Identification and Assessment of Children with Developmental Disabilities in Child Welfare

Patrick Shannon and Christine Tappan

The purpose of this study was to examine the ability of a Child Protective Services (CPS) screening and investigation process to identify children with developmental disabilities. The study used an emergent design, ethnographic interviews, purposive sampling, inductive data analysis, and grounded theory building. Ethnographic interviews were conducted with foster families, administrators, intake screeners, special investigators, and workers in one local CPS office. Participants expressed concern about the prevalence of children with developmental disabilities, lack of understanding of developmental disabilities, their ability to identify disabilities, and training to improve CPS workers' ability to identify children with developmental disabilities. Findings suggest a need to improve screening, determine strategies to improve interview reliability, develop the capacity to conduct developmental assessments, and improve the referral process for unfounded allegations.

KEY WORDS: assessment; child protective services; developmental disability; screening

There are several reasons why it is important for Child Protective Services (CPS) to identify children with developmental disabilities. First, children with developmental disabilities are more likely to be maltreated than are children who do not have developmental disabilities. Studies examining the prevalence of maltreatment of children with developmental disabilities have varied in their findings, pointing to an increased risk ranging from a 1.5 to 10 times greater likelihood of children with developmental disabilities being maltreated than other children (Ammerman & Balderian, 1993; Crosse, Kay, & Ratnofsky, n.d.; Sullivan & Knutson, 2000; Westcott & Jones, 1999). Second, CPS systems already serve significant numbers of children with developmental disabilities (Govindshenoy & Spencer, 2006; Sullivan & Knutson, 2000). Takayama, Wolfe, and Coulter (1998) estimated that two-thirds of children in foster care were experiencing developmental delays. Third, developmental services are critical for children who enter CPS systems because they often have unmet developmental needs (Cassanueva, Cross, & Ringelsen, 2008). Developmental outcomes can be improved substantially with early identification and early intervention (Giardino & Hock-Long, 2003). Finally, the CPS screening and investigation process offers an opportunity to identify disabilities and refer for services and community supports regardless of maltreatment substantiation.

The Administration on Developmental Disabilities defines a developmental disability as a physical or mental impairment that begins before age 22 that alters or substantially inhibits a person's capacity to do at least three of the following (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Developmental Disabilities, 2011): (1) take care of themselves, (2) speak and understand clearly, (3) learn, (4) walk or move around, (5) make decisions, (6) live independently, and (7) earn and manage an income. This definition has evolved from a classification based on a diagnosis such as cerebral palsy, epilepsy, or mental retardation to a definition based on functional impairment. However, it is important to note that the literature in the following review often refers to disabilities in general, often in terms of how the term has been defined in administrative data sets. Administrative data sets that include disability variables tend to focus on more global categories such as physical or mental disability, special needs, and chronic health concerns, and often there are overlapping categories such as mental health and disability. Therefore, our review of literature uses whatever term the authors of a particular study used, our Findings section uses the terms that participants used.

Few state CPS systems identify and report the prevalence of disabilities (Kendall-Tackett, Lyon, Taliaferro, & Little, 2005; Shannon & Agorastou,
2006). Consequently, it is difficult to determine the percentage of children in CPS systems with disabilities (Ammerman & Balderian, 1993; Bonner, Crow, & Hensley, 1997; Camblin, 1982). Casanueva et al. (2008) examined the developmental needs of children ages zero to three in CPS systems and reported that 35.2 percent had developmental delays significant enough to make them eligible for Individuals with Disabilities Education Act (IDEA) Part C early intervention services. However, they reported that only 12.7 percent of these children actually received Part C services. Further, Casanueva et al. reported that children whose maltreatment was unsubstantiated were more likely to be experiencing developmental delays. According to Balderian (2005), 15 percent to 17 percent of all children have a developmental disability; therefore, it is reasonable to suggest that the child welfare population includes an equal representation of children with developmental disabilities. It is also reasonable to suggest that the percentages within child welfare populations may be higher if we consider the fact that children with developmental disabilities are at greater risk of maltreatment and that there is evidence that less than 30 percent of abuse of children with disabilities is reported (Hershkowitz et al., 2007).

It is also important for CPS workers to understand the patterns of maltreatment of children with developmental disabilities.

