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Announcement

Please note, *Practice Notes* #16 is the final issue available in hard copy. Subsequent issues will only be available online at : http://ssw.che.umn.edu/CASCW/practice_notes.html.

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Referral for Disabilities: A New Responsibility for Child Protection

Prevention initiatives are now the center of attention in Child Welfare activities.

To that end, two significant laws were recently passed that require referral and screening of very young children to detect the need for disability and mental health services. The mandates were formulated to respond to national and state data that show that children in substantiated cases of abuse and neglect have a significantly higher rate than the general population of both developmental disabilities and mental health issues.

These initiatives are added responsibilities for the child protection system.

This edition of *Practice Notes* and the one following will concentrate on “child find” efforts, first for early identification of children with developmental delays and disabilities, followed by *Practice Notes* on Screening for Mental Health Services. These two initiatives are now jostling for attention within Minnesota’s Child Welfare system, which has had a long-standing commitment to children with special needs.

While these are distinct categories of children at-risk (disabilities, mental health, special needs), there is also considerable overlap. How we respond to duplication of services, strategies and case plans is yet to be understood.

In Minnesota, child protection programs within counties will have the responsibility to organize their family and children’s services to accommodate these mandates.

Certainly, more time and resources will be needed to implement these requirements. These new pieces of legislation, by emphasizing voluntary parent participation, acknowledge family-centered services as “best practices.” This approach means recognition of diversity of family functioning styles and sensitivity to cultural factors. Staff competencies will no doubt require some review.

The initiatives also highlight the complexity of implementing prevention initiatives. Collaboration with programs in public health, schools, and maternal-child health requires functional working partnerships that take time and effort to develop.

However, in many ways, these new responsibilities are not unfamiliar. The primary role for social workers has always been to support families and advocate on their behalf. The requirements for early intervention simply underline our chief purpose: to assure the well-being of high-risk children.

E.W.

SCOPE

Nation-wide:

- ✕ Nearly 70% of children with disabilities are not identified*
- ✕ More than half have developed mental delays or disabilities.
- ✕ Children with disabilities are three times more likely to be maltreated than other children**

Sources: * Palfrey J., Singer, J., Walker, K, and Butler, J. (1994). Early identification of children’s special needs: A study in five metropolitan communities. *Journal of Pediatrics* 111:651-655.

** Sandt, C. (Ed.). (2004) *Child Law Practice*, 23(3)

Minnesota:

- ✕ In 2002, almost 44% of children in foster care were identified with disabilities

Source: Special File, Minnesota Department of Human Services (2002). Calendar Year 2002 Children in Foster Care and Their Disabilities.

Confidentiality: Protecting the Rights of Children and Families

While the **referral** to screening and assessment is **mandatory**, the parent's participation in the follow-up for screening and assessment is **voluntary**. If the child is placed, under court order, the parent should be engaged in the screening process, but the parent has the right to refuse.

You may assure the parent that:

- ❑ No detailed information on their child protection case will be revealed;
- ❑ Information from records on substance abuse and mental illness will not be released;
- ❑ If there is vital information related to your child's disability, there may be a request to sign a "release of information form," to help the person making the assessment. Explain that specific pieces of information will be released only if they are relevant to the child's best interest.

Legislation

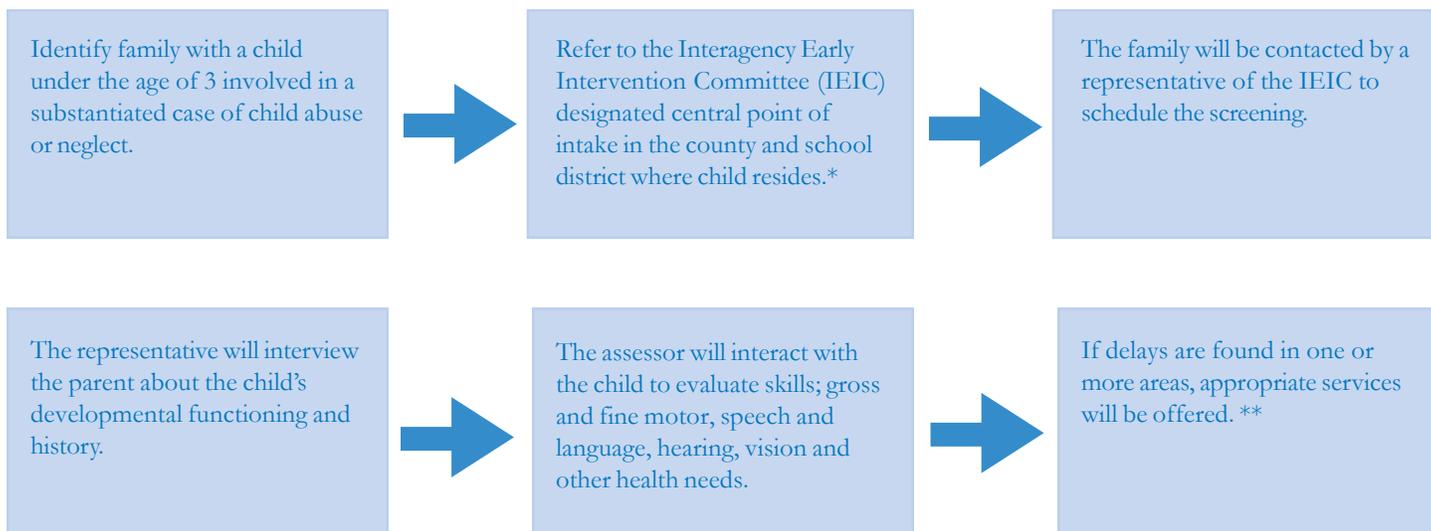
Under the federal reauthorization of the "Child Abuse Prevention and Treatment Act (CAPTA) 2003", the law was renamed "Keeping Children and Families Safe Act" (P.L. 108-36). Under this Act, developmental delays are to be screened and families are to be assisted in the process to receive early intervention services.

