her life?

1 Not Involved At All 2 Somewhat Involved 3 Moderately Involved 4 Very Involved

These next questions are about relationships you have with your family and other people in your life. Using **Response Card 7** please tell me how often the following statements are true for you or your family. *(Please think of family such as you and your children and your spouse or partner. You may also include your parents, grandparents, and other relatives but please do not include friends or church family.)*

	Never	Very Rarely	Rarely	About half the time	Frequently	Very Frequently	Always
58. In my family, we talk about problems.	1	2	3	4	5	6	7
59. When we argue, my family listens to "both sides of the story".	1	2	3	4	5	6	7
60. In my family, we take time to listen to each other.	1	2	3	4	5	6	7

61. My family pulls together when things are stressful.	1	2	3	4	5	6	7
62. My family is able to solve our problems.	1	2	3	4	5	6	7

Now please use Response Card 8. Please indicate the number that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
63. I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
64. When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
65. I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
66. I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
67. If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
68. If I needed help finding a job, I wouldn't know where to go for help.	1	2	3	4	5	6	7
Please think about (target child). Please indicate how much you agree or disagree with the statement.							
69. There are many times when I don't know what to do as a parent.	1	2	3	4	5	6	7
70. I know how to help my child learn.	1	2	3	4	5	6	7
71. My child misbehaves just to upset me.	1	2	3	4	5	6	7

72. My child and I are very close to each other.	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

Using Response Card 9, please tell me how often each of the following happens in your family.

	Never	Very Rarely	Rarely	About half the time	Frequently	Very Frequently	Always
73. I praise my child when he/she behaves well.	1	2	3	4	5	6	7
74. When I discipline my child, I lose control.	1	2	3	4	5	6	7
75. I am happy being with my child.	1	2	3	4	5	6	7
76. I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
77. I spend time with my child doing what he/she likes to do.	1	2	3	4	5	6	7

Section 6. Experiences with Screening

This next section is about your experiences receiving the Ages and Stages developmental screening. Please think about the screening that occurred on _____ (date) with (Child's Name).

78. Do you remember completing this screening? 1 YES 2 NO

IF THE SUBJECT DOES NOT REMEMBER THE SCREENING OR IS NOT SURE IF THEY REMEMBER THE SCREENING SKIP TO SECTION 7

79. What is the first name of the Children and Youth worker, or the worker from another agency who completed the screening with you?

Name _____ How long had you known (fill name)? _____

(Work with respondent to recall the screening. Show respondent the calendar and point out the week that it occurred.)

(IF CAREGIVER CANNOT RECALL SCREENING, SKIP TO QUESTION 91).

80. Please look at Response Card 10 and tell me who was present during the screening.

a. CYs caseworker or Foster care caseworker 1 YES 2 NO -7 DON'T KNOW

b. Early intervention 1 YES 2 NO -7 DON'T KNOW

c. no one 1 YES 2 NO -7 DON'T KNOW

d. Family member(s) 1 YES 2 NO -7 DON'T KNOW

d.1. Specify: _____

e. Anyone else 1 YES 2 NO -7 DON'T KNOW

e1. Specify: _____

81. Where were you when you completed the screening?

1 Home 2 Child welfare agency 3 early intervention agency 4 somewhere else: _____

82. Please describe your overall experiences with the screening.

83. How did you first find out about the screening?

84. Were you given written materials about the screening *before* the day that it happened?

1 YES 2 NO Describe:

85. Were you given written materials about the screening *on* the day that it happened, but before the screening occurred?

1 YES 2 NO Describe:

86. What were you told were the reasons (Child's Name) was being screened?

87. Did you receive written materials about the results of the screening? 1 YES 2 NO

(IF YES): Describe _____

88. Were you hesitant to complete the screening? That is, did you miss appointments, avoid your caseworker, or express a lot of concern to someone about completing the screen?

1 YES 2 NO

89. (IF YES) What happened that led you to finish the screening?