**PATTERNS OF MALTREATMENT OF CHILDREN WITH DISABILITIES**

In a population-based study of the prevalence of disabilities in CPS, Sullivan and Knutson (2000) reported that children with disabilities were 3.8 times more at risk for neglect, 3.1 times more at risk for physical abuse, 3.8 times more at risk for sexual abuse, and 3.9 times more at risk for emotional abuse than were other children. Children with severe disabilities are three times more likely to be abused by a parent (Westcott & Jones, 1999). According to Kvam (2000), boys with disabilities are more likely to be maltreated than are girls with disabilities. Children with severe intellectual disabilities were found to be at highest risk for maltreatment, followed by children with behavioral disorders, speech/language disorders, and health impairments (Crosse et al., n.d.). Children with disabilities were victims of more serious physical and sexual offenses than were other children, and they were more likely to report repeated sexual abuse (Govindshenoy & Spencer, 2006). Children with disabilities also reported more injuries related to physical abuse than did other children. Perpetrators were more likely to be parental figures of the victims (Hershkowitz et al., 2007). As a result, identifying children with developmental disabilities during the screening and assessment process is critical to protecting them and serving their unique needs.

**SCREENING AND ASSESSMENT OF SUSPECTED MALTREATMENT**

Screening and triage of children and families is the first priority of CPS. The process determines if the system will open an investigation to assess an allegation of abuse or neglect and, if the allegation is substantiated, the type of response. Screening efforts are critical when children have disabilities, because these children are less likely than children without disabilities to report maltreatment. According to Hershkowitz et al. (2007), children with disabilities failed to disclose abuse more often than did typical children and were more likely to delay disclosure by at least one month. The failure-to-disclose pattern was especially strong in cases of suspected sexual abuse. Kvam (2000) suggested that children with disabilities are reluctant to report maltreatment because of their dependence on caregivers, tendency to be compliant with requests made by caregivers, absence of control over their daily lives, feelings of isolation, and lack of ability to understand the concept of maltreatment.

CPS investigators must determine child safety, if abuse or neglect has occurred, if there are other children in the household who may have been maltreated, and if a child is at risk for future maltreatment. Screening and assessment of allegations of maltreatment of children with disabilities present unique challenges. Perceived reliability of reports of maltreatment by individuals with disabilities has been an issue with investigators and the courts (Keppell & Hatton, 1999). Aarons, Powell, and Browne (2004) reported that police officers and prosecutors place a lower priority on cases involving children with intellectual disabilities because these children are viewed as unreliable witnesses. Children with intellectual disabilities can be susceptible to acquiescence (for example, answering "yes" to questions), confabulation (for example, replacing gaps in memory with distorted information), and suggestibility (for example, being
susceptible to leading questions) during interviewing. However, children with intellectual disabilities can provide reliable reports when investigators learn their communication styles and use communication aides (Kebbell & Hatton, 1999). Communication between CPS investigators and children with developmental disabilities can be a major challenge. Children with developmental disabilities often have limitations related to communication and may require communication devices, facilitated communication, interpreters, or the assistance of someone who understands the child's communication style (Konstantareas, 1998). The purpose of this study was to examine the ability of a CPS system's intake screening and assessment process to identify children with developmental disabilities.

METHOD
Setting
This inquiry was conducted in a northeastern state. Interviews were conducted at the state level (for example, state CPS administrators, special investigators, and central intake workers) within one district CPS office and in the homes of foster care families. The office was piloting a program that involved the introduction of two developmental specialists into the CPS office to work collaboratively with program staff. The developmental specialists provided technical assistance, education, and support to CPS office staff to improve capacity for early identification and referral of children experiencing developmental delays to early intervention services. They also provided information, support, resources, and referrals for families whose children were identified as having developmental concerns.

Participants
A purposive sampling technique (Lincoln & Guba, 1985) was used to select participants representing five stakeholder groups: (1) foster care families, (2) child welfare administrators, (3) central intake workers, (4) special investigators, and (5) CPS office staff. A total of 33 participants were interviewed, including an expert in the field of child welfare; four state-level administrators (an agency director, an assistant director, a data coordinator, and a director of clinical services); six central intake workers; two special investigators; five foster care mothers; and 15 CPS office staff, including a supervisor, five assessment workers, six family service workers, an education specialist, a nurse, and a foster family support specialist. Child protection workers at the CPS office level were either assessment workers or family service workers.

