

What Happens to Our Children After They Are Identified As At Risk for Delays?

The Importance of Using Program Information to Guide Screening Practices

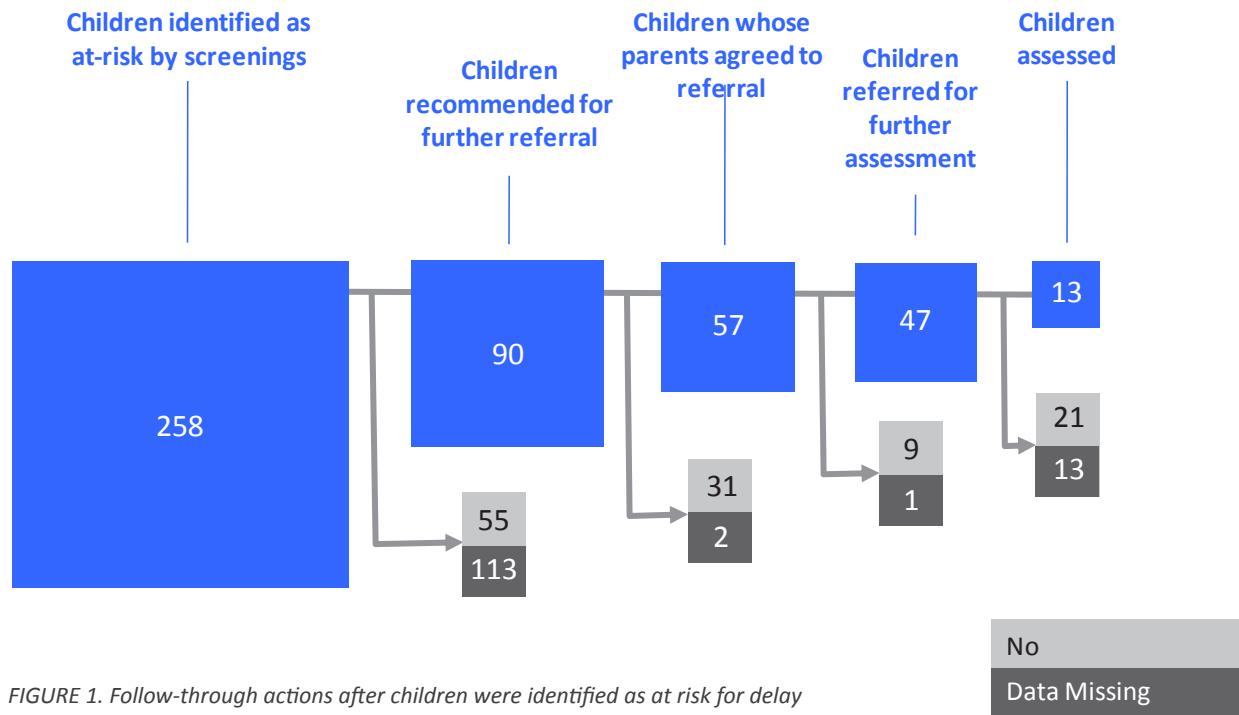


FIGURE 1. Follow-through actions after children were identified as at risk for delay

Supporting children’s development and readiness for kindergarten is a focus for many programs that provide screening services to young children. However, screenings are effective only if findings are used to identify and refer children for whom further evaluation and early intervention services are warranted. This brief examines how a network of community-based programs assessed the quality of their support, follow-through, and documentation once children were identified by screenings as at risk for delay. The driving question was, “Once we identify our kids as at-risk for delay, how effectively do we connect them to services for further evaluation?”

Program staff screened children for delays with standardized measures¹ and documented screening results, referral actions, and referral decisions in a central database². Analysis of data associated with referral

actions and decisions revealed a system-wide failure in connecting at-risk children to early intervention for further evaluation. FIGURE 1 summarizes the progress of children identified as at risk for delay through the referral process and shows that only 13 out of 258 children (i.e., 5%) identified by screenings were documented as being assessed by an early intervention provider for a delay or disability³. Close examination of programs’ data revealed that staff recommended further evaluation by an early intervention provider for only 35% of children found at risk for delay on screenings. This means that staff did not document and/or did not recommend further evaluation for up to 65% of the children found to be at risk. Why did so few staff recommend further evaluation? Additionally, of the 35% of children for whom staff did recommend further evaluation, only 63% of their families agreed to pursue referrals. When staff did make recommendations,

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why did so few parents agree to pursue them? Lastly, 129 responses were missing in the database—why did so much information go undocumented in the data system (See Figure 1’s “Data Missing” categories⁴)?

Information from data analyses and interviews with staff and families lent some insight into these questions and helped programs identify clear-cut areas for quality improvement. The areas of improvement included the following needs:

- providing clearly communicated policies and expectations around referral and documentation practices;
- providing multiple ways for staff to support families through the referral process (e.g., making appointments, addressing agency policies around missed appointments, providing transportation, and accompanying families to evaluations);
- openly addressing staff concerns with raising developmental concerns “too soon” with families; and
- providing staff with professional development opportunities (e.g., training, coaching, supervision) to develop skills around addressing sensitive and potentially misunderstood topics with families such as skill development, early intervention and special education services, and diagnostic labels.

Fortunately, this network of programs had the foresight to document and the commitment to use program information to inform discussions about quality improvement. Data analysis and staff interviews clearly revealed areas where breakdowns occurred in training, referral, service coordination, and supervision and where quality improvement efforts can be focused.

Initially, our central question was, “How well are programs supporting families in getting further evaluation, once children are identified at-risk for delay?” However, as we worked through the layers of information, we discovered that the issue was not just about supports for children and family, but also about necessary supports for staff and programs. Furthermore, the process of analyzing and profiling service delivery information reinforced how important it is for programs to have efficient mechanisms such as streamlined data, reporting, and feedback procedures that enable them to identify their strengths and weaknesses as a means to improve service delivery and address support needs. Another important question has yet to be answered: what other areas of programming and support, such as staff capacity and alternative screening models, need to be examined and addressed?

Notes

¹ Ages and Stages Questionnaires, 2nd and 3rd Editions and Ages and Stages Questionnaires: Social-Emotional

² Documenting information in this manner permitted analysis of screening processes and outcomes by the Office of Child Development’s Division of Applied Research and Evaluation (DARE).

³ In addition, 3% or 8 children from this group were admitted to early intervention services.

⁴ A considerable amount of information was simply missing from the database (i.e., the 129 pieces of missing information reflected by the numbers in the “missing data” or black boxes), which reflects a need for a strong systems of checks and balances to help ensure that program records and database information are up-to-date and complete.

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