90. **Please use Response Card 11.** How worried were you that the results of the screening would affect your (or your family member's) case with Children and Youth?

1 NOT AT ALL WORRIED 2 A LITTLE BIT WORRIED 3 MODERATELY WORRIED 4 QUITE A BIT WORRIED 5 VERY WORRIED

91. Please tell me what worried you about the screening.

92. What helped, or would have helped with your worry?

93. There are parts to the screening that involve having the child do things such as holding their head up, holding a rattle, banging toys on the table, drawing lines on a piece of paper, or pulling a zipper. During the screening with (Child Name), who would you say completed these activities? Would you say:

- a. you (or a family member) completed the activities
- b. a worker completed the activities
- c. both you (or a family member) and a worker completed the activities
- d. neither you nor a worker completed the activities (there were no activities)

94. What were the results of (Child's Name) screening? Did his/her score show any concerns/problems?

1 YES 2 NO

95. (IF YES): What kind of concern(s)? _____

96. (IF YES): What were you told about what the results meant? _____

97. What was your reaction to this information? _____

98. **Please use Response Card 12.** How much would you say you learned about (Child's Name) during the screening?

1 Not very much 2 A little bit 3 Some 4 Quite a bit

99. What stands out to you about what you learned?

100. Would you say that you learned anything about parenting because of the screening?

1 YES 2 NO

101. During the screening, did you and your worker talk about things that (Child's Name) is doing well?

1 YES 2 NO

101a. Tell me some of the things that your worker told you (Child's Name) was doing well:

102. During the screening, did your worker talk about things that are normal for a child (Child's Name) age?

1 YES 2 NO

103. **Please use Response Card 13.** How would you describe the way that the screening took place?

1 Not positive at all 2 Not very positive 3 Somewhat positive 4 Very positive

Just a few more questions about the screening.

104. **(FOR BIOLOGICAL PARENTS):** Prior to the screening, were you ever told by a professional such as a teacher or doctor that (Child's Name) has a special need, such as a developmental disability or delay such as not being able to do certain things that are normal for his or her age?

1 YES 2 NO

105. **(FOR BIOLOGICAL PARENTS):** Since the screening on (fill date), was (Child's Name) ever placed in out-of-home care, such as foster care? 1 YES 2 NO

106. **(FOR BIOLOGICAL PARENTS):** Since the screening on (fill date), have you been referred (reported) to Children and Youth? 1 YES 2 NO

107. **(FOR BIOLOGICAL PARENTS):** Has (Child's Name) ever been placed in foster care?

1 YES 2 NO

Section 7. Services Barriers and Facilitators

The next section is about services that you and (Child's Name) may have received.

108. **Using Response Card 14,** Please indicate how much you agree or disagree with the following statements:

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
a. I would like more information about child development.	1	2	3	4	5	6	7
b. I can adequately encourage my child's emotional, social, cognitive, and physical development.	1	2	3	4	5	6	7
c. I would like more information on how to recognize a developmental delay.	1	2	3	4	5	6	7
d. If I have a concern regarding my child's development, I know where to go to find help.	1	2	3	4	5	6	7
	<i>Strongly Disagree</i>	<i>Mostly Disagree</i>	<i>Slightly Disagree</i>	<i>Neutral</i>	<i>Slightly Agree</i>	<i>Mostly Agree</i>	<i>Strongly Agree</i>
e. My community has sufficient resources to help children with developmental delays.	1	2	3	4	5	6	7

f. I would feel comfortable accessing and utilizing community services.	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

109. FOR FOSTER/KINSHIP CAREGIVERS (otherwise skip to number 110): Do you have access to services to prevent or reduce the stress of being a foster parent/kinship caregiver? Specifically, do you have any of the following:

- | | | |
|----------------------------|-------|------|
| a. Childcare | 1 YES | 2 NO |
| b. Respite Care | 1 YES | 2 NO |
| c. Counseling | 1 YES | 2 NO |
| d. Peer Support | 1 YES | 2 NO |
| e. Recreational Activities | 1 YES | 2 NO |

f. Are there any other services you are receiving that we have not mentioned? If so, please describe: _____

