Webinar begins at 12:30pm Central, 1:30pm Eastern, 10:30am Pacific

PROMOTING POSITIVE CHILD DEVELOPMENT

in YOUNG LATINO CHILDREN of IMMIGRANTS INVOLVED with CHILD PROTECTIVE SERVICES

EARLY INTERVENTION and CHILD WELFARE

Funding support provided by the Lois and Samuel Silberman Fund in the New York Community Trust
PRESENTERS

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School of Social Welfare

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University of Kansas
Center for Public Partnerships & Research

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University of Kansas
School of Social Welfare
INTERESTED IN CEU’S TODAY?

- Listen to the entire webinar
- Complete a 10 question quiz after the session
- Further instructions to follow
INTRODUCTION

Early Intervention

Young Children of Immigrants (0-3 Years)

Latino Children and Families

Child Welfare
POLLING QUESTION

In which area of practice or policy do you have the most experience?

A) Latino Children and Families
B) Child Welfare
C) Early Intervention
D) Another field of practice/policy
LEARNING OBJECTIVES

Promoting Positive Child Development in Young Latino Children of Immigrants Involved with Child Protective Services: Linking Early Intervention & Child Welfare Services

Understand the effects of child abuse and neglect on the developing brain

Learn about the unique strengths and vulnerabilities of Latino children of immigrants and their families

Be introduced to the Part C provisions of the Child Abuse Prevention and Treatment Act
LEARNING OBJECTIVES (cont’d)

Promoting Positive Child Development in Young Latino Children of Immigrants Involved with Child Protective Services: Linking Early Intervention & Child Welfare Services

- Hear about promising practices for collaboration between child welfare and early intervention
- Learn of promising practices for engaging immigrant Latino families in child welfare and early intervention services
WEBINAR AGENDA

Child Maltreatment and the Developing Brain

Young Latino Children of Immigrants: Health, Well-being and Development

Exploring the Benefits of Early Intervention

Policies Linking Child Welfare and Early Intervention Services

Promising Practices from the Field
PART 1

Child Maltreatment and the Developing Brain
BRAIN HEALTH and EARLY EXPERIENCES

The Critical Developmental Period of Early Childhood

A Time of Rapid Brain Development

Environmental Influences Matter

Healthy Interactions + Optimal Learning = Positive Outcomes
HOW BRAINS ARE BUILT
The Critical Developmental Period of Early Childhood
# DEVELOPMENTAL MILESTONES

The Critical Developmental Period of Early Childhood

<table>
<thead>
<tr>
<th>Physical</th>
<th>Cognitive</th>
<th>Social/Emotional</th>
<th>Language/Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Gross motor</td>
<td>• Intellectual abilities</td>
<td>• Feelings and emotions</td>
<td>• Perceiving, understanding</td>
</tr>
<tr>
<td>• Fine motor</td>
<td>• Mental abilities</td>
<td>• Attachments, relationships</td>
<td>and producing communication</td>
</tr>
<tr>
<td>• Physical growth</td>
<td></td>
<td>• Independence</td>
<td>and language</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Self esteem</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Temperance</td>
<td></td>
</tr>
</tbody>
</table>
# KNOWN CAUSES OF DEVELOPMENTAL DELAY

The Critical Developmental Period of Early Childhood

<table>
<thead>
<tr>
<th>Physical</th>
<th>Cognitive</th>
<th>Social/Emotional</th>
<th>Language/Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Genetic conditions</td>
<td>• Genetic conditions</td>
<td>• Cognitive delays</td>
<td>• Muscular problems</td>
</tr>
<tr>
<td>(spina bifida, cerebral palsy)</td>
<td>(Down syndrome, other conditions)</td>
<td>• Autism spectrum disorders</td>
<td>• Autism spectrum disorders</td>
</tr>
<tr>
<td>• Diseases of the muscles</td>
<td>• Exposure to alcohol, toxins</td>
<td>• Abuse and neglect</td>
<td>• Hearing loss</td>
</tr>
<tr>
<td>(ataxia, myopathy)</td>
<td>(e.g., lead poisoning)</td>
<td>• Ineffective parenting</td>
<td></td>
</tr>
<tr>
<td>• Prematurity</td>
<td>• Neglect</td>
<td>• Attachment problems</td>
<td></td>
</tr>
<tr>
<td>• Cognitive delays</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Vision problems</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
U.S. CHILD POPULATION
Below the Age of 3 Years

