Introduction
Greater collaboration between child welfare and early intervention programs is being encouraged at the federal level through statutory provisions requiring referrals of children involved in the child welfare system for developmental screenings. More recently, the federal government has issued several memoranda to child welfare agencies, state child care administrators and Head Start and Early Head Start grantees and delegate agencies encouraging collaboration between ECE and child welfare. These statutory requirements and policy guidance reflect the critical role child welfare caseworkers can play in addressing the developmental needs of young children involved in the child welfare system by connecting them with targeted interventions through the Early Intervention/Preschool Special Education programs under IDEA (EI) as well as ECE programs such as Early Head Start/Head Start.

Once children are connected with these interventions, the memoranda also stress the importance of establishing ongoing partnerships between caseworkers and ECE providers. These professionals are in frequent contact with the child and have the knowledge to effectively identify and address developmental needs. In formal and informal ways, they can offer assessments of the child’s developmental progress and alert caseworkers to any problems that might warrant attention. They are also in frequent contact with the child’s foster or biological parent if the child is remaining in the home under a family preservation plan, and can offer support to them, as well as useful insights to caseworkers, about the child’s home situation.

Methodology
This mixed method, exploratory case study was conducted in Colorado between 2004 and 2007 (the final report was released in 2009) and examined the constraints and facilitators of collaboration between child welfare, EI and ECE to address the developmental needs of young children ages 0 to 5 who are involved in the child welfare system.

- **Field Study** – 134 interviews with key stakeholders in five selected counties

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1 Specifically, amendments to the Child Abuse and Treatment Act (CAPTA) require that states which receive funding under the Act establish procedures and processes for referring all children under age three who are in cases of substantiated abuse and neglect to Part C of IDEA for screening. Mirroring the CAPTA requirement, Congress in 2004 added a provision to the reauthorization of IDEA that requires states participating in Part C to refer for early intervention services any child under the age of three who is involved in a substantiated case of child abuse or neglect; or is identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.


3 In this summary, both programs under IDEA will be referred to as EI.

Selected Findings Related to Early Care and Education

Levels of Awareness
While most caseworkers and judicial personnel interviewed were aware of the increased risk for developmental delays among young children involved in the child welfare system, they typically did not emphasize ECE programs as a developmental intervention unless a child had already been found through an evaluation to have a developmental delay.

Findings indicate that many of children involved in the child welfare system are not enrolled in ECE programs. Over half (52.2%) of caseworkers surveyed reported that less than half of their 3-5 caseload were enrolled in an ECE program. Almost three-quarters (72.7%) had less than half of their 0-2 caseload enrolled.

Only about half of caseworkers (53.6%) surveyed reported having received any training on the role ECE can play in a child’s development. A similar proportion (51.0%) of foster parents surveyed reported receiving training on this topic.

Less than one in ten caseworkers (8.1%) rated their knowledge of ECE programs as “excellent” and almost half (47.1%) rated their knowledge as only “basic.”

Most caseworkers interviewed did not seem to be as aware of the preventive benefits of enrollment in ECE for all “at-risk” children and instead considered it only as an intervention after a child had been identified as having a developmental delay.

In interviews with court personnel, it also seemed that Judges were much more likely to recognize EI programs as an intervention than to consider ECE programs when adjudicating cases.

Training of Key Players
Despite evidence of the positive impact of training on caseworker practice, many caseworkers and foster parents did not believe that the training available to them on these topics was adequate.

While a large majority of caseworkers (81%) and foster parents (85%) reported receiving training on basic child development, they were much less likely (53.6% and 51.0% respectively) to receive training on the role ECE can play in enhancing child development, how to identify and access quality care and how to form partnerships with ECE providers. However, those caseworkers who did receive that training were more likely to perceive themselves as knowledgeable about ECE (62.1% vs. 43.1% rated their knowledge as “good” or “excellent”)⁵. They were also more likely to enroll children ages 3-5 in an ECE program compared with those without training (73.6% vs. 62.8%).⁶

ECE providers lacked training on the unique needs particular to young children in the child welfare system and what strategies they could employ to meet those needs.

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⁵ $\chi^2=10.69, p < .001$

⁶ Based on proportion of caseworkers reporting that more than 20% of the children ages 3 to 5 on their caseload were enrolled in ECE. $\chi^2=3.51, p < .10$
Findings suggest that ECE providers need training on the effect of early trauma on child development and appropriate interventions in the classroom for children involved in the child welfare system. As an example, one ECE director interviewed commented, "I don't know what to say to a child who says, 'I don't see my mommy because she hits me.' We usually send him over to play with blocks." Another provider stated that often when children return from visitations, she finds it hard to know what to say or how to comfort them when they become upset. Head Start providers were more likely than other ECE providers to report having access to relevant training on these issues, as well as on-site support from mental health specialists.

