

Looking at the Intersection Of Part C and Child Welfare Services

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Objectives

- **Participants will gain information about the rates of developmental problems in children under child protective services (CPS) supervision**
- **Participants will gain information about CAPTA and potential increases in referral and enrollment of children who are served by child welfare**

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- **Participants will gain information about strategies for establishing collaboration between child welfare and Part C**
- **Participants will gain information about issues in the provision of services to families in which maltreatment is a problem**

Child Welfare and Part C

- **The Keeping Children Safe Act of 2003 amended, the Child Abuse Prevention and Treatment Act (CAPTA), and was signed into law on June 25, 2003.**
- **This law includes the requirement that each state develop “provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Act (section 106(b)(2)(A)(xxi)).”**

Potential Issues for Part C Resulting from CAPTA

- 1. The child welfare system serves many maltreated children who are Part C eligible. Implementation of CAPTA may result in substantial increases in Child Find and Part C workloads**
- 2. The capacity to provide Part C eligibility evaluations may need to expand as referrals from child welfare increase**

Potential Issues for Part C Resulting from CAPTA

3. In many communities the Part C system's capacity to serve a large influx of children and families from child welfare could be limited by:

- Insufficient service capacity**
- Lack of staff prepared to work with children, who are maltreated, and their families**

Children in the Child Welfare System Have High Rates of Disability

- **50-60% of children in foster care exhibit developmental problems (Jaudes & Shapiro, 1999; Takayama, 1998)**
- **80% of foster children have at least one chronic medical condition; 25% have 3 or more (Jaudes & Shapiro, 1999; Halfon, 1995)**
- **Prematurity and disability are risk factors for abuse**

Young Children Are at Greater Risk of Maltreatment

Children ages birth to 3 years had the highest rates of victimization at 16.0 per 1,000 children

(U.S. Department Health and Human Services, 2004)

Estimating the Number of Part C Eligible Children Served by Child Protective Services (CPS) in One Colorado County

Randomly selected 60 children under age 3

Ages and Stages Questionnaire

- 51.9% had scores below the cutoff in at least one area

Bayley Scale of Infant Development

- 35% had scores below 1.5 standard deviations on either the PDI or the MDI, or both

Clinical Opinion of Developmental Pediatrician

- 63% were determined eligible for Part C based on clinical opinion

Part C Eligible Children in Colorado Child Welfare in 1997

- **12.2% (668) of children in child welfare were identified with conditions that made them presumptively eligible for part C**
- **Only 16.9% (113) of presumptively eligible children were also enrolled in part C**
- **Of the entire state-wide child welfare sample only 4.8% were enrolled (262) in part C**

(Robinson & Rosenberg, 2004)

How Much Could Referrals to Part C Increase as a Result of CAPTA?

- **Part C serves about 2.0 percent of the population under three years of age (227,000).**
- **About 1.6 percent of all children, under three years of age, are substantiated as victims of abuse or neglect (186,000).**
- **If we assume that 25 percent of these children are already enrolled in Part C, refuse or cannot be contacted we project a 60 percent (140,000) increase in the number of Part C eligibility evaluations.**

How Big an Increase in Part C Enrollment?

- **If we assume that 35 percent of maltreated children are Part C eligible;**
- **That 25 percent of these children are already enrolled in Part C, refuse services or cannot be contacted;**
- **We estimate an increase in Part C enrollment of about 20 percent (48,000).**

(Rosenberg & Robinson, 2003)

Summing Up CAPTA's Impact

- **These estimates are based on limited information. Rates of referral will vary considerably from community to community and across states**
- **Nevertheless these estimates suggest that substantial increases in workload for providers of Part C evaluation, and intervention services could occur as a result of this legislation.**

Why Are So Few Maltreated Children Enrolled in Part C?

