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Children and Youth Services Review 30 (2008) 536–545

Children and
Youth Services
Review

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Centralized assessment of early developmental delays in children in foster care: A program that works[☆]

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Received 5 September 2007; accepted 7 November 2007

Available online 17 November 2007

Abstract

While children in out-of-home care are disproportionately at risk for early developmental delays, historically, child welfare systems have poor track records of ensuring that children entering care are assessed for developmental delays and, where necessary, are referred for and linked with appropriate early intervention services. Recent studies have demonstrated that programs of comprehensive assessment, or those that ensure that all children entering care receive initial and ongoing assessments, produce both higher rates of assessment and higher rates of identification of developmental delay. However, no study heretofore has examined how comprehensive assessment relates to rates of service delivery. This study represents and evaluation of a program for ongoing assessment of early childhood developmental delays by qualified screeners operated by the Illinois Department of Children and Family Services. Results indicated that 77% of children eligible for the program received assessments. Of all those assessed, 57% were found to have probable developmental delays; nearly all were referred to the early intervention system and formally evaluated. Ninety-four percent of children who were formally evaluated were determined to be eligible for services, and all had IFSPs. Recommendations for optimization of assessment and referral programs are offered.

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Keywords: Foster care; Developmental delay; Assessment; Evaluation; Early intervention

[☆] Requests for reprints can be directed to Christina Bruhn at the Children and Family Research Center, 150 N. Wacker Drive, Suite 2120, Chicago, IL 60606. The contents of this report were developed under a grant from the Department of Education, NIDRR grant number H133F050018. However, those contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government. The authors gratefully acknowledge NIDRR, the Illinois Department of Children and Family Services (DCFS), Erikson Institute and the DCFS Early Childhood Project, the Illinois Bureau of Early Intervention, and the Caregivers, Caseworkers, and Service Coordinators who made this work possible. We also express our appreciation to Lynnare Deutsch-Claudio, Early Childhood Coordinator, and Jennifer Jennings for administrative support. The information and opinions expressed herein reflect solely the position of the authors. Nothing herein should be construed to indicate the support or endorsement of its contents by the Illinois Department of Children and Family Services or the Illinois Bureau of Early Intervention.

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1. Introduction

Children who enter substitute care due to abuse or neglect are disproportionately at risk for a variety of problems with regard to physical health, mental health, and development. The assaults to child development posed by the experience of abuse, neglect, and subsequent placement in foster care are particularly ominous given the ramifications for educational success and subsequent independence. The exact prevalence of developmental delays among children in substitute care has been debated, with estimates generally ranging from 25 to 50%. Hence, based on a mid-range estimate, nationally in 2005, over 61,000 children under the age of six in foster care due to abuse and neglect can be expected to have had developmental delays.¹

Provision of appropriate child development services, including assessment and linkage to early intervention services intended to address developmental delays, is pivotal in terms of improving outcomes for children in care. The effectiveness of appropriate early intervention services has been well documented. Failure to provide these services robs young children of the opportunity to make social/emotional and developmental gains and enter elementary school prepared to function in accordance with their potential. Unremediated trauma and early delays may persist, and lags behind age-appropriate development can grow exponentially over time. The consequences are that these children become young adults who have not been able to succeed within the educational system and who leave school without educational credentials or vocational skills and are unprepared to live independently. The costs to children and families individually and to society collectively can be enormous.

Child welfare systems, historically, have not demonstrated effective responses to the developmental needs of children in care. Awareness of and efforts to address the developmental needs of young children by providing linkage with appropriate early intervention services have improved since the mid 1990s. However, nationally, clear gaps in the service trajectory involving identification of need, referral for service and linkage with service providers, and delivery of services still exist. The model for delivery of rehabilitative service to children with disabilities in the general population was not designed with the needs of children in substitute care in mind. Developing an understanding of how the child welfare system and the early intervention system interface and how best to improve delivery of rehabilitative services in this context is critical to the effort to improve outcomes for children with disabilities who have been victims of abuse or neglect.

The Illinois Department of Children and Family Services (DCFS) has been active in its efforts to respond to the nationally endemic failures in delivery of services to young children with disabilities in foster care. With the establishment of the Early Childhood Project in 1998, DCFS began mandatory developmental screening and referral of all children under the age of three who enter care in Cook County, the most populous area of the state. DCFS maintains a policy of assessment that could be defined as “comprehensive” (e.g. Stahmer, Leslie, Landsverk, Zhang, & Rolls, 2006) in that it provides for assessment of development at entry into out-of-home care and on an on-going basis thereafter. Initial physical examinations within 24 hours of entry are conducted by primary care providers (physicians). More thorough examinations are conducted within 21 days. These examinations may involve a developmental screening component, but developmental screenings by physicians are not standardized. Periodic/routine assessment is provided by trained Child Development Specialists using specific instrumentation (the Ages and Stages Questionnaire, Ages and Stages Social/Emotional Questionnaire (Brookes Publishing), and the Denver II (Denver Developmental Materials, Inc., 1992) among others). Routine, ongoing assessments are conducted in DCFS regional screening offices. Assessments that produce findings of probable developmental delay trigger referral from the Early Childhood Project directly to the early intervention system. Early intervention providers contact caregivers to arrange for in-home, multi-disciplinary evaluations. Early intervention services for children up to age three are most commonly provided in home. The system developed and implemented by DCFS is also characterized by use of an Early Childhood Service Coordinator, who serves as a liaison with the early intervention system and ensures that, when problems arise, such as difficulty scheduling follow up evaluations for children due to movement of children from placement to placement, lack of foster parent response, etc., they are addressed immediately.

A more comprehensive overall statewide assessment process, referred to as the Integrated Assessment (IA) program, was later developed by DCFS. This program became operational in early 2005. The program requires in-depth evaluation of eligible children of all ages upon entry into out-of-home care. In Cook County, eligible children through

¹ Based on a total of 164,568 children under the age of six years reported in care nationally on the last day of Fiscal Year 2005, U.S. Department of Health and Human Services, 2006.

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