

Episode 104 - Dr. Rachel Fusco: Developmental and Mental Health Screening in Child Welfare: Implications for Young Children in Rural Settings

[00:00:08] Welcome to living proof a podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. I'm your host Adjoa Robinson and I'd like to take a moment to address you our regular listeners. We know you have enjoyed our podcast as evidenced by the more than 250000 downloads to date thanks to all of you. We'd like to know what value you have found in the podcast. We'd like to hear from all of you practitioners researchers students but especially our listeners who are social work educators. How are you using the podcast in your classrooms. Just go to our Web site at www.socialwork.buffalo.edu forward slash podcast and click on the contact us tab. Again thanks for listening and we look forward to hearing from you hi from Buffalo. One of the joys of living in western New York is the rhythmic change of seasons after an exceptionally hot yes I said hot summer cooler nights are giving way to early fall foliage and bright blue skies. I'm Peter Sobota. In this episode Dr Rachel Fusco describes her work with universal screening for the developmental and mental health needs of children involved in a county child welfare system in Pennsylvania. She describes the specific screening tools utilized and the broad family risk that she is learning are contextual in nature versus simply related to child maltreatment.

[00:02:02] She gives voice to the perception of the child welfare system as a punitive system and discusses how the screening and responses are reframing the social control approach as a client centered model that is focused intently on the well-being of children in partnership with their caregivers. Dr. Fusco concludes by contrasting results from rural communities versus urban centers and identifies the unique environmental obstacles present in rural communities. Dr. Rachel Fusco is assistant professor at the University of Pittsburgh School of Social Work. In addition to practice experience with children and families and the child welfare system. Her research interests include the co-occurrence of child maltreatment and exposure to domestic violence factors that mediate outcomes of children who are maltreated or exposed to violence and the impact of parental substance abuse and mental health problems on children's well-being. Dr. Fusco was interviewed by our own Rebecca Rowland Polmanteer MSW Ph.D. student and a member of our podcast Hi Dr. Fusco it's Rebecca. Hi Rebecca. Dr. Fusco thank you for joining us. Thank you for inviting me to talk about my work. Why don't we go ahead and get started. And the first question I want you to address is what do we know about the developmental and mental health needs of young children and the child welfare system. Well we know that a significant number of children in the system particularly young children do have developmental and socio emotional problems. We also know that there seems to be a significant gap between identifying those children and making sure they get needed services. Most of what we know about these children are also about children who are in the foster care system. So we know a little bit less about those children that receive services in their own homes. OK.

[00:04:06] What is the federal mandate for screening children at the child welfare system. Back in 2003 the Individuals with Disabilities Education Act and the Child Abuse Prevention and Treatment Act were amended to have procedures in place to refer all children zero to three with substantiated maltreatment to early intervention services. If problems were identified you know this was a way for the federal government to ensure that these young children with these needs were being identified. Because we do know that early screening can really help to prevent later problems in Pennsylvania. We implemented routine screening in 2008 and in Pennsylvania we have a county based child welfare system. Some child welfare systems in the country are state based and some are really based in the counties meaning counties get to make more decisions on a local level. Although

the counties are still overseen by the state and in Pennsylvania we've really tried to encourage the individual counties to expand their screening criteria so that they go beyond just the Zero to Three substantiated that is mandated by the acts so that they screen children zero to three who are open for any services. Not all of the counties have been able to do that or have chosen to do that. But in Pennsylvania more than half of the counties are currently screening with the expanded criteria. OK that's very interesting. So at the current time there really isn't any federal regulation surrounding screening. There is a regulation but it is solely for children 0 to 3 with substantiated cases.

[00:06:01] But the federal mandate does say those children really need to put some mechanism in place to make sure children are identified or get some kind of services around developmental issues. Ok that makes sense. Can you provide a little bit more information as to what the concept of universal screening is universal screening is just the idea of screening everybody not just pulling out certain subgroups that you think may be at risk. But this whole idea of just screening all of the children that come into the system because if the goal is really early detection early intervention we may be able to capture some problems so early on that there aren't really any obvious manifestations of them yet. And one thing we know about the benefits of early screening. I mean whether it's for anything developmental problems whether it's for cancer or heart disease the earlier we detect problems emerging the more likely we are to be able to intervene in an effective way. So again in this context just really thinking about all young children in the system as potentially having these emerging problems and screening to see if they're there or not. If they aren't there that's great if they are there then we can really move early to try to get them the help they need so that those emerging early problems don't evolve into greater problems down the line. Now why is the concept of universal screening important. There are a few reasons why it's important to screen children universally. The mandate as I said is really focused on children with substantiated cases. Now there is a growing body of research that shows that when we look at children with substantiated cases compared to children who have cases that aren't substantiated meaning there has been no way to really definitively say treatment has occurred.

