



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

## Research Notes



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



pennsylvania  
DEPARTMENT OF PUBLIC WELFARE

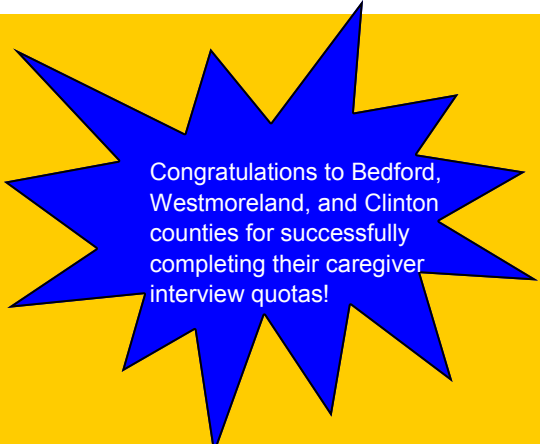
This research is funded by the PA Department of Public Welfare,  
Office of Children, Youth and Families.

### Issue #6 (June, 2011). Caregiver Interviews: A Portrait of Pennsylvania's CYS-Involved Families

The third phase of this research study, the caregiver interviews, began in June 2010. A total of 30 counties were randomly selected to participate in this phase of the research project based on their location in the state, the amount of data they had entered into the Developmental Screening Database (ASQ Database), and what group of children were being screened. Caregivers were randomly selected from the Developmental Screening database and asked to participate by their CYS caseworkers. Interviews occur primarily in the caregiver's homes and take about an hour to an hour and a half to complete. Caregivers are compensated with a \$40 gift card for their time.

#### 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.



Congratulations to Bedford, Westmoreland, and Clinton counties for successfully completing their caregiver interview quotas!

The **REAL** outcome of screening:  
A case history

Two siblings , a 4 year, 1 month old white female, and a 2 year, 2 month old white female received both the Ages & Stages Questionnaires® and the Ages & Stages Questionnaires®: Social-Emotional after their family was referred to Children and Youth Services (CYS). The screening was conducted by a CYS caseworker 10 days after the family's case was accepted for services.

The older sibling's Ages & Stages

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In 2010, Pennsylvania saw a reduction in the amount of child abuse reports from the previous year (Pennsylvania Department of Public Welfare, 2010). However, the Annie E. Casey foundation reported that 31,517 children were receiving in-home services as of June, 2009 in Pennsylvania. Families involved with CYS face numerous challenges from housing (Courtney, McMurtry, & Zinn, 2004), maternal depression (Leschied, Chiodo, Whitehead, & Hurley, 2005), and poverty (Hazen, Connelly, Kelleher, Landsverk, & Barth, 2004). In order to best serve the families that become involved with CYS, it is imperative that a comprehensive portrait of caregiver demographics and risk factors be established.

### **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.

A total of 30 counties were selected for this portion of the study, although data has been collected in 25 out of the 30 counties. This data represents 145 caregivers across the state of Pennsylvania. Philadelphia, Cambria, Clearfield, Susquehanna, and Washington counties are not represented at this time.

### **Results:**

#### **Caregiver Demographics**

The first portion of the interview deals with the demographics of the caregivers, their children, and their partners that have been included in the sample.

The majority of the caregivers in our sample are 35 years old or younger (84%) are white (84.9%), non-Hispanic/Latino (96.6%) females (88.4%).

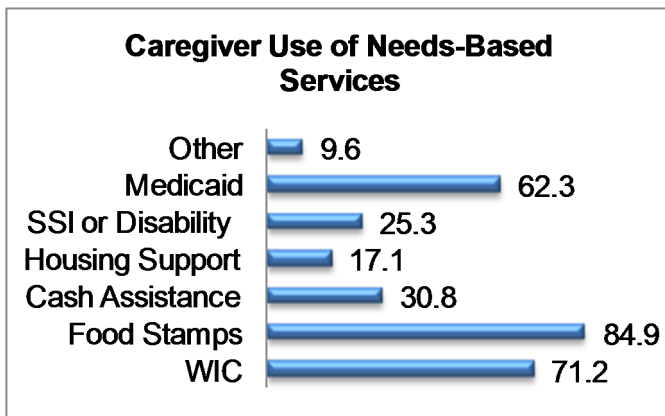
Questionnaires® results showed that the child scored below the threshold for gross motor abilities and above the threshold on the social-emotional screener, indicating concerns in both of these areas. Upon completing the screenings, the caseworker made a referral to the county Intermediate Unit for further evaluation. The Intermediate Unit completed a full multi-disciplinary evaluation and felt the problems were more behavioral in nature, but did recommend speech therapy. She received an evaluation from Momentum Mental Health Services. She was subsequently diagnosed with Attention Deficit Hyperactivity Disorder and Pervasive Developmental Disorder. At the time of the research interview, the caregiver was working with county agencies to start therapy and Therapeutic Support Services (TSS) for her daughter. In addition, the caregiver was taking her daughter to the county's learning center to enhance her ability to play and follow a sequence of events.