31% of All Children in the U.S. (12,003,322)

27% of All Child Maltreatment Victims (185,367)

Source: USDHHS (2015)
DEVELOPMENTAL DELAY

Children in the General Population vs. Children in the Child Welfare System

Source: Centers for Disease Control (2015); Zimmer & Panko (2006); Stahmer et al. (2005); Casanueva et al. (2008); Casanueva et al. (2012)
CHILD MALTREATMENT
and the Developing Brain

Child Maltreatment Increases Risk for Developmental Problems

Children with Developmental Problems at Greater Risk for Child Maltreatment
IMPACT OF CHILD ABUSE AND NEGLECT

Cognitive Impact

Early differences in corpus callosum

Lower average IQ score

Increased likelihood for special education

Hippocampus: learning & memory

Significant reduction in brain volume
IMPACT OF CHILD ABUSE and NEGLECT

Impact on Physical Development
- Delayed gross motor skills
- Growth delays
- Increased BMI & obesity

Emotional & Behavioral Impact
- Disorganized & insecure attachments
- Externalizing problems (e.g., aggression)
- Internalizing problems (e.g., depression)
- Emotional reactivity & deficits in emotional processing

ADVERSE CHILDHOOD EXPERIENCES (ACE)

ACE Study

Adverse Childhood Experiences

Whole Life Perspective

Conception

Scientific Gaps

Social, Emotional, & Cognitive Impairment

Adoption of Health-risk Behaviors

Disease, Disability, & Social Problems

Early Death

Death
ADVERSE CHILDHOOD EXPERIENCES (ACE)

ACE Study

**HEALTH** Chronic obstructive pulmonary disease (COPD); ischemic heart disease (IHD), liver disease, health-related quality of life

**SUBSTANCE ABUSE** Alcoholism and alcohol abuse; illicit drug use; early initiation of smoking; smoking

**REPRODUCTIVE HEALTH** Early initiation of sexual activity, multiple sexual partners, sexually transmitted diseases (STDs); unintended pregnancies; adolescent pregnancy; fetal death

**VIOLENCE** Risk for intimate partner violence

**MENTAL HEALTH** Depression; suicide attempts

Source: http://www.cdc.gov/violenceprevention/acestudy
EARLY INTERVENTION

Positive Impacts of Early Intervention

- Positively impact later intelligence & grade retention
- Intervene in maltreatment
- Reduce the need for special education services
- Improve family functioning, thereby lowering risk of future maltreatment
Child Maltreatment and the Developing Brain

- Early childhood is a critical developmental period.
- Child maltreatment during the early years can have significant, lifelong consequences.
- Adverse experiences can change the architecture of the brain.
Child Maltreatment and the Developing Brain

Adverse experiences can contribute to negative life health outcomes in childhood and in a child’s future.

Early intervention can mitigate some of the effects of adverse experiences in early childhood.
PART 2

Young Latino Children of Immigrants: Health, Well-being and Development
LATINO CHILDREN IN THE U.S.

Largest, fastest growing racial/ethnic minority group of children in the U.S.

Today, 1 in 4 children is Hispanic; by 2050, more than 1 in 3 Hispanic

More than 90% U.S. born, U.S. citizens

More than half have at least one parent born outside U.S.

Among Latinos, diverse backgrounds, heritage associated with unique protective and risk factors
LATINO CHILDREN IN THE U.S.

In some states, more than half of children are Hispanic

DEMOGRAPHICS

Percent of children who are Hispanic, 2013

Hispanics can be of any race. All race/Hispanic origin data are self-reported.

Source: Child Trends' calculations of 2013 postcensal population estimates, from the U.S. Census Bureau.
POLLING QUESTION

What percentage of Latino children reside in your state?

