



Developmental Screening in Pennsylvania Child Welfare Services (Ages & Stages)

Research Notes



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pennsylvania
DEPARTMENT OF PUBLIC WELFARE

*This research is funded by the PA Department of Public Welfare,
Office of Children, Youth and Families.*

Issue #10 (August 2012) From policy to practice: Three years of the Developmental Screening Project--What have we learned?

In June 2009, the University of Pittsburgh, School of Social Work, Child Welfare Education and Research Programs began examining Pennsylvania's implementation of developmental and social-emotional screening across the Commonwealth. After three years of interviewing county child welfare workers, early intervention providers, a random sample of caregivers and creating a web-based database for counties to store and analyze their child-level screening data, the project is quickly coming to a close. We have learned valuable information during this process, some of which was not the primary focus of the project. In our final research note, we will be reviewing the major findings and exploring next steps from this important project.

Introduction:

In September 2008, the state government implemented a policy that all children under age 3 who are substantiated for maltreatment be screened using the Ages & Stages Questionnaires® (ASQ™; Squires et al., 1999) and its Social-Emotional version (ASQ:SE™; Squires et al., 2003). The ASQ is a series of age-appropriate questionnaires designed to identify children who need further developmental evaluation. The primary objective of this screening initiative is to identify children with concerns and refer them to early intervention for further evaluation.

Voices of Our Caregiver Participants

"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."

"I'm going to keep a closer eye on my daughter's developmental stages and get textbook information."

Describe your overall experience with the screening:

"I think it's a good idea to help kids."

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

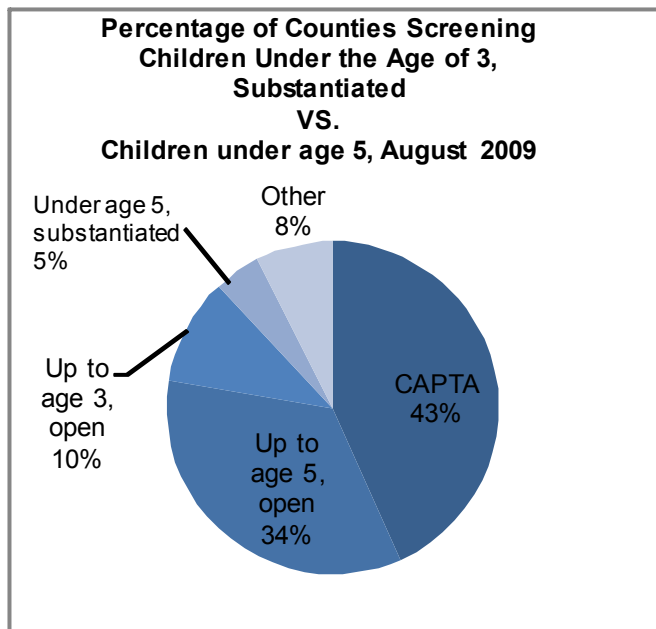
"I learned a little bit of new stuff about how to handle my child when she gets frustrated"

"I think it's a good idea. It gives an idea of where the child is at. I had fun doing it."

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Major Findings:

Research has shown that substantiation status is a poor indicator of childhood developmental and social-emotional concerns (Casanueva, Cross, & Ringeisen, 2008; Leslie, Gordon, Ganger, & Gist, 2002; Rosenberg & Smith, 2008). In fact, we have found that children who were not the subject of the child welfare referral were more likely to have social-emotional concerns than those children who were the subject of the child welfare referral (Cahalane, Fusco, & Winters, 2012). In our first research note (Child Welfare Education and Research Programs, 2009a), we established the screening practices of all 67 counties in the Commonwealth, which can be seen in the chart below.



Since the distribution of the first research note in August 2009, we have seen a shift in screening practices from slightly more counties screening just the CAPTA children (under age 3 with substantiated abuse) to slightly more counties screening all children with open cases under the age of 5, which the state mandate recommends as best practice. The chart below depicts the current screening trends of all 67 counties in Pennsylvania.

Describe your overall experience with the screening, continued:

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

"They gave lots of suggestions for future help if needed."

"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."

"It reassured us that everything was fine and our daughter is right on track"

"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"

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 think it's neat that I know my son's developing as he should."

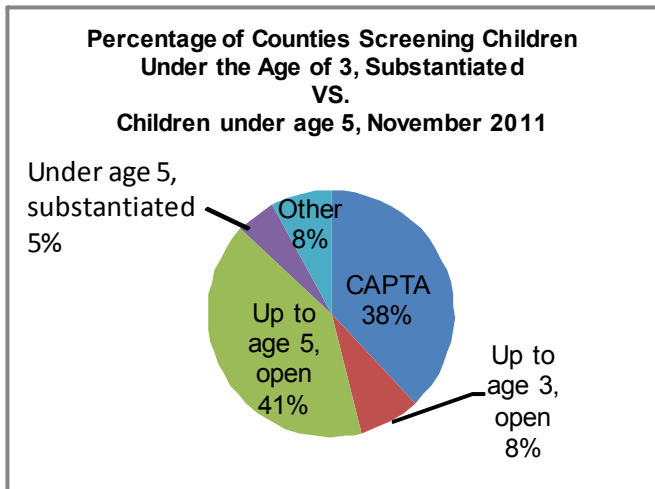
What do you wish for most for your child?