Focus group results:

- **Few child welfare workers knew about part C**
- **Limited staff time available in child welfare to address children's developmental needs**
- **Few linkages in most counties between part C and child welfare systems**

Early Identification Project

**Goal 1. Increase collaboration between
Child Welfare, Part C at state and local
levels**

**Goal 2. Increase referrals of eligible
children from Child Welfare to Part C**

Who is Needed to Work on the Linkage between Part C and CPS in Communities?

- **Part C, Child Find**
- **Social services, Child Protective Services (CPS)**
- **Representatives of the courts, Guardians ad litem, CASA volunteers**

Strategies for Increasing Interagency Collaboration

- 1. Identify key leaders in child welfare and early intervention systems at the local level**
- 2. Assure that child welfare and Part C systems understand each other**
- 3. Assure that supervisors and direct service staff are invested in increasing referrals**
- 4. Identify developmental evaluation resources in addition to Child Find in each community**

Strategies for Increasing Interagency Collaboration

- 5. Develop a process that makes referrals easy**
- 6. Assure responsiveness within the system**
- 7. Encourage communication and cross-referencing of service plans**
- 8. Establish consistent liaisons between child welfare and early intervention systems**
- 9. Formalize collaborative relationships**

Interagency Collaboration: A Guidebook for Child Welfare and Part C Agencies

Increased Part C Enrollment

Part C enrollment of maltreated children, who were served by child welfare, rose from 4.8 in 1997 to 7.9 in 2003.

Serving Families in which Children are Victims of Abuse or Neglect

- Families in which abuse and neglect has occurred can be quite different in their motivation to participate in early intervention and in their ability to care for their children than most families currently receiving Part C early intervention.**
- Part C providers need to learn about serving families who are referred to Part C by CPS agencies as a consequence of child maltreatment.**

Active Teaching

Interventions with high risk families may need to utilize higher levels of direct teaching of parents, than is currently typical in Part C, in order to produce meaningful improvements in child care

(Olds & Kitzman, 1990; Rosenberg, Robinson & Fryer, 2002)

References

- Halfon N, Mendonca A, Berkowitz G (1995) Health status of children in foster care. *Archives of Pediatrics and Adolescent Medicine*, 149, 386-392.
- Jaudes, P.K., Shapiro, L.D. (1999) Child abuse and developmental disabilities. In J.A. Silver, B. J. Amster, & T. Haecker, (Eds.) *Young Children and Foster Care: A Guide for Professionals*. Baltimore, MD: Paul H. Brookes Publishing Co.
- Olds, D., & Kitzman, H. (1990). Can home visitation improve the health of women and children at environmental risk? *Pediatrics*, 86, 108-116.
- Robinson, C. & Rosenberg, S. (2004). Child welfare referrals to Part C. *Journal of Early Intervention*. 26, 284-291.
- Robinson, C., Rosenberg, S, Teele, MK, Stainback-Tracy, K. (undated) *Interagency Collaboration: A Guidebook for Child Welfare and Part C Agencies*. <http://www.jfkpartners.org/publications.asp>

References

- Rosenberg, S. & Robinson, C. (2004) Out-of-home placement for young children with developmental and medical conditions. *Children and Youth Services Review*, 26, 711-723.
- Rosenberg, S. & Robinson, C. (2003). Is Part C Ready for Substantiated Child Abuse and Neglect? *Zero to Three*, November 2003, 45-47.
- Rosenberg, S. Robinson, C. & Fryer, G. (2002). Evaluation of paraprofessional home visiting services for children with special needs and their families. *Topics in Early Childhood Special Education*, 22, 158-168.
- Shonkoff, J. A. & Phillips, D. A. (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC. National Academy Press
- Takayama J, Wolfe E, Coulter K: Relationship between placement and medical findings among children in foster care. *Pediatrics*, 101:210-207, 1998.
- U.S. Dept of Health & Human Services (2004) *Child Maltreatment 2002*. Washington, DC: U.S. Government Printing Office.

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