[00:08:12] We're not really seeing differences between those two groups of children. When we look at behavioral outcomes when we look at developmental outcomes even when we look at recidivism or the likelihood of parents to get referred again to the child welfare system we're not seeing a difference based on substantiation. There are probably a host of reasons for that. One of them being that frankly the reasons children come into the child welfare system are more about broader family risks than they are necessarily just about maltreatment. So the children who are getting referred to the system even if there hasn't been an unfounded case of maltreatment they're more than likely to be living in poverty have parents that are struggling with their own issues different risks like that. There's also a very broad difference in how different counties and even different states end up sort of defining substantiation. So it seems important to really screen all of these children and look at all of the children who come into the child welfare system particularly at a young age as potentially being at risk for developmental and for mental health problems that makes sense. And it's certainly interesting when we consider how both definition and family risk can be different not only within the family system but also within their geographic area whether we define that as a city or town the county or the state. Right. Although the trouble for system nationally certainly has minimum standards that it has to uphold. There is a little bit of flexibility in how decisions are made because decisions ultimately are made at the individual level by individual workers individual supervisors and individual judges that might hear the cases for example.

[00:10:06] So it's really hard to definitively say that all substantiated cases look exactly the same or that any cases really look exactly the same depending on where they're occurring. So again I think that's just more indication that we need to really think about all of these children potentially being at risk so that we can make sure none of them are falling through the cracks that we are able to detect any early problems that may be emerging. Right. And that's where the concept of universal

screening is very important. Exactly right. So we're not sort of just targeting certain subpopulations again I think there's enough evidence now to indicate that going by substantiations status is probably not the best way to think about identifying problems among children in the child welfare system. Right. When we conceptualize screening in terms of social work practice and I know the focus of this podcast is developmental and mental health screening. Are there any certain procedures or measures that any professional typically goes through or is that really on a case by case basis. Well in terms of the federal mandate to help detect early problems that may exist in young children in the child welfare system there is flexibility on the part of the states municipalities to sort of make a determination about how they are going to do that. In Pennsylvania we are doing that by using two pretty well-established screening tools and those screening tools are the Ages and Stages Questionnaire which is a screen that is specifically developed to capture any developmental problems in young children.

[00:12:00] And it has a few different domains that are sort of assessed for and we use a companion screen which is the Ages and Stages Questionnaire social emotional version and that is specifically assessing for any emotional or social competence issues that young children may have. And we have the state has worked very hard to ensure that workers are very well trained on using these screening instruments because this is a new thing in our state as far as I know. Haven't had any initiatives that really require a broad range screening like this particularly done by child welfare workers. We've also really partnered within the child welfare system with the early intervention system in Pennsylvania and the early intervention system are composed of developmental specialists to sort of do this full time. They are really charged with serving the young children who may have any emerging or already established developmental concerns. So in some of our counties early intervention services are actually the ones that are doing the screening in partnership with child welfare in other counties child welfare workers are doing the screening after they receive a significant amount of training and the screenings really involve depending on the child's age. Observing children do different tasks. Parents are also really collaborators in doing the screening because they're able to provide information about their children's activities their children's behaviors particularly around the social emotional issues. So this should really be a partnership with the child welfare system and with the parents or caregivers of the children who are receiving the screenings. The idea of a partnership is something that sounds very valuable as a way to conceptualize screenings and child welfare practice. It really is. And this was a really important element of this.