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

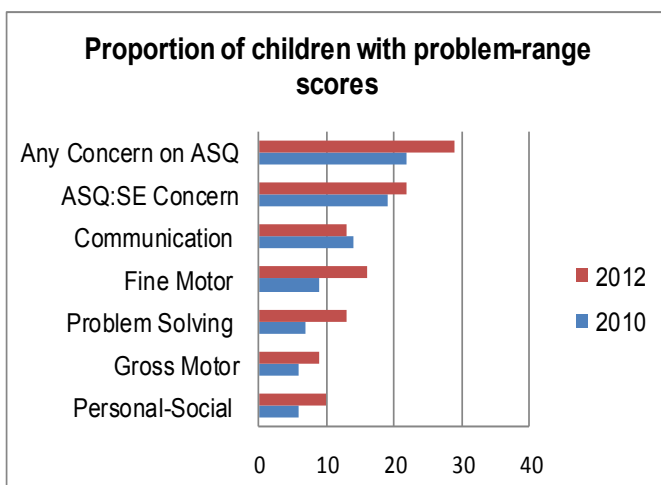
"That he has a good childhood and explores all the good things that are out there."

"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."



Research has shown that routine developmental screenings for children in foster care improves the detection of problems (Bruhn, Duval, & Louderman, 2008; Jee, et al., 2010) and with 30 to 35% of children under 3 investigated for child maltreatment obtaining developmental screening scores in the problem range (Casanueva, Cross, & Ringeisen, 2008), screenings for both developmental and social-emotional concerns should be an integral part of any service involving young children. Although some of the concern rates for the children in Pennsylvania have increased since the release of Research Note 3 (Child Welfare Education and Research Programs, 2010a), our most recent findings from a sample of 3,818 children are still below this range (Cahalane, Fusco, & Winters, 2012). The following chart graphically depicts this significant increase of children screening with concerns from our original 2010 research note to the most recent numbers in 2012.



Caseworkers have seen other advantages to the screening process such as using the screening as an engagement tool with families and to further educate both themselves and parents about child development (Child Welfare Education and Research Programs, 2009b). Results from our caregiver interviews show that caseworkers have been using the screening tool as an engagement technique, with 84% of our caregivers reporting that their caseworkers shared with them things that their child was doing well (Child Welfare Education and Research Programs, 2011c). Even with the advantages and importance of the screening, caseworkers reported a need for further training (Cahalane, Fusco, & Winters, 2011), which prompted Pennsylvania's Child Welfare Resource Center to create a day-long training session and video on how to properly administer the screening. As evidenced by the quotes on the first two pages of this research note, caregivers also find the screening very useful, with 95% rating their experience as somewhat or very positive (Cahalane, Fusco, & Winters, 2012; Child Welfare Education and Research Programs 2011b). Of the small percentage of caregivers that experienced some anxiety about the screening, 57.9% said if they received more information or reassurance about the screening they would have been less worried (Child Welfare Education and Research Programs, 2011c).

This information and the positive responses from caregivers contained in this research note can lead to an additional point of intervention for families that may be wary about the intentions of the screening.

The effectiveness of Early Intervention is widely recognized, however only 13% of children with poor developmental scores receive these services (Casanueva, Cross, & Ringeisen, 2008). With about 30% of children screening with concerns, referrals for service and service utilization are paramount to these

children's well-being. Even though both child welfare and early intervention participants reported service gaps, most significantly in the mental health area (Child Welfare Education and Research Programs 2010b), Pennsylvania has an impressive rate (44%) of establishing services for children whose screenings show concerns (Cahalane, Fusco, & Winters, 2012). Increased collaboration between child welfare and Early Intervention such as information sharing and Memorandums of Understanding can further enhance Pennsylvania's ability to link children in need with valuable services (Child Welfare Education and Research Programs, 2011a).

Children of families involved in child welfare are not the only people in need. Caregivers of these children have numerous obstacles to overcome themselves. The majority of the caregivers we interviewed reported receiving some kind of needs-based services (Child Welfare Education and Research Programs 2011b). In addition, 37% of caregivers received mental health services in their lifetime, and 34% are currently taking psychotropic medication (Cahalane, Fusco, & Winters, 2012).

With nearly half of our caregivers reporting child welfare involvement as children, and close to a quarter saying they spent time in out-of-home care as children (Cahalane, Fusco, & Winters, 2012), it is important to treat the family as a whole and determine the potential risks that may lead to child abuse and neglect. Poverty, inadequate social support, domestic violence, substance abuse, and mental health issues can all be possible pathways to child abuse and neglect. About a quarter of the caregivers we interviewed (24%) reported experiencing Intimate Partner Violence (IPV) in the past year (Cahalane, Fusco, & Winters, 2012). Caregivers also rated their families' ability to cope with problems and their existing social support as neutral, indicating a possible need in this area (Child Welfare Education and Research Programs, 2012).

