



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

Research Notes



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Office of Children, Youth and Families.*

Issue #4 (August, 2010). Results of the Early Intervention Interviews: Gaps and availability of services for children with concerns.

During the child welfare interviews conducted in June, 2009, participants were asked to name a person in their early intervention agency who is most knowledgeable concerning the screening of young children. Interviews were completed with 57 early intervention workers, representing 66 of Pennsylvania's 67 counties. Thanks to all our child welfare workers for providing the early intervention contact information and to all the early intervention workers that completed an interview. The results of these interviews will help us learn more about the service needs of very young children and their families who are referred to PA child welfare services.

This is the fourth of a series of Research Notes that will address study topics throughout this research. The current Research Note reports results concerning what services early intervention reported are available and if any service gaps exist.

Introduction:

In September 2008, the federal government implemented a policy that all children under age 3 who are substantiated for maltreatment be screened using the Ages & Stages Questionnaires® (ASQ™)¹ and its Social-Emotional version (ASQ:SE)². The ASQ is a series of age-appropriate questionnaires designed to identify children who need further developmental evaluation.

Research:

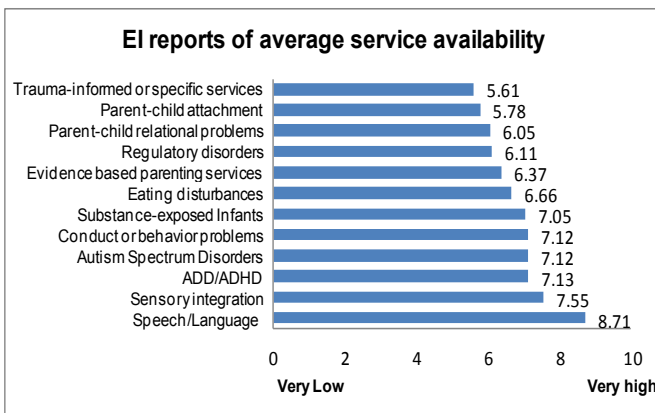
Research is being conducted by the University of Pittsburgh, School of Social Work to understand county, child, and family needs concerning screening and early intervention. As part of the research interview, a representative from 57 early intervention agencies was asked to rate the availability of a list of services and describe any gaps in services for developmental and socio-emotional concerns.

Results

Respondents were asked to rate the availability of 12 specific services in their county on a scale of 1 (very low availability) to 10 (very high availability). They were also asked if certain evidence-based or promising interventions were available and what kinds of service gaps, if any, were they experiencing in their county.

Availability of Specific Services

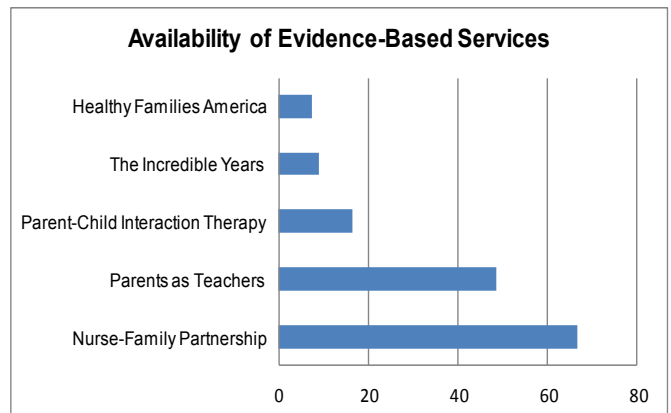
EI providers reported that services were most available for speech/language problems (8.71) and sensory integration issues (7.55). Other common services included ADD/ADHD (7.13), Autism Spectrum Disorders (7.12), and conduct or behavior problems (7.12). However, there were three services that stood out as being less available. These include trauma-informed services, services to deal with parent-child attachment and parent-child relational problems. The figure below shows the availability of the complete list of services.



Availability of Evidence-Based Practices

EI participants were asked whether 5 evidence-based services were available in their counties: Nurse-Family Partnership, Parents as Teachers, Parent-Child Interaction Therapy, The Incredible Years, and Healthy Families America. Nurse-Family Partnership was reported as the most

most available with 66.7% of EI participants acknowledging programs in their counties. The second most frequent program was Parents as Teachers (48.5). EI participants were also asked if they had access to any other evidence-based programs, and to explain the programs. The responses to this question fell into four major classifications: Early Head Start, Head Start, Parent Child Home Program, and Parenting Classes.



Service Gaps

Child Welfare and Early Intervention were both asked about gaps for developmental and socio-emotional concerns. Both Early Intervention and Child Welfare participants reported more service gaps in the mental health arena (70% and 38% respectively). Service gaps for developmental issues were on the lower end (22% for child welfare and 38% for early intervention). Both child welfare and early intervention participants were asked to provide further details concerning the service gaps they reported. Common themes were found in the responses by both sets of participants. The tables below outline the types of gaps that were reported.

Reasons for Mental Health Service Gaps

Response	CW	EI
Too few providers	32%	36%
Families have trouble accessing due to distance	14%	18%
Waiting list or wait for evaluations is too long	32%	0%
Shortage because of child age	14%	29%
Other	9%	38%

Reasons for Developmental Service Gaps

Response	CW	EI
Too few providers	17%	48%
Families have trouble accessing due to distance	17%	36%
Waiting list or wait for evaluations is too long	42%	0%
Gap in specific services (e.g. speech)	25%	44%
Shortage because of child age	25%	0%

Summary

Research shows that among 0 to 3-year-olds who are investigated for maltreatment, 30 to 35% have developmental scores suggesting they may qualify for early intervention services, but just 13% of these children received such services following child welfare referral (Casanueva, Cross, & Ringeisen, 2008). Early intervention programs provide under privileged children short and long term advantages in their intelligence, a decreased need of grade retention, and increased academic achievement (Campbell & Ramey, 1994) with higher levels of participation leading to longer-lasting results (Hill, Brooks-Gunn, & Waldfogel, 2003). Parents also see a direct benefit to their families from

participating in early intervention programs (Bailey et al., 2005). With the well documented effectiveness of early intervention programs for high-risk children, it is imperative to establish adequate services and decrease service gaps in both developmental and mental health arenas.

References

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