110. IF TARGET CHILD IS OVER THE AGE OF 3, SKIP TO QUESTION 111. Is (Child's Name) currently enrolled in the Early Head Start program? 1 YES 2 NO

111. IF TARGET CHILD IS UNDER THE AGE OF 3, SKIP TO QUESTION 112. Is (Child's Name) currently enrolled in the Head Start program? 1 YES 2 NO

112. Is (Child's Name) currently attending a day care program? 1 YES 2 NO

Please do not include family daycare or babysitting or nanny service provided at your home.

_____ CHECK HERE IF CHILD'S SCREEN REVEALED A CONCERN AND PROCEED. OTHERWISE, SKIP TO Q 118.

Earlier, you said that (Child's Name) screening showed that there was a concern. We would like to know what happened after that.

113. Did you (or someone else) take (Child's Name) somewhere or did anyone come to you for (him/her) to be evaluated (tested) further? This may have been done by an early intervention worker, a doctor or nurse, or someone from a local intermediate unit (IEU).

- 1 YES 2 NO 3 Appointment scheduled but has not occurred yet

a. (IF YES): What were the results? Did (Child's Name) need services?

- 1 YES 2 NO 3 Other (Explain: _____)

b. (IF YES) Has (Child's Name) received any services?

- 1 YES 2 NO 3 Appointment(s) scheduled

c. (IF YES): What kinds of services did your child receive? _____

114. Is (Child's Name) currently receiving early intervention services? 1 YES 2 NO

115. (IF CHILD HAS DEVELOPMENTAL NEEDS) **Using Response Card 15**, Please indicate the number that best describes how much you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
a. I received educational information regarding my child's specific delay.	1	2	3	4	5
b. I received training to help me meet my child's special needs.	1	2	3	4	5

116. What additional services/trainings/supports would you find helpful?

117. (IF EVALUATION OR SERVICES NEEDED BUT NOT RECEIVED, PROCEED; OTHERWISE, SKIP to Q 118).

There are many reasons why someone may not get services that they need. Please look at this list of reasons why it is difficult for people to receive services. (**Response Card 16**. Please tell me which of these reasons has been an issue in (Child's Name) not getting (a further evaluation) or (services). (Circle all that apply).

1. Health insurance does not cover treatment.
2. No insurance.
3. Cost too much.
4. Health plan problem.
5. Not available in the area.
6. Transportation problems.
7. No convenient times for appointment.
8. Could not get an appointment.
9. Could not arrange childcare for other children in my care.
10. (Target child) moved or has changed homes.
11. I thought the problem would get better by itself.

12. I want to handle the problem on my own.
13. I don't think treatment would work.
14. (Target child) received treatment before and it didn't work.
15. I was concerned about how much money it would cost.
16. I was concerned about what people would think if they found out (target child) was in treatment.
17. I thought it would take too much time.
18. I was unsure about where to go or who to see.
19. I was scared.
20. Other _____

118. **FOR KINSHIP CAREGIVERS:** There are some problems that are common to those who provide kinship care, **using Response Card 17**, please rate how bothered you have been by the following:

	Not Bothered	Bothered A Little	Bothered A lot
a. Lack of financial assistance	1	2	3
b. Lack of legal assistance	1	2	3
c. Lack of mental health services	1	2	3
d. Lack of affordable housing	1	2	3
e. Difficulties enrolling children in school	1	2	3
f. Difficulties obtaining educational and support services	1	2	3
g. Difficulties obtaining medical services	1	2	3

- i. Are there any other problems that you are facing that we have not mentioned? If so, please describe: _____

Section 8. Experience with Children and Youth

This next section asks about your experience with Children and Youth.