Procedure
This study was approved by a university institutional review board. Constructivist methods were used and involved the use of an emergent design, ethnographic interviewing, purposive sampling, inductive data analysis, and grounded theory building. Findings were negotiated with participants through a member-checking process, and mutual understanding was sought by comparing and contrasting participant perspectives to strive for the highest level of mutual understanding about children with disabilities and CPS (Lincoln & Guba, 1985). Data collection and analysis occur simultaneously in constructivist inquiry. The process-level relationship between data collection and analysis stimulates communication between participants, which Lincoln and Guba (1985) call the "hermeneutic dialectic process." This was initiated during data collection by sharing information from each interview with successive participants and sharing new information with previous participants. A reflexive journal was used to record methodological decisions, working hypotheses, and themes that emerged. Interviews were conducted with participants in their natural settings. All interviews were conducted by both authors, one of whom is a white, non-Hispanic man in his early 40s with 15 years' experience working in the developmental disability field. The other author is a white, non-Hispanic woman in her early 40s with 15 years' experience working in CPS. At least one follow-up contact was made with every participant for clarification and to ask participants to respond to data that emerged in subsequent interviews.

This was the guiding research question: "How prepared is this CPS office for identifying children with developmental disabilities who have been maltreated?" The interview protocol began with open-ended questions like this: "What do you think I need to know about children with developmental disabilities in child welfare?" However, as participants identified issues, questions emerged that focused on the most relevant concerns for participants. The semistructured interview schedules included five questions regarding knowledge of developmental disabilities, screening and assessment process, challenges to conducting interviews with children with developmental disabilities.
An allegation of maltreatment made to CPS sets a very confusing and complex chain of events in motion.

disabilities, collaboration between child welfare and developmental services, and training needs. Data were recorded via field notes. Although less fidelity than is obtained via audio recording is obtained from field notes, Lincoln and Guba (1985) believe that using field notes instead of recording devices provides a better quality of data. Interviews were recorded in a field note journal and expanded within 24 hours using Microsoft Word. The average interview duration was 90 minutes.

Data Analysis. Data analysis occurred in two stages. First, after each interview, new data were compared with existing data to identify working hypotheses to be tested in subsequent interviews. This process is part of the emergent design strategy of focusing on issues relevant to stakeholders. Second, after completion of the final interview, all transcripts were entered into the qualitative data analysis program Atlas.ti: The Knowledge Workbench (Scientific Software, 2009). We began formal data analysis by unitizing data, which involved collapsing the data into individual pieces of information (Lincoln & Guba, 1985). Atlas.ti assigns each data unit a unique identifier that includes the interview number (for example, FF3, which stood for foster family participant number 3), page number(s), and line numbers where a data unit appeared. Approximately 1,400 data units were coded. Once data were unitized, all data units were compared using the “constant comparison” method (Glaser & Strauss, 1967) and sorted into conceptual groups, called “codes,” in Atlas.ti. These codes were assigned labels (for example, defining disability, and we compared them with each other in Atlas’s network view to discern patterns that evolved into themes. We conducted five iterations of this process to eliminate overlap between categories.

Establishing Rigor. Several methods were used to establish rigor: triangulation, peer review, member checking, and reflexive journaling. Data were triangulated by comparing perceptions of all participants, reviewing methodological decisions and interpretations of data with consultants from each stakeholder group, and observing staff meetings and reviewing documents such as annual reports and training manuals. Forty hours of peer review were conducted during this inquiry. The peer reviewer was a colleague with experience as a CPS investigator and qualitative researcher. We completed member checks during data collection with every participant by asking him or her to respond to emerging concepts. We conducted a comprehensive member check by asking 12 participants representing each stakeholder group to review the case report and assess its accuracy in depicting their perspectives. Changes indicated in the member check were included in the case report. An independent audit of the research process, using Halpern’s algorithm, was conducted by an auditor over a three-day period, and a report of the process was completed (Lincoln & Guba, 1985).

FINDINGS

An allegation of maltreatment made to CPS sets a very confusing and complex chain of events in motion. The process often involves the courts, law enforcement, medical providers, schools, families, and children. Participants in this study described the process as being even more challenging when the child had a developmental disability. Participants highlighted important concerns about the prevalence of developmental disabilities in CPS, understanding of what constitutes a developmental disability, the impact of developmental disability on screening and assessment, and perceived supports to improve the system’s ability to identify and assess the needs of children with developmental disabilities and their families.

Perceived Prevalence

CPS