[00:14:07] Certainly the evaluation of the screening in Pennsylvania as will be no shock likely to you or any of the podcast listeners. Families are not usually thrilled to be involved with the child welfare system. It is unfortunately viewed as a very punitive system. Parents get into the system because of parenting concerns or challenges they're facing. And those of us who work with the child welfare system really feel like we need to think about ways to improve and increase parental engagement with the system. And in Pennsylvania we've seen this through this screening project as part of our evaluation. We have followed up and we have interviewed a sample of statewide random sample of caregivers of children who have been screened and we've talked to them about their experiences with the screening. We wanted to find out did they understand why the screening was happening. Did they feel sort of included in that process. You know how is that really looking on the ground. How is that really working. And we've been really pleased and somewhat surprised that parents have seen the screening process as being very valuable. They have really seen that it is something that is for their children. There is nothing punitive about it in any way. It is really about trying to make sure that any children who need help in the developmental or mental health realms are getting this help. And ideally getting it pretty early on. So the parents have been very positive about the screening and the parents have also really found this to be a tool through which they have learned a little more about child development.

[00:15:57] A lot of people who are parents in this country whether they're involved in any systems

or not aren't always very knowledgeable about child development and there are a lot of complexities to early child development and the parents haven't really felt like they have learned more about these are behaviors we should expect of a 2 year old or these may seem like they are not normal behaviors but they are actually normal for toddler to express themselves in this particular way. So that's been a real we believe sort of benefit of this that it has served not only as potentially a valuable way to capture these emerging concerns in young children but it seems like it has been a tool at least for some parents to really feel more positive about the child welfare system and feel more included in the process of that system. Great, so far we've talked quite a bit about screenings and child welfare practice and some of the benefits up in your opinion. How can screening help to improve child welfare. Pracha I think one of the ways it can really help improve child welfare for practice is that it can really be a way to engage the caregivers who were involved in the system that the majority of people who go into the child welfare system they care about the well-being of their kids. I mean not everybody who comes into the system is just a terrible person who deliberately maltreated their child. And I think this can be a valuable way to give them more information about their children and to partner with the child welfare system in a positive way. This can be a strength space to practice because it is partnering together between caregivers and child welfare workers to really try to attend to the needs of the children and establish and maintain the well-being of children.

[00:17:57] The screening can also potentially serve as a way for the child welfare system to develop stronger partnerships with other agencies that serve the children particularly agencies that serve the mental health needs the developmental needs of these children because we're not obviously just doing the screening to know if there are problems there needs to be the follow up of services in place. We need to make sure there is a flow from the problems being detected to services being received to actually address those concerns. So I think there are a few ways that we can not only ensure the best needs of the child but we can also strengthen relationships with caregivers and strengthen relationships with other agencies that serve these children and families in their communities. I think what you just said is really critical. The idea that approaching screening through a strength based perspective is really how we can use this technique to improve crack there. Exactly. I mean even though we're looking for concerns in the children we're doing it we're coming at this from the perspective of this is not we're not doing these screenings because we want more evidence that you're not doing a good job or there's something wrong with you or your children. We're doing this because we know that these children may be at risk of certain concerns and we just want to catch them early on we want to catch these issues before kids go to school so that hopefully by the time they go to school some of these concerns can already have been addressed and this can be a way that we hope to set these children on the path to having a happy flourishing adulthood. Absolutely.

[00:19:45] Now so far we've talked about child welfare in general but of course the topic of this podcast also touches on the implications for young children in a rural setting. So can you talk a little bit about the needs of child welfare involved children living in rural communities. Yes given that we are in Pennsylvania and Pennsylvania has one of the largest rural populations in the country according to the U.S. Census we felt like it was really important to develop an understanding of the rural children and families that come into the child welfare system. The focus on child welfare has historically been on urban areas and urban concerns are well documented. I think you know urban areas often have pockets of poverty and higher crime rates and things like that. But more and more attention is being focused on rural communities and the kind of challenges that they experience there was in 2010. In addition to a national health initiative called Rural Healthy People 2010 that really wanted to look specifically at the health needs of people in rural areas. And this group identified some critical areas of service need in rural communities and the things that really emerged as the most critical area of service needs were child abuse and neglect substance abuse mental health and intimate partner violence. And of course all of those issues are things that we see

in the child welfare system families involved in the system are often dealing with substance abuse issues dealing with mental health issues and dealing with other forms of violence that may be occurring in their family beyond just child abuse and neglect.