A. 2-7%
B. 8-14%
C. 15-22%
D. 23-59%
PROTECTIVE AND RISK FACTORS
The Critical Developmental Period of Early Childhood

Protective Factors

High proportion of two parent families
Strong family values
Strong social/emotional skills
Increased enrollment in early childhood education
Bilingualism
Religiosity

Source: Child Trends, 2014; Dettlaff, Johnson-Motoyama, & Mariscal, 2015
PROTECTIVE AND RISK FACTORS
The Critical Developmental Period of Early Childhood

Risk Factors

Disproportionate rates of poverty, food insecurity
Neighborhood poverty
Crowded housing
Immigration related stressors, language barriers
Lower access & utilization of well child visits & health services
Less likely to have health insurance

Source: Child Trends, 2014; Dettlaff, Johnson-Motoyama, & Mariscal, 2015
LATINO CHILDREN OF IMMIGRANTS

Health in Early Childhood

Health advantages in infancy (e.g., infant mortality, low birth weight) tend to erode in early childhood

- Less likely to be fully immunized & more likely to have tuberculosis
- Lower likelihood of vision screening
- Greater likelihood of dental cavities & lower likelihood to receive treatment
- More likely to be overweight, obese
- Parents more likely to have concerns about development when compared to other groups

Source: Dettlaff, Johnson-Motoyama, Mariscal, 2015; Flores et al., 2002
Population of Latino child maltreatment victims has grown with the general population

14.2% in 2000 to 22.4% in 2013

Approximately 22% of children in foster care are Latino

Latino children are disproportionately overrepresented in foster care in some states (Colorado, Connecticut, North Dakota, Massachusetts, Maine, New Hampshire, Rhode Island, Utah)

Source: USDHHS (2015); Dettlaff (2014)
CHILD MALTREATMENT
Among Latino Children

Latino children of immigrants tend to be at lower risk of involvement with child protective services (CPS) when compared to children of U.S. born Latinos

• Pattern observed across Latino subgroups (Mexican, Puerto Rican, Cuban, Central American, Other Hispanic)

• Partly explained by:
  • Protective factors among immigrant families
  • Differential surveillance by mandated reporters

Source: Putnam-Hornstein et al. (2014); Johnson-Motoyama et al. (2014)
NSCAW II
National Survey of Child and Adolescent Well-Being

Sample
- N=2,527 children; mean age 18.3 months; 56.1% male
- 34.7% Black; 30.1% white; 22.9% Hispanic children of U.S. born caregivers; 6.9% Hispanic children of immigrant caregivers

Study Design
- Nationally representative; cases selected from 81 counties in 30 states nationwide
- Data collection completed between April 2008 and Dec. 2009
## CHILD MALTREATMENT

Among Young Latino Children (0-3)
Who Come to the Attention of Child Protective Services: NSCAW II

<table>
<thead>
<tr>
<th>Maltreatment Type***</th>
<th>Total (n=2527)</th>
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<th>Immigrant Caregiver (n=174)</th>
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<td>12.6%</td>
<td>10.3%</td>
<td>32.8%</td>
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<tr>
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<td>13.9%</td>
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**Child Setting**

| In-home | 86.4% | 91.0% | 82.8% |
| Formal/informal kinship care | 8.0% | 4.6% | 9.8% |
| Foster care/other out of home care | 5.6% | 4.4% | 7.3% |

Note. *p<.05, **p<.01, ***p<.001.
Source: Johnson-Motoyama, Moses,, Conrad-Hiebner, & Mariscal, (under review)
## CHILD MALTREATMENT

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DEVELOPMENTAL DELAYS Among Young Latino Children (0-3) Who Come to the Attention of Child Protective Services: NSCAW II

Note. *p<.05, **p<.01, ***p<.001.
Source: Johnson-Motoyama, Moses,, Conrad-Hiebner, & Mariscal, (under review)
SUMMARY – Part 2

Young Latino Children of Immigrants: Health, Well-being and Development

Latino children largest, fastest growing racial/ethnic minority group of children in the U.S.

More than 90% of Latino children are U.S. born and U.S. citizens

Several protective & risk factors influence development of Young Latino children
Young Latino Children of Immigrants: Health, Well-being and Development

Young Latino children of immigrants experience disproportionate burden of health related risk factors for developmental delay.