119. Since the screening on (date), have you received services from Children and Youth? This would include services such as having a CYS caseworker come to your home or you going to the CYS agency to talk about your family's needs, concerns, and/or problems. This could have included getting your family's thoughts about a plan of action to meet goals around your family's needs and concerns. 1 YES 2 NO

120. Are you currently receiving services from Children and Youth? 1 YES 2 NO

121. How long ago did you last talk with a caseworker? _____ NUMBER

(Is that the number of days, weeks, or months?)

1 = DAYS 2 = WEEKS 3 = MONTHS

122. **(IF BIOLOGICAL PARENT AND CHILD IS IN FOSTER CARE).** When was the last time you saw (Child's name)? _____/_____/_____ (date)

123. **(IF FOSTER OR RELATIVE CAREGIVER, SKIP).** As an adult, when was the first time you became involved with Children and Youth? How old were you? _____

124. Thinking about yourself as a child, was your family ever referred to Children and Youth?

1 YES 2 NO

125. Did you ever spend time in foster care? 1 YES 2 NO

126. Did any of your siblings ever spend time in foster care? 1 YES 2 NO

Think about your current experiences with Children and Youth services. Remember your answers are confidential and will not be shared with anyone outside the research staff. Please tell me the extent to which you agree or disagree with the following statements. Please use **Response Card 18**.

	Disagree Strongly	Disagree	Not Sure	Agree	Strongly Agree
127. I believe my family will get help we really need from [CYS].	1	2	3	4	5
128. I realize I need some help to make sure my kids have what they need.	1	2	3	4	5
129. I was fine before CYS got involved. The problem is theirs, not mine.	1	2	3	4	5
130. I really want to make use of the services (help) [CYS] is providing me.	1	2	3	4	5
131. It's hard for me to work with the caseworker I've been assigned.	1	2	3	4	5
132. Anything I say they're going to turn it around to make me look bad.	1	2	3	4	5
133. There's a good reason why [CYS] is involved in my family.	1	2	3	4	5
134. Working with [CYS] has given me more hope about how my life is going to go in the	1	2	3	4	5

future.					
	Disagree Strongly	Disagree	Not Sure	Agree	Strongly Agree
135. I think my caseworker and I respect each other.	1	2	3	4	5
136. I'm not just going through the motions. I'm really involved in working with [CYS].	1	2	3	4	5
137. My worker and I agree about what's best for my child.	1	2	3	4	5
138. I feel like I can trust CYS to be fair and to see my side of things.	1	2	3	4	5
139. I think things will get better for my child(ren) because [CYS] is involved.	1	2	3	4	5
140. What CYS wants me to do is the same as what I want.	1	2	3	4	5
141. There were definitely some problems in my family that CYS saw.	1	2	3	4	5
142. My worker doesn't understand where I'm coming from at all.	1	2	3	4	5
143. CYS is helping me take care of some problems in our lives.	1	2	3	4	5
144. I believe CYS is helping my family get stronger.	1	2	3	4	5
145. [CYS] is not out to get me.	1	2	3	4	5

Now please use Response Card 19. Please tell me how much you agree or disagree with the following statements.

	Strongly Disagree	Mostly Disagree	Disagree A Little	Neither Agree or Disagree	Agree A Little	Mostly Agree	Strongly Agree
146. The child welfare staff help me to see strengths in myself I didn't know I had.	1	2	3	4	5	6	7
147. The child welfare staff provide opportunities for me	1	2	3	4	5	6	7

to get to know other parents in the community.							
148. The child welfare staff work together with me to meet my needs.	1	2	3	4	5	6	7
149. The child welfare staff know about other programs I can use if I need them.	1	2	3	4	5	6	7
150. The child welfare staff encourage me to think about my own personal goals or dreams.	1	2	3	4	5	6	7
151. The child welfare staff understand when something is difficult for me.	1	2	3	4	5	6	7
152. The child welfare staff respect my family's cultural and/or religious beliefs.	1	2	3	4	5	6	7
153. The child welfare staff encourage me to go to friends and family when I need help or support.	1	2	3	4	5	6	7
154. The child welfare staff help me to see that I am a good parent.	1	2	3	4	5	6	7
155. The child welfare staff give me good information about where to go to services I need.	1	2	3	4	5	6	7

