Issue #7 (September, 2011). Caregiver Interviews: Informing and Engaging Families in the Screening Process-From Start to Finish

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. The primary objective of this screening initiative is to identify children with concerns and refer them to early intervention.
for further evaluation. An additional goal of using the Ages & Stages® tool is to engage caregivers in understanding the development of their children. CYS workers across the state of Pennsylvania mentioned that they were using the screening as a way to engage families and educate them about early childhood development (Child Welfare Education and Research Programs, Report 2, 2009). Engagement has become a popular topic with researchers in the past few years spawning numerous articles detailing the benefits of engagement in child welfare involved children’s mental health (Romanelli, et al., 2009; Kemp, et al., 2009) and family group decision making (Olson, 2009). Caregivers feel that proper communication with their caseworkers is one of the main components of effective engagement. Parents want caseworkers to offer reassurance, affirmation and honesty and to provide concrete solutions for the family’s problems (Altman, 2008; Dawson & Berry, 2002).

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, and so far data has been collected in 28 counties. This data represents 197 caregivers across the state of Pennsylvania.

Results:
Presentation of the screening
Caregivers were asked how they found out about the screening. Since this was an open-ended question, the responses were coded into one of seven categories representing the themes of the answers. Not surprisingly, the overwhelming majority of caregivers reported hearing about the screening from CYS (85.1%). This coincides with the findings from our first research note which states that 67% of CYS agencies across the state are conducting the screening (Child Welfare Education and Research Programs, Report 1, 2009). The second highest response was that the caregiver had prior experience with the screening of another child in their care (4%).

Explanation of the screening and results
To gauge the level of anxiety surrounding the screening, caregivers were asked to rate how worried they were on a scale of 1-5 that the results of the screening would affect their case with CYS. Of the small percent of caregivers that reported feeling worried about the screening (13.2%), 57.9% said if they received more information or reassurance about the screening, they would have been less worried.

Caregivers were also asked two questions regarding the information they received about the screening before it occurred. The first question asked if they received any written materials about the screening before the day it happened. The second, asked if they received any written materials on the day of the screening, but before the screening actually took place. If the caregivers responded yes to either question, they were asked to describe the materials they received. Most caregivers reported not receiving any written materials prior to the screening (63.1% and 68.8% respectively).

The open-ended portion of this set of questions was recoded into individual variables that reflect common themes.
In some instances, caregivers reported receiving more than one type of material regarding the screening, so their responses were coded in more than one category.

Figure 1 indicates the types of materials caregivers received before the day of the screening.

![Chart showing types of materials received](image)

The most common types of written materials that caregivers reported receiving was a packet, letter, etc. explaining the screening itself (47.8%). The non-descript written materials (32.6%) is a catch-all for responses such as “a paper” or “a packet of information.”

The categories for the second question regarding the receipt of written materials on the day of the screening but before the screening occurred are very similar to these variables with the addition of a privacy disclosure and information on where the child should be developmentally. Similar to the results from the first question, the two most common responses were materials explaining the screening (42.9%) and non-descript written materials (35.7%).

Caregivers were also asked for the reason why the screening was being conducted. The majority of responses were related to finding out where their child was developmentally (48.9%) followed by CYS is required to conduct the screening (26.8%).

Responses were split almost evenly concerning whether caregivers received the results of the screening with 46.7% saying yes and 53.3% saying no. If the results were received, the most common method was a letter indicating the results (29%) followed by a description of the results with details on the child’s developmental stage.

**Use of the screening as an engagement tool**

The majority of caregivers reported that the worker who completed the screening talked about what their child was doing well during the screening process (84.3%). Figure 2 looks at the types of activities workers said the children were excelling in.

![Chart showing activities excelled in](image)

The most common item that was discussed was the child’s physical/motor skills (53.8%) followed by communication skills (20.8%). Most caregivers also reported that the worker spoke to them about what was normal for the child’s age and developmental stage.

**Summary:**

This screening initiative provides agencies a unique opportunity to teach caregivers about normal childhood development and show them the variety of activities their child can do. In turn, with the knowledge acquired from
the screening process, if the parent does start to notice some sort of development delay with their child, they can quickly react to get the child into appropriate services, which will benefit the child, the parent, and the state as a whole.

References:


Citation for this report:


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