After the referral is made, the parent has the option of following through with the screening. Child Protection staff must assume the responsibility to refer children, ages zero to three, in a family where substantiated maltreatment has been determined to be screened for developmental delays.

Under the Federal law "Individuals with Disabilities Education Act", also known as IDEA, Part C (Early Intervention Program for Infants and Toddlers with Disabilities) is designated to require, as part of the activities and services, screening and assessment of these children. Specifically, the referral must be made to the county's identified Interagency Early Intervention Committee (IEIC). A comprehensive list of resources, which may be helpful to families and providers, is online at: www.dhs.state.mn.us/main/groups/publications/documents/pub/DHS_id008722.pdf.

Source: Clinard, R. & Enos, J.A.C. (2004). *Refer abused neglected children for developmental assessment* (Bulletin 04-68-02). St. Paul, MN: Minnesota Department of Human Services

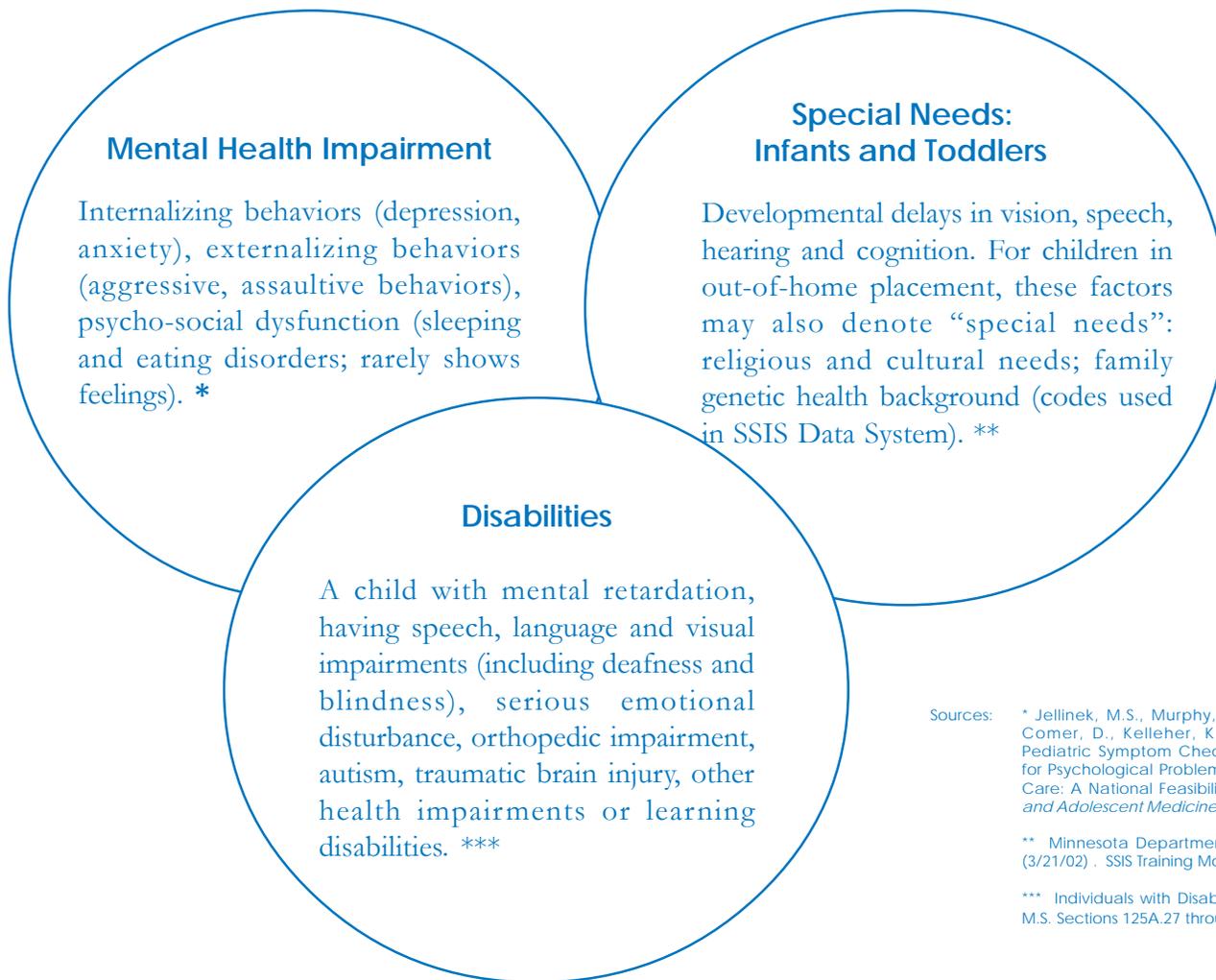
Referral Process: Step by Step



Source: * Clinard, R. & Enos, J.A.C. (2004). *Refer abused neglected children for developmental assessment* (Bulletin 04-68-02). St. Paul, MN: Minnesota Department of Human Services

** In some counties, the central point of intake may be "Follow Along." This program is located in the County's Public Health Program.

The Overlapping Conditions of Young Children at Risk



Further Reading

Crosse, S. B.; Kaye, E.; Ratnofsky, A.C. (1993). *A Report on the Maltreatment of Children with Disabilities*. National Clearinghouse on Child Abuse and Neglect Information

Shannon, P. (2004). Barriers to Family-Centered Services for Infants and Toddlers with Developmental Delays. *Social Work*; 49(2), 301.

Atkins-Burnett, S. & Allen-Meares, P. (2000). Infants and Toddlers with Disabilities: Relationship-Based Approaches. *Social Work*; 45(4), 371.

From a Parent's Perspective

Understanding parents' resistance to a referral and respecting the voluntary nature of this legislation requires attention to question/concerns that parents may have:

- | | | | |
|-----------|---|-----------|--|
| Q. | “How much information will you give about me, my family and my child to the program in the school that will be doing the screening and assessment?” | A. | “No information about your case with child protection will be revealed. Only information needed to screen for a delay or disabilities will be released.” |
| Q. | “If my child is found to have a disability, will the assessment be used to place my child in foster care?” | A. | “No, the law is very clear that the assessment information can not be used for removing your child.” |
| Q. | “If I refuse the plan, can the court order me to participate in the services?” | A. | "No. You have the power to make the decision to have your child assessed or to refuse. You have the right to decline the services.” |