	Strongly Disagree	Mostly Disagree	Disagree A Little	Neither Agree or Disagree	Agree A Little	Mostly Agree	Strongly Agree
156. The child welfare staff have materials for my child that positively reflect our cultural background.	1	2	3	4	5	6	7

157. The child welfare staff encourage me to share my knowledge with other parents.	1	2	3	4	5	6	7
158. The child welfare staff encourage me to learn about my culture and history.	1	2	3	4	5	6	7
159. The child welfare staff help me to use my own skills and resources to solve problems.	1	2	3	4	5	6	7
160. The child welfare staff encourage me to get involved to help improve my community.	1	2	3	4	5	6	7
161. The child welfare staff support me in the decisions I make about myself and my family.	1	2	3	4	5	6	7

Please think about how satisfied you have been with your relationship with your current CYS caseworker.

162. How well has your caseworker explained problems, treatments, and/or services to you? Would you say... 1 = not well 2 = somewhat well 3 = very well

Please use Response Card 20.

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Not Applicable
163. How satisfied have you been with the extent to which the caseworker maintained contact with you?	1	2	3	4	-8
164. How satisfied have you been with the extent to which the caseworker invited you to relevant meetings about (target child)?	1	2	3	4	-8
165. How satisfied have you been with the extent to which the	1	2	3	4	-8

caseworker involved you in decision-making regarding the care of [target child]?					
--	--	--	--	--	--

Now please use Response Card 21. To what extent do you agree or disagree with the following statements...

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
166. I was offered the help I needed.	1	2	3	4	5
167. (FOSTER AND KINSHIP CAREGIVERS, SKIP) I should have been given more time to make the changes expected of me.	1	2	3	4	5
168. The services I was told to use should have been made available to me sooner.	1	2	3	4	5
	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
169. The services I was told to use should have been more helpful.	1	2	3	4	5
170. I should have been offered more services.	1	2	3	4	5

171. How would you describe your overall experiences with Children and Youth?

4=Very positive 3= Somewhat positive 2=Not very positive 1=Not positive at all

Section 9. Caregiver Health History

Now we would like to know more about your own personal needs and well-being. We are going to shift to talking about whether you have been bothered by feeling blue or anxious. Remember your answers are confidential and will not be shared with anyone outside the research staff. Please use Response Card 22.

172. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	1	2	3	4
b. Feeling down, depressed, or hopeless	1	2	3	4
c. Trouble falling or staying asleep or sleeping too much	1	2	3	4
d. Feeling tired or having little energy	1	2	3	4
e. Poor appetite or overeating	1	2	3	4
f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	1	2	3	4
g. Trouble concentrating on things, such as reading the newspaper or watching television	1	2	3	4
h. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	1	2	3	4
i. Thoughts that you would be better off dead, or of hurting yourself in some way	1	2	3	4

173. Are you currently receiving any services for a mental health problem? 1 YES 2 NO

174. **IF NO:** Have you ever received mental health services as an adult? 1 YES 2 NO

175. For this next set of questions, I am going to be asking if you have any problems with anxiety.

a. In the last 4 weeks, have you had an anxiety attack—suddenly feeling fear or panic?	Yes	No
IF NO, GO TO QUESTION 176.		
b. Has this ever happened before?	1	2
c. Do some of these attacks come suddenly out of the blue—that is, in situations where you don't expect to be nervous or uncomfortable?	1	2
d. Do these attacks bother you a lot or are you worried about having another attack?	1	2
e. During your last bad anxiety attack, did you have symptoms like shortness of breath, sweating, your heart racing or pounding, dizziness or faintness, tingling or numbness, or nausea or upset stomach?	1	2

176. **(If any problems have been checked so far on this questionnaire so far)**, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? Would you say:

1 Not difficult at all 2 Somewhat difficult 3 Very difficult 4 Extremely difficult

177. Please use **Response Card 23**. In the last 4 weeks, how much have you been bothered by any of the following problems?