Young Latino children of immigrants involved with CPS more likely to experience delays in certain aspects of development when compared to other groups.
PART 3

Exploring the Benefits of Early Intervention
EARLY INTERVENTION

System of services that helps babies and toddlers with developmental delays or disabilities

- Physical
- Cognitive
- Communication
- Social/emotional
- Self-help
IDEA PART C

Individuals with Disabilities Education Act Services in every U.S. state and territory

Eligibility determined by evaluating the child

Based on developmental delay or disability
Part C

Early Intervention

Birth to Three
Early Steps

Early On
First Steps
Helping Hands

Early ACCESS
Child Development Services

tiny k

Infant-Toddler Services

Early Learning Services

Family Infant Toddler Program
Pam Shaw, M.D.
Developmental Pediatrician, University of Kansas Medical Center
Standardized developmental screening tools should be routinely administered in the health care setting to all children at 9, 18 and 24/30 months of age and whenever there is parental or provider concern.
### EPSDT

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early</td>
<td>Assessing and identifying problems early</td>
</tr>
<tr>
<td>Periodic</td>
<td>Checking children's health at periodic, age-appropriate intervals</td>
</tr>
<tr>
<td>Screening</td>
<td>Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems</td>
</tr>
<tr>
<td>Diagnostic</td>
<td>Performing diagnostic tests to follow up when a risk is identified, and</td>
</tr>
<tr>
<td>Treatment</td>
<td>Control, correct or reduce health problems found.</td>
</tr>
</tbody>
</table>

*Source: Medicaid.gov*
THE IMPORTANCE OF SCREENING

70% of children with developmental disabilities and mental health concerns are not identified until school entry.

King and Glascoe, 2003; Halfon et al., 2004; Silverstein et al., in press

Implementation of the Ages and Stages Questionnaire (compared to “pediatrician developmental impression” alone) led to a 5-fold increase in early intervention referrals at 12 months and a 2-fold increase at 24 months.

Hix, Marks et al., Pediatrics 2007
SCREENING TOOLS

Issues
- Age of child
- Validity
- Reliability

Common Tools
- Ages & Stages Questionnaire
- Parents’ Evaluation of Development Status (PEDS)
- Denver
EARLY INTERVENTION IN YOUR STATE

What’s Your State’s Definition

National Early Childhood Technical Assistance Center (NECTAC)

http://www.nectac.org
EARLY INTERVENTION SERVICES CAN...

Prevent & mitigate effects of child abuse and neglect

Improve parenting skills & strengthen families

Improve the child's developmental, social, and educational gains

Reduce the future costs

Reduce stress that families may experience

Increase use of positive behavior strategies and interventions
SUMMARY – Part 3

Exploring the Benefits of Early Intervention

Early Intervention is a system of supports specifically for children with developmental delays or disabilities

Early Intervention is available in every state and territory

Developmental screening is important for all children

Early Intervention has positive impacts on child and family outcomes
POLLING QUESTION
I have referred to early intervention services:

A) Frequently
B) On Occasion
C) Rarely or Never
D) N/A – I work in early intervention
PART 4

Policies Linking Child Welfare and Early Intervention Services
A PROMISING PARTNERSHIP
Child Welfare and Early Intervention

Under the Child Abuse Prevention and Treatment Act (CAPTA), all children under the age of 3 who are

• the subject of a substantiated case of abuse or neglect, or
• identified as being directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure

must be referred to the early intervention program

In 2004, the Individuals with Disabilities Education Improvement Act was reauthorized with language that paralleled CAPTA, opening the door to a promising partnership
HOW THE CHILD WELFARE SYSTEM WORKS

Suspected child abuse or neglect.

Professional or community member reports suspected abuse to CPS. Worker screens report.

Report is “screened in.”

Safety concerns exist and/or risk is significant.
CPS investigates.

Evidence of abuse or neglect: “Substantiated” or “Founded.”

Safety concerns and risk are moderate.

Insufficient evidence of abuse or neglect: “Unsubstantiated” or “Unfounded.”

There are no safety concerns and risk is low.

CPS may conduct a family assessment.

