



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

Research Notes



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Child Welfare Education and Research Programs*



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

Issue #5 (January, 2011). Child Welfare and Early Intervention Collaboration: A Closer Look .

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 who completed an interview. The results of these interviews will help us learn more about the collaboration between child welfare and early intervention providers statewide.

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.



Interview with Jenifer Willard, MSW,
Northumberland County Children and Youth,
Director of Social Services (In-home Services)

Q: How did your caseworkers present the research project to caregivers that made them feel comfortable enough to participate?

A: The workers reviewed the materials provided through the research project with the caretakers via phone contact or face to face.

Q: How did you motivate your caseworkers to contact the caregivers on their caseloads that were selected and return the agreement forms in a timely manner?

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Meeting young children's needs in child welfare requires coordination and collaboration among multiple agencies, including income and housing assistance, early intervention, medical care, substance abuse treatment, and in some cases, the judicial system. Child welfare agencies must integrate services effectively with other providers and monitor families' progress on particular problems to achieve desired outcomes, such as reunification (Marsh, Ryan, Choi, & Testa, 2006).

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.

Representatives from 57 early intervention agencies were asked to respond to questions regarding collaboration with child welfare.

Results:

What information is shared between CW and EI?

Early intervention providers were asked how frequently they receive information from CW concerning children's exposure to environmental risks. As shown in Table 1, CW providers consistently share information about children's foster care status, but other types of information are shared less frequently.

To what extent is there joint service planning?

An Individualized Family Service Plan (IFSP) is a written document that is developed by a multidisciplinary team, including children's parents, when a child receives EI services (IDEA, 2004).

A: I simply provided the workers with the materials as the children were identified and asked that they contact the caretakers about their participation. Also the gifts provided for the workers through the research project were withheld initially until the agreement forms were completed and then given as a token of appreciation.

Q: How was the information concerning the research project received by the caregivers and the caseworkers in your county?

A: The workers indicated that they simply reviewed the materials with the caretakers and they didn't have any concerns or problems participating. The worker also thought the financial incentive was helpful for most families. The workers really didn't seem to have a problem with the project because of its simplicity. Some of the workers mentioned that if the project had involved a lot more they would have found it to be difficult due to the growing amount of paperwork already involved with their job.

Q: What processes did you have to notify caseworkers that a caregiver from their caseload was selected for the study? What processes did you have to ensure that the agreement forms were returned quickly?

A: I wasn't really able to keep up with notifying the workers of who was selected, but the individuals that were interviewed later talked with their workers about it. When the workers were given the agreement forms they were asked to let me know when they were completed so they could be checked off. I also reviewed the lists when they were updated and emailed the workers that were not getting the agreement forms completed, asking them to complete them as soon as possible. I simply encouraged the workers to complete them in a timely fashion. I also discussed the project during department meetings and staff meetings thanking them for their time and participation in the project.

Q: What benefits do you see (or what benefits do you anticipate) for participating in this project?

A: I think the agency is hoping to get feedback about the way workers are conducting the screens with the families in order to improve that process. During this time, I supervised a MSW student intern and that individual has developed Ages & Stages kits for workers to take into the field to help with the screening process, something the agency did not have. What we have learned is that families simply do not have the materials on hand for the workers and many times they are left to ask the caretakers if the child is able to do the identified tasks on the screening forms.

Table 1. EI provider reports of how often information is received about children’s exposure to environmental and medical risks

Information	%		
	Always	Sometimes	Never
Type of maltreatment	31	40	29
Severity of maltreatment	23	38	39
Current foster care status	79	18	3
History of multiple placement moves	9	40	51
Diagnosed medical conditions	49	42	9
Positive for substances at birth	49	29	22
Current caregiver substance abuse	23	55	22
Exposure to domestic violence	20	51	29
Legally mandated services plan	8	32	60

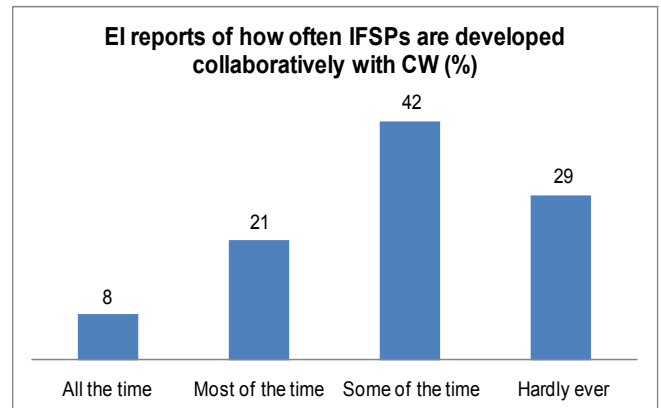
The IFSP includes information about children’s current developmental, physical, and social-emotional health status, family strengths and resources, outcome goals for the children and family, and services and steps that will be taken to meet the children’s needs and transition them to later preschool-age services. Respondents were asked a number of questions about joint CW and EI service planning.

As shown in Figure 1, EI providers report a range of practice concerning collaborative planning around the development of children’s IFSP. Some EI providers report that IFSPs are developed collaboratively “all” or “most of the time” (29%). However, nearly three-quarters (71%) report collaborative IFSPs “sometimes” or “hardly ever”. Joint service planning between the two agencies along with the family will likely to lead to a more integrated set of family and child service goals. Families may also view CW and EI as united team members, rather than separate agencies with distinct functions.

Which areas of the IFSP are typically developed collaboratively with CW?

Results show that most frequently, EI and CW collaborate on EI services that will be

Figure 1. EI provider reports of how often children’s IFSP is developed collaboratively with child welfare



provided (65%), family resources related to enhancing children’s development (58%), and major outcome goals for the child (47%). Outcome goals, criteria for determining child and family progress are also collaborated upon, but with less frequency.

Summary:

Children’s exposure to environmental risks, such as the trauma of maltreatment, chronic neglect, or violence in the home, have an impact on their developmental, social-behavioral, and academic trajectories (Dodge, Pettit, & Bates, 1994; Rouse & Fantuzzo, 2009). When the information is shared between agencies, a more accurate history of the child emerges, which can improve service planning. Although many agencies report having Memorandums of Understanding to share case-level information, there may still be concerns about confidentiality. Joint service planning to the extent possible along with families is likely to lead to a more integrated set of family and child service goals.

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Citation for this report:

Child Welfare Education and Research Programs (2011). Child welfare and early intervention collaboration: A closer look (Report No. 5). Pittsburgh, PA: University of Pittsburgh, School of Social Work.