[00:21:41] So we looked specifically at rural counties in this state and we want to compare them to our urban counties and we have very few urban counties in Pennsylvania but they have you know population wise are few urban counties have a lot more population than are many rural counties. And what we found in looking at the results of the screenings that we've done is that actually interests have developmental concerns. The rates seem pretty comparable. So when we looked at the young children screened in urban compared to rural counties the rates of developmental concerns were roughly about 25 percent of all children for each geographic type. When we looked at socio emotional concerns however we found that there is a higher rate of screening concerns in rural counties that in the rural areas we were seeing a little over a third of the children with these early socio emotional concerns whereas in urban areas it's about 20 percent of the children. This is particularly alarming because there are fewer services available in rural communities and there are more barriers to services such as transportation. So even if there is a great child mental health provider in your rural community it may be 20 miles away and you might not have a reliable car and there's no public transit station to get there in rural communities. The majority of mental health services and really services period for children are delivered through schools. So when we're looking at this early childhood Group 0 5 group they're obviously not in school yet. Some of them are able to use headstart and other early programs. But certainly the zero to three year olds are not going to be captured through any kind of school based service.

[00:23:38] So that is somewhat alarming because even though we're identifying these needs there just aren't necessarily the services available for them. Other things we have found when looking specifically at the rural children who have been screened. Children who are in foster care in rural communities are significantly more likely to have developmental problems. In Pennsylvania there's about twice as likely to have positive developmental screens. We're not seeing that big of a jump in urban counties the developmental problems seem to be just as likely in children who stay in their own homes. That's really the only difference we've seen in terms of the developmental problems in the rural versus the urban groups. Again though when we look specifically at socio emotional problems in the rural children being screened we're finding that these children are much more likely to have been referred to the child welfare system for caregiver substance abuse issues compared to all of the other reasons the children could be referred into the system. Again this is alarming because there are not necessarily many substance abuse services that are going to be available for these caregivers in rural communities. I mean service availability is a problem really everywhere is a problem in urban communities as well and even urban areas that have a lot of services there may be long waiting lists. But there are some counties not just in Pennsylvania I'm sure but in other rural communities in the country where some of these services just don't exist or services are very limited. There might be one substance abuse agency that needs to serve hundreds of people.

[00:25:29] So we're concerned about that disconnect that is likely existing here between what the needs are of the children and families in our system and what services are actually available. And we are in the process of trying to take a finer look at that by gathering service utilization data to really be able to clearly document. I mean we strongly suspect that these gaps exist based on what exists in the literature and what we know exists in our state. But we really want to be able to document if these problems are detected. What's happening next. Are these parents in rural communities able to get mental health services if they need them or substance abuse services if they need them. Are the young children able to get those services. And I suspect again we are going to find that the counties just aren't able to keep up with the needs that exist right. And I think what you've just highlighted is so critical because you're identifying how people with children as well as rural communities in general. There is this idea that there is limited to no services as well as a

multitude of access barriers. And here we are as either researchers or practitioners trying to come together to address this problem. Right. So really we're finding that the problems are at the same level and in some respects a little greater than they are in the urban communities certainly around the socio emotional issues but that we know the services are a small percentage of what they are in the urban communities. So that's certainly a concern for practitioners and policymakers. And we really need to think about how we can improve service delivery whether that be through using more sort of telemedicine resources.

[00:27:19] I mean well a lot of people would say that's not ideal and I agree that's not ideal to perhaps have people in an isolated community be participating in mental health services over the phone or potentially using technology like Skype but that is certainly better than not being able to deliver any services. And frankly it's probably not realistic that given the state of our national economy and all the things that are going on that in the next few years we're going to see a great increase in services in these underserved areas. So we really need to maybe stop just fretting about the fact that they're not there we kind of know they're not there. I think we need to start thinking about more creative ways that we can deliver those services to people in these isolated communities. I do agree because like you mentioned when you were speaking there it's sort of well documented in a variety of areas that there are certain Akehurst challenges as well as service challenges in rural communities that like you touched on may exist in urban areas. But some research like that that you conducted is identifying that it adds to a greater degree and rural areas. So now we sort of need to come together to come up with a plan for implications for interventions and policies and really ID. Absolutely. That's exactly right. We really need to think about the next step right now in thinking through what you guys are currently doing. Do you have any future directions as far as your research that you know of relating to this area.