Child welfare or community-based services may be offered to address family needs.

No services are found to be appropriate. Family may be referred elsewhere.

Situation does not meet the State’s definition of maltreatment, or too little information is supplied. Report is “screened out.” Caller may be referred elsewhere.

Source: https://www.childwelfare.gov/pubPDFs/cpswork.pdf
### NSCAW II

**National Survey of Child and Adolescent Well-Being**

#### Sample
- N=2,527 children; mean age 18.3 months; 56.1% male
- 34.7% Black; 30.1% white; 22.9% Hispanic children of U.S. born caregivers; 6.9% Hispanic children of immigrant caregivers

#### Study Design
- Nationally representative; cases selected from 81 counties in 30 states nationwide
- Data collection completed between April 2008 and Dec. 2009

#### Major Findings
- 18.2% of study children in substantiated cases referred for developmental services
- 11.1% of study children in substantiated cases received developmental services
# DISPARITIES IN REFERRALS to Developmental Services, Children 0 to 3: NASCAW II

<table>
<thead>
<tr>
<th>Child Referred for Developmental Services</th>
<th>Black</th>
<th>White</th>
<th>Hispanic US</th>
<th>Hispanic FB</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>10.7%</td>
<td>12.1%</td>
<td>12.6%</td>
<td>14.8%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Substantiated**</td>
<td>15.4%</td>
<td>21.3%</td>
<td>12.2%</td>
<td>34.5%</td>
<td>30.9%</td>
</tr>
<tr>
<td>Unsubstantiated</td>
<td>8.4%</td>
<td>8.5%</td>
<td>13.0%</td>
<td>3.4%</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

Note. *p<.05, **p<.01, ***p<.001.

Source: Johnson-Motoyama, Moses, Conrad-Hiebner, & Mariscal, (under review)
DISPARITIES IN SERVICES RECEIVED
for Developmental Services, Children 0 to 3: NASCAW II

<table>
<thead>
<tr>
<th>Child Received Developmental Services</th>
<th>Black</th>
<th>White</th>
<th>Hispanic US</th>
<th>Hispanic FB</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>4.2%</td>
<td>7.7%</td>
<td>7.7%</td>
<td>4.7%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Substantiated*</td>
<td>5.7%</td>
<td>16.7%</td>
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<td>17.5%</td>
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<tr>
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DEVELOPMENTAL DELAYS, CHILDREN 0-3
Who Come to the Attention of Child Protective Services: NSCAW II

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Source: Johnson-Motoyama, Moses, Conrad-Hieber, & Mariscal, (under review)
MULTIPLE BARRIERS CONTRIBUTE to Disparities in Referral, Access & Service Receipt

Child Welfare System

Early Intervention Service System

Disparities

Latino Children of Immigrants and Their Families
SUMMARY – Part 4

Policies Linking Child Welfare and Early Intervention Services

CAPTA requires substantiated child welfare cases for children 0-3 to be referred to early intervention services.

18% of children in substantiated cases are referred for developmental services, and 11% in substantiated cases receive services.

Disparities in referral and service receipt exist based on the child’s race/ethnicity, and among Hispanic children, by caregiver birthplace.
SUMMARY – Part 4 (cont’d)

Policies Linking Child Welfare and Early Intervention Services

Multiple barriers contribute to disparities in referral and service receipt

Barriers can be addressed to improve outcomes for all children and families and to reduce racial/ethnic disparities through cross-systems solutions!
POLLING QUESTION

What percentage of children 0-3 in substantiated reports of maltreatment receive a referral to early intervention services in your jurisdiction?