Popular belief dictates that child welfare services is an invasive agency that is attempting to take people's children away. However, results from our caregiver interviews have shown that the stigma carried by this important human service provider is not shared by those receiving the services. On two standardized measures (Strengths-Based Practice Inventory and Client Engagement in Child Protective Services Measure), caregivers acknowledged that their caseworkers were competent at their jobs, helped them build on their strengths, showed mutual respect, empathy, and shared goal setting (Child Welfare Education and Research Programs, 2011d). In fact, the majority of caregivers rated their child welfare experience as somewhat or very positive and were satisfied or very satisfied with the amount of contact their current caseworker had with them (Cahalane, Fusco, & Winters, 2012).

Considering all the families' needs and adding a positive relationship with local child welfare agencies, Pennsylvania is well on its way to improving the well being of the children and families the child welfare agencies serve. With this goal in mind, we have established some recommendations for quality developmental and social-emotional screenings and to provide additional services to families in need.

Recommendations:

Recommendation 1:

Revise the current policy so that all children in the home under age 5, not just the target child, receive screens. (Current policy requires only children age 3 and under, who are substantiated victims of abuse are to be screened.) Findings from the Developmental Screening Project have shown that there is no relationship between substantiation status and developmental/social-emotional concerns. Furthermore, analyses have shown that the target child of the referral to child welfare services was less likely to have social-emotional concerns compared to other children in the household

Recommendation 2:**Build regional teams within the child welfare workforce to complete the screenings.**

Counties could work together, geographically, to develop a shared team of caseworkers that could 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.

Recommendation 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. Counties can copy the activity sheets and create packets for caseworkers to distribute and review with caregivers.

Caregivers could receive these activity sheets outlining their child's current age level activities and those for the next age level above.

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. These activity sheets can be copied without copyright liabilities. 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.

Recommendation 4:

Ensure that caseworkers have the materials available to conduct the developmental screenings. Counties have shared that many families do not have the materials necessary to complete the screening. A complete array of screening materials is needed in order to conduct a meaningful and accurate assessment. *The ASQ User's Guide 2nd Edition* includes a checklist in the appendix (Appendix E) that list the materials necessary, at every age level, to complete the screenings.

Recommendation 5:

Increase the availability of social-emotional services to children ages 5 and under. Children whose screens' indicate possible social-emotional concerns are less likely to receive a referral for services than children whose developmental screens' indicate concerns. Most often, this is because there are few services available for young children experiencing social-emotional challenges. In fact, data from the Developmental Screening Database shows that the majority of children not referred to EI after a concern was found on their ASQ:SE screening (95.1%) resided in rural counties (Rauktis, Winters, Smith-Jones, Rudek, 2012). Many families lack the resources to access these services if they are available at all.

Conclusions:

Pennsylvania has made great strides in improving the well-being of children and families in their child welfare system. However, there is always room for improvement. Conducting developmental and social-emotional screenings with the children with substantiated maltreatment is an excellent first step, but we have seen that substantiation status does not dictate developmental and/or social-emotional concerns in children. The Commonwealth may be missing an opportunity to provide children with quality services by restricting the screening to only those children with substantiated maltreatment. Even if the group of children being screened is increased to include all children under the age of five, it is very important that the screening being conducted is of high-quality. One common error in any type of psychological/intelligence testing is selecting the appropriate age range for the child. Brookes Publishing has created an on-line age calculator that simplifies this process (<http://agesandstages.com/age-calculator/>). Just enter the child's date of birth, weeks premature, and screening date and the calculator will tell you the appropriate screening to use for that child. Another obstacle is ensuring that the necessary materials are available to conduct the developmental screening. Brookes publishing has kits available for purchase for \$295 each. However, counties can create their own kits by purchasing the materials from retail locations (Dollar Stores, etc.). Once a quality screening is completed, getting the families whose children screened with concerns to Early Intervention may be a challenge. Barriers to treatment may include the caregiver's fear of a permanent stigma on their child (child being "slow"), feeling like a failure as a parent, or that their child's learning issues are somehow their fault (Rauktis, Winters, Smith-Jones, Rudek, 2012).

Further education for caregivers surrounding their child's delay, what it means, and how they can help will greatly increase the likelihood of the child receiving the necessary services. This may be achieved by further collaboration between the Early Intervention and child welfare agencies to reach out to anxious families. With these results in hand, Pennsylvania can become a national leader in providing quality screenings and ensuring children in need receive Early Intervention services.

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Citation for this report:

Child Welfare Education and Research Programs (2012). *From policy to practice: Three years of the Developmental Screening Project--What have we learned?* (Report No. 10). Pittsburgh, PA: University of Pittsburgh, School of Social Work.