| Q. | “I am in a high-stress situation with my job, debts, juvenile court with other children. I am about to lose my house, and have no car. How can I take on another plan for services for my youngest child?” | A. | “There are resources and services that will be available without cost. Many of these services can be provided in home. We will partner with you. We can work together on a plan”. |
| Q. | “I am afraid that if my child is found to have a disability, my child will be labeled for the rest of his/her life.” | A. | Approach the family on a positive note. “There are services that may be of value to your child and family.” Emphasize the importance of early interventions, so children can be helped if a developmental delay is determined. “This referral assures that your child will be on track, and if necessary, will get help if there is a delay. Your child will have the opportunity to develop to his/her fullest ability”. |
| Q. | “If my child is found to have a disability, will they say it is my fault?” | A. | Assure the parents there are many reasons for developmental delay – premature birth, health conditions, genetic factors, pre-natal exposure to drugs, alcohol – and note that often the reason is unknown. |

Best Practices

- Acknowledge the voluntary nature of parents' participation.
- Recognize that parents are often in a stage of denial with a child's disability. This stage, also known as a state of mourning for the loss of a "normal child", may require one or more follow-up visits.
- Parents may express a need for specific information: "What's an assessment?" Share with the parent a sample of questions that might be asked. These are adapted from the *Ages and Stages Questionnaire** which is frequently used in screening and assessment:
 - "Does your child take an interest in things around him/her, such as people, toys, food?"
 - "When you point to something does your child look in the direction you are pointing?"
 - "Does your child have a way of greeting a familiar adult?"
- "What are the services that my child might have?" may be a question. Respond with a range of services that may include the following: assistive technology, audiology (hearing), speech pathology, nursing, physical therapy, and psychological services. These services may also be available: family education, and counseling, transportation and related costs. The Minnesota Department of Health provides a comprehensive list of resources that may be helpful to families and providers, which can be found at www.health.state.mn.us/divs/fh/mcshn/cdtc.htm.
- Leave the parent with two handouts that may be of use: Minnesota's Early Childhood Intervention System's Wheel and Pocket Guide for Health Care Providers. These may inform the parent on normative development and can also be found at www.health.state.mn.us/divs/fh/mcshn/cdtc.htm.
- Part C or Follow Along should share their findings in the assessment with you. These should be incorporated in your case plan for the family.
- You should be present at any inter-agency meetings.
- Affirm your role as advocate for the parent, kin or the foster parent when plans are in the development stage.

Source: * Paul H. Brookes Publishing Company. (1999). *Ages and Stages Questionnaire* retrieved October, 2004 from <http://www.brookespublishing.com/store/books/bricker-asq/asq-sampleforms.pdf>