	Not bothered	Bothered a little	Bothered a lot
a. Worrying about your health	1	2	3
b. Your weight or how you look	1	2	3
c. Little or no sexual desire or pleasure during sex	1	2	3
d. Difficulties with husband/wife, partner/lover, or boyfriend/girlfriend If no current partner mark as -8 and skip to letter e.	1	2	3
e. The stress of taking care of children, parents, or other family members	1	2	3
f. Stress at work outside of the home or at school	1	2	3
g. Financial problems or worries	1	2	3
h. Having no one to turn to when you have a problem	1	2	3
i. Something bad that happened recently	1	2	3
j. Thinking or dreaming about something terrible that happened to you in the past—like your house being destroyed, a severe accident, being hit or assaulted, or being forced to commit a sexual act	1	2	3

178. In the past year, have you been hit, slapped, kicked, or otherwise physically hurt by someone, or has anyone forced you to have an unwanted sexual act? 1 YES 2 NO

179. Have you ever taken out a PFA (Protection from Abuse) or thought you needed a PFA on someone? 1 YES 2 NO

180. What is the most stressful thing in your life right now?

181. Are you taking any medication for anxiety, depression, or stress? 1 YES 2 NO

Finally, this last set of questions asks about your use of alcohol and drugs. Remember your answers are confidential (secret).

182. Have you drank any alcohol in the past 12 months? 1 Yes 2 No

IF THE SUBJECT REPORTS DRINKING ALCOHOL IN THE PAST 12 MONTHS, ASK QUESTIONS 183 a-j.

183. These questions refer to the past 12 months.

	Yes	No
a. Do you feel you are a normal drinker?	1	2
b. Do friends or relatives think you are a normal drinker?	1	2
c. Have you ever attended a meeting of Alcoholics Anonymous (AA)?	1	2
d. Have you ever lost friends or girlfriends/boyfriends because of your drinking?	1	2
e. Have you ever gotten in trouble at work because of drinking?	1	2
f. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	1	2
g. Have you ever had delirium tremens (DTs), severe shaking, heard voices, or seen things that weren't there after heavy drinking?	1	2
h. Have you ever gone to anyone for help about your drinking?	1	2
i. Have you ever been in a hospital because of drinking?	1	2
j. Have you ever been arrested for drunk driving or driving after drinking?	1	2

184. In the past 12 months have you used any drugs to get high, improve your mood, lose weight or increase sleep? 1 Yes 2 No

185. If any of these drugs were over the counter or prescription, did you take the recommended dose? 1 Yes 2 No -8 Not Applicable

IF THE SUBJECT REPORTS USING DRUGS IN THE PAST 12 MONTHS, ASK QUESTION 186 a-j.

186. These questions refer to the past 12 months.

	Yes	No
a. Have you used drugs other than those required for medical reasons?	1	2
b. Do you abuse more than one drug at a time?	1	2
c. Are you always able to stop using drugs when you want to?	1	2
d. Have you had "blackouts" or "flashbacks" as a result of drug use?	1	2
e. Do you ever feel bad or guilty about your drug use?	1	2
f. Does your spouse (or parents) ever complain about your involvement with drugs?	1	2
g. Have you neglected your family because of your use of drugs?	1	2
h. Have you engaged in illegal activities in order to obtain	1	2

drugs?		
i. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	1	2
j. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	1	2

187. Have you ever received any services for a drug or alcohol problem? 1 YES 2 NO

A few final questions about your hopes for the future.

188. What would you say are your greatest needs around parenting (Child's Name) right now?

189. What parts of your life are going particularly well right now?

190. What changes would you like to see in your life?

191. What do you wish for most for (target child)?

Interview end.