A) 0 – 25%
B) 26 – 50%
C) 51 – 75%
D) 76 – 100%
RECAP OF CAPTA

....by requiring a referral to early intervention services for all children under the age of 3 who are involved in a substantiated case of child abuse, neglect, or have been exposed to illegal drugs.
ACROSS THE STATES

Los Angeles County Coordinated Services Action Team

Massachusetts Early Childhood Linkage Initiative

Healthy Start Program
PROMISING PRACTICES OVERVIEW

COLLABORATIVE EFFORTS
- Harbor Area Early Intervention Program
- Massachusetts Early Childhood Linkage Initiative
- The Starting Young Program
- LA County Coordinated Services Action Team

CULTURAL COMPETENCE
- Healthy Start Program
- Ethnic matching
- Language/community/family
- Promotoras

JUDICIAL SUPPORTS
- Surrogate parents
- Court Appointed Special Advocates
- Court orders/Court personnel
- NY State Permanent Judicial Commission on Justice for Children

STAFFING/SPECIAL POSITIONS
- The Foster Care Project
- Boundary spanners
- Child Welfare Navigators
- Public health nurses

TRAINING/EDUCATION
- Flowchart & Joint Training
- Specialized Training
- Collaborative Professional Development
- LA County Coordinated Services Action Team

WRITTEN COMMUNICATION
- Standardized forms
- Memorandum of understanding
- Interagency meetings, guidebook
- Weekly e-mails
COMMON ELEMENTS/PATTERNS

Carefully crafted communication strategies

Innovative placement and positioning of highly qualified personnel

Collaboration between systems and with family systems
PROMISING PRACTICES

COLLABORATIVE EFFORTS
- Harbor Area Early Intervention Program
- Massachusetts Early Childhood Linkage Initiative
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CULTURAL COMPETENCE
- Healthy Start Program
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- Language/community/family
- Promotoras

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STAFFING/SPECIAL POSITIONS
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- Boundary spanners
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- Public health nurses

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- Specialized Training
- Collaborative Professional Development
- LA County Coordinated Services Action Team

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WRITTEN COMMUNICATION

Memorandum of Understanding

Roles & responsibilities
Issues with confidentiality addressed

Weekly Emails

From child welfare to early intervention services, lists all new substantiated cases involving a child 3 years of age and under

MEMORANDUM OF UNDERSTANDING

Connecticut Department of Children and Families and
Connecticut Department of Developmental Services

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Introduction

I. DDS Roles and Responsibilities

II. DCF Roles and Responsibilities
“I DON’T KNOW WHAT THEY KNOW”

“We are [both] here for one reason — one reason only — the families. To help the families: and this is why we do the work that we do.”

“"I Don't Know What They Know": Knowledge transfer in mandated referral from child welfare to early intervention

April D. Allen a,b,c,*, Justeen Hyde d, Laurel K. Leslie b
PROMISING PRACTICES

COLLABORATIVE EFFORTS
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Use of training facilities

Reached out to partner organizations to determine topics

Collaboratively developed training

Topics tailored to the needs of the attendees

Opportunity to attend trainings at both sites/offices

Built a stronger sense of understanding, collaboration, and strengthened professional skills.
PROMISING PRACTICES

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BOUNDARY SPANNERS

Child Welfare Navigators

Consultation (mental health)
Assist families
Guide toward services
Reduce caseloads
Bridge between child welfare to engage in early intervention
**PROMISING PRACTICES**

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ETHNIC MATCHING/PROMOTORAS

- Similar ethnicity
- Understand the values and norms
- Increased trust
- Living & working in community
- Sharing important information
- Connecting to services
MIGRANT SEASONAL HEAD START

Licensed, bilingual speech pathologists, equipped with their bicultural knowledge and past migrant experience:

- effectively connected with families
- expressed the benefits of preserving home language
- Encouraged engagement in EI services
- taught parents advocacy skills
PROMISING PRACTICES

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Service providers can capitalize on flourishing family trees by including friends, extended family, and step relatives during sessions and family training.
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Quarterly meetings

Joint trainings

On-site childcare
RESOURCE GUIDE

For Parents, Caregivers, Practitioners, Physicians, Interventionists, & Individuals Working with Young Latino Children in Immigrant Families

NATIONAL & KANSAS/MISSOURI REGIONAL RESOURCES
SUMMARY – Part 5

Promising Practices from the Field

- Carefully crafted communication strategies
- Innovative placement and positioning of highly qualified personnel
- Collaboration between systems and with family systems
FUTURE DEVELOPMENTS

Measurement of developmental delay among bilingual and Spanish speaking children and families

Best practices in early childhood and child welfare work with immigrant families

Please share your stories
THANK YOU