[00:28:56] Well as I said we really want to be able to empirically document these service gaps that we suspect exist and really be able to look at state data to find out if children and also potentially caregivers are receiving the necessary services they need. Because as I said earlier screenings are great but screenings in and of themselves don't necessarily do anything the screenings have to result in better service provision. Kering so we want to be able to document that. We are also trying to think about ways that we can improve service delivery particularly around the mental health needs of these young children not just in the rural communities but statewide because the reality is when we're looking at very young children 0-5 who are already showing some socio emotional concerns some issues of social competence there really aren't many services for those children period. I mean nationally I mean this is I think universally a pretty underserved population. We're really sort of behind and thinking about the mental health needs of very young children. And it's only been pretty recently that we've even thought about very young children having mental health needs and who for a long time we believe that children were just naturally resilient and were sort of immune to any problems early on. We've sort of evolved past that. I mean yes children can have wonderful resilience but if children are from a very young age growing up in they're seeing and experiencing a lot of violence and other potentially traumatizing events that may occur. We really need to try to intervene with them as early as possible so that these early mental health problems don't develop into later issues of substance abuse or delinquency or other areas that seem to sometimes be outcomes of early problems that aren't addressed.

[00:30:58] So we're really trying to think about ways that we can more clearly identify the specific mental health needs of young children and also how we can be more effectively delivering services to this very vulnerable and quite underserved population. Right. So almost using the SS and screening period as a way to inform later behavior or to introduce interventions to change later behavior. Right. Exactly. Exactly. And it would be wonderful to be able to really sort of follow some of these children longitudinally to see has this. Does this seem to have made a difference if we could have a comparison group of other children who didn't have this early screening but maybe

had other risks. Is this really making a significant difference in their outcomes. Because we really want to prepare children to have a long and happy and healthy life. And hopefully all children regardless of any risk they may start out with can have that opportunity if we can get them some help that they may need early on in their development. Absolutely. Now so far in our discussion we've covered quite a bit of information at this point. Is there any additional information that you'd like to share or things related to your research you'd like to include for the podcast listeners. One thing I wanted to say when talking about universal screening. Another thing that has sort of emerged from our research is that and this also goes back to substantiation not being a great marker of problems. Another thing that we're finding is that in some counties they have chosen to screen not only the child referred to the child welfare system but other children that may be living in the household.

[00:32:53] So a child could be referred for any reason potential neglect or whatever it might be. But that doesn't mean their siblings are automatically involved in that system. Sometimes they are sometimes they aren't but in some counties the agencies have determined that we're going to screen every child that is in that household whether that is a sibling or maybe that's other kin or other children that may be living in the household and to provide some further evidence that sort of the risks that get children into this system are really what might be driving some of the outcomes we see we have actually found that other children in the household who are screened so children who are screened who aren't the target of the referral are also showing developmental and socio emotional problems. So again that provides evidence that maltreatment substantiation is not the only thing we need to be concerned about. That they're just growing up in sort of at risk families and communities can possibly contribute to having some early problems that we need to be identifying. That's very interesting. Yeah. We didn't really expect that. We weren't even sure what to do with those kids but we decided you know it was worth taking a look at them. And again we did find that they're also there showing concern rates. In fact in the rural communities they're actually showing slightly higher rates of socio emotional concerns than the child who is the subject of the referral. Wow. That's also again very interesting. Yeah. Now whether this is the socio emotional concerns in rural communities whether this is related to more isolation and less opportunity to interact with people outside your family.

[00:34:44] It's hard to pin down exactly what this is related to but there's definitely something there that needs further exploration as to why these children involved in the child welfare system in rural communities are really showing these inflated rates of socio emotional problems. Right. And I think these findings really point the need for additional research like you mentioned to really explore that concept further and tease apart what do we do with these findings and how do we make sense of it. Absolutely yes. This is the very beginning of a long term work I think in trying to better understand the specific needs of this population and how we can best serve them. Right. We greatly appreciate your taking the time to meet with us today and discuss your research and your findings and what the implications for the information are for young children and rural setting. Well I really do appreciate the opportunity to talk about this work. I think it's really important and hopefully it will be interesting and informative to the listeners of the podcast. You've been listening to Dr. Rachel Fusco discuss developmental and mental health screening and child welfare and living proof. Hi I'm Nancy Smith Professor and dean at the University at Buffalo School of Social Work. Thanks for listening to our podcast. For more information about who we are our history our programs and what we do we invite you to visit our website at www.socialwork.buffalo.edu. At UB we are living proof that social work makes a difference in people's lives.