Access to Child Care Assistance
Policies regarding eligibility for child care assistance may be hampering access to ECE programs

Policies regarding child care assistance can create barriers to access for those foster parents who are not working and/or who have incomes too high to qualify. The Colorado Child Care Assistance Program (CCCAP) requires foster parents to meet the same requirements for eligibility as other parents – they must be employed and have incomes low enough to qualify. According to a number of interviewees, when foster parents are employed, the foster payments they receive almost always make their income too high to qualify for CCCAP. And, if they aren’t employed, then they are ineligible for that reason.

While "special circumstances" child welfare funding under Title IV-E is available in Colorado to qualifying biological parents of children in the child welfare system to cover child care costs, this funding normally lasts for only three months and is intended more to cover the need for respite for parents or for the safety of the child, rather than to support any longer-term enrollment. In most counties, foster parents are ineligible for these funds – it is expected that foster parents would pay for child care out of the payments provided by the child welfare agency to support the child; an assumption many foster parents said was unrealistic.

Lack of capacity of ECE programs, quality concerns and other barriers to access
Both foster parents and caseworkers described other challenges enrolling children in ECE programs. More than one third (38.1%) of caseworkers and 26.2% of foster parents reported having problems accessing care. One of the main reasons cited was “limited space, waiting lists.”

Child care providers, child care R&Rs and child welfare caseworkers stated that many public preschools, including Head Start, grant priority to enrolling children in the child welfare system, particularly if they are in foster care. Unfortunately, survey findings indicated that three-quarters of foster parents (74.1%) were not aware of this policy. Other issues of access cited included the time-consuming challenge of obtaining necessary immunization records which may not have followed the child, difficulty finding an ECE program that would accept children with special needs and the cost of care and work schedules that conflict with hours of operation of the ECE program.

A number of caseworkers expressed concern about the quality of the ECE programs available. One caseworker said that in her area, with the exception of Head Start, most of the ECE programs serving low-income children were deemed to be of low quality under Colorado’s Quality Rating System. She felt that if she couldn’t enroll children in Head Start, they would be better off at home.

Collaboration/Coordination/Communication
Agency-level collaboration between child welfare and EI was evident, although the extent varied from county to county. However, ECE programs (with the exception of Early Head Start/Head Start) often were not included.

Three of the five counties involved in the field study had formal assistance in setting up collaborations among child welfare, Part C, Early Head Start and public health agencies for children ages 0 to 3.

“Early Head Start and Head Start would be good for all of the young children we serve so why aren’t we getting more kids into them?”

DSS Supervisor

“I have seen cases where [collaboration] is successful and cases where it is not. There needs to be more coordination. Sometimes early childhood feels like the least significant part of the team. Early childhood people have a lot to give – they know a lot about the child.”

- ECE provider
In those counties, collaborations, at least with regard to the youngest children, appeared to be stronger.

However, ECE providers said they were infrequently included in these efforts and even where formal collaborations were established, their inclusion usually did not extend beyond Early Head Start/Head Start.

**Practice-level collaboration, communication and information sharing was uneven.**
The results of interviews and survey data indicate that effective collaboration between staff in the three systems studied is not happening consistently at the practice level. As one measure of the degree of information sharing between child welfare and the EI system, caseworkers were asked if they regularly receive copies of reports of evaluations for children on their caseloads. Less than half reported that they *automatically* (without having to request it) receive that information from Child Find (40.5%) and only a little over one-third automatically receive results from the Part C entity (37.8%). One in five (19.0%) reported *never* receiving a report from Child Find and 20.3% reported never receiving results from the Part C entity.

There was evidence that courts can play an important role in prompting more communication and information sharing across systems. Caseworkers stated that the fact that they have to report about a child to the court often prompts them to call the child’s EI service coordinator and/or specialist *if* they expect that the developmental needs of the child will be raised in the court hearing. This suggests that it may be particularly important for judicial personnel to regularly request information about the developmental needs of every child whose case comes before the court and to include referrals to EI and ECE programs in their court orders.

Findings also indicated that sometimes, because of confidentiality issues, key players in a child’s life aren’t aware that the child is involved in the child welfare system. For example, ECE providers reported having little interaction with caseworkers and often didn’t know about a child’s involvement in the child welfare system, particularly if the child was still in the custody of his or her biological parents and receiving child welfare services, which is common. While they understood that confidentiality is a major factor, they still felt that the child’s safety might be at risk if they were not at least informed about custody issues. They also felt that an awareness of the child’s situation would assist them in handling sensitive situations that might arise and in recognizing any signs of developmental concerns.

**Suggested Strategies Related to ECE**

**Early Care and Education Policy**

*Goal:* Expand access to quality ECE programs for children in the child welfare system.

- Expanding the capacity of quality ECE programs to enroll at risk children in the child welfare system by increasing funding for Early Head Start/Head Start and other public ECE programs.

- Ensuring that all publicly-funded ECE programs give priority to enrolling children in the child welfare system. In Colorado, the Colorado Preschool Program and most Head Start Programs do this already. Outreach efforts to inform key players of this policy should be conducted.