The younger child's scores on the Ages & Stages Questionnaires® also showed concerns in communication, fine motor, and gross motor areas. In addition, she scored above the threshold on the Ages & Stages Questionnaires®: Social-Emotional, indicating concerns. The child was referred for a full multi-disciplinary evaluation through Early Intervention by the caseworker. The child was found to have a delay in speech and gross motor skills. Both speech therapy and physical therapy were provided for the child. The child is also seeing a neurologist to rule out any medical conditions and is scheduled to receive a more extensive evaluation at Hershey Medical Center.

The siblings' mother 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 yr old more self confidence in her movement and communication challenges."

Although most of the participants received a High School diploma (45.2%), or GED (13.7%), a staggering number of participants (32.9%) reported not finishing High School. The average age of birth of first biological child is 20.2. The average number of biological children for each participant is 2.8 (max:10).

Most caregivers reported being unmarried (56.2%) and 51% said they are not living with a romantic partner. Only 35% of caregivers reported working for pay in the last six months. While participant's income data may not be completely accurate; most participants reported receiving needs-based services.



**Caregiver Experience with CYS**

Half of the caregivers interviewed (50.7%) were involved with CYS as children, with 23% saying they spent time in out of home care as a child.

The majority of participants interviewed rated their CYS experience as somewhat (46.6%) or very positive (28.8%). They also said they were either satisfied (39%) or very satisfied (41.1%) with how well their current caseworker maintained contact with them.

**Caregiver Mental Health/Drug & Alcohol History**

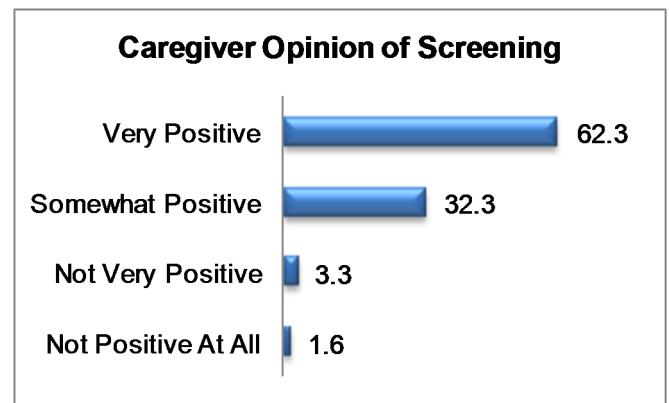
A third of interviewed caregivers reported that they were currently receiving services for a mental health issue, and 19% said they received mental health services as an adult. 33% of those interviewed are currently taking psychotropic medication. A quarter of caregivers said they received help for a drug or alcohol problem in their lifetime.

**Caregiver Reports of IPV**

A quarter of caregivers reported experiencing IPV in the last year. However, 38.9% of caregivers said that they have taken out a PFA or thought they needed a PFA against someone.

**Caregiver Opinions of Screening**

Overall, most caregivers said the screening was a positive experience.



Nearly a third of caregivers said they learned quite a bit (32.8)% about their child because of the screening. Most caregivers said they did not learn anything about parenting from the screening (62%).

**Summary:**

With increasing emphasis in keeping children with their biological families and reunification, CYS needs to recognize and resolve some of the typical caregiver risk factors that contribute to child maltreatment to prevent future maltreatment reports. Hussey, Chang, & Kotch (2006) found associations between self-reported childhood maltreatment and

adolescent health risks such as poor health, cigarette use, binge drinking, drug use, and violence. Reducing the risk factors faced by caregivers involved in CYS will likely reduce childhood maltreatment and have positive outcomes for Pennsylvania's children.

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### Citation for this report:

Child Welfare Education and Research Programs (2011). Caregiver Interviews: A Portrait of Pennsylvania's CYS-Involved Families (Report No. 6). Pittsburgh, PA: University of Pittsburgh, School of Social Work.