- Adopting the existing federal option to allow children receiving child protection services to qualify for child care subsidies even when their caregivers do not meet the work and income eligibility requirements other parents must meet to qualify.

- Giving priority to caregivers of children in the child welfare system in providing child care subsidies where there is a waiting list for child care assistance.

**Record Keeping and Sharing of Information**

*Goal:* Improve information sharing among key players and strengthen administrative record keeping

- Interagency MOUs outlining protocols and procedures should be developed at the state and county levels to address issues of confidentiality raised by the various laws governing the education, child welfare
and health care systems so that information relevant to a child’s development can be shared on a “need to know” basis between key players.

- **Within the confines of confidentiality, all key players need access to up-to-date information on each child**, including the results of developmental assessments, receipt of EI services, enrollment in ECE programs, etc. This information should be included on health and education “passports” which should accompany each child and protocols and procedures should be developed to clarify roles and responsibilities for sharing this information and keeping it up-to-date. This data also needs to be available to allow state policymakers to determine, in the aggregate, the extent to which children’s development is being assessed and children referred for EI and ECE interventions.

**Training**

*Goal:* Expand and strengthen cross-training opportunities across the systems examined in this study.

Based on the study findings, key components of such a training system should include the following:

**Subject:** *Child development and early intervention*

**Audience:** All players in the child welfare system including caseworkers, foster parents, court personnel

- Developmental milestones
- Early warning signs of developmental disabilities
- Importance of early intervention
- Importance of establishing a lead person to be primarily responsible for monitoring the development of the child and raising concerns
- Use of a formal screening tool to assess development
- How to refer children for early intervention or preschool special education
- Parental consent issues
- Integration of planning for an individual child and family across systems (e.g. IFSP and family service plan under child welfare)
- IFSP and IEP process and role of caseworker and foster parent in IFSP/IEP meetings

**Subject:** *Understanding the Early Care and Education System*

**Audience:** All players in the child welfare system including caseworkers, foster parents, court personnel

- What is quality ECE and how high quality care enhances child development
- Resources for enrolling children in ECE programs and assistance in paying for child care and how to access these
- Priority enrollment policies in ECE programs

**Subject:** *Communication and Collaboration*

**Audience:** All players in the child welfare system including caseworkers, foster parents, court personnel

- How to address confidentiality issues with other players in child’s life (foster parents, ECE providers, medical providers, EI/Preschool SPED case managers and specialists)
- How ECE providers and EI/Preschool Special Education specialists and case managers can act as vital sources of information on the child and family
- How to involve the courts in addressing the developmental needs of children

**Subject:** *Addressing the needs of young children in the child welfare system in the early intervention and ECE settings*

**Audience:** ECE providers and EI/Preschool special education case managers and specialists

- Impact of early trauma on child development
- Understanding the child welfare system, including mandated reporter provisions, confidentiality, etc.
• Help with specific situations that might occur in the child care or early intervention setting
• Effective ways of communicating with parents involved in the child welfare system
• Acting as a source for information about the child’s and family’s well-being for caseworkers
• Integration of planning for children and families across systems (e.g. the Individual Family Service Plan under IDEA Part C and the family service plan under child welfare)

**Interagency Planning and Collaboration**

**Goal:** Strengthen interagency planning and collaboration between child welfare, EI/Preschool SPED and ECE systems in order to better meet the developmental needs of young children in the child welfare system.

- **Greater use of Memoranda of Understanding at the county and local level** regarding the roles and responsibilities to ensure that children in the child welfare system are linked to the services they need, what protocols should be established for information sharing across systems and what training each sector would need to play their roles effectively.

- **At the state level, interagency efforts to resolve issues that may be hindering collaboration at the local level** should continue in order to address such issues as parental consent, information sharing and confidentiality and policies regarding eligibility for child care assistance and ECE enrollment priorities.

**Colorado Initiatives since this Study was Conducted**

Colorado mirrors other states in the challenges it has faced in developing collaborative strategies to address the developmental needs of young children in the child welfare system. However, since *Children at Risk* was completed, Colorado has made significant strides in bringing about the collaboration needed to connect children to EI and ECE interventions and form partnerships across systems. These include:

- Going beyond federal law by requiring that all children ages 0 to 5 (instead of 0 to 2) who are involved in substantiated cases of abuse and neglect be referred for a developmental screening.

- Greater promotion of attention to developmental needs among Judges hearing child welfare cases

- Increased collaboration, interagency agreements to make policies more uniform across counties

- Development by Cutler staff of a DVD to use as a training tool to raise awareness of this topic with multiple audiences

- Development by Cutler staff of a cross-systems training curriculum for multiple audiences, including ECE providers, on meeting the developmental needs of this population.

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http://www.muskie.usm.maine.edu/schoolreadiness/

To download the Colorado DVD, go to:

http://tatis.muskie.usm.maine.edu/pubs/pubdetailWtemp.asp?PUB_ID=V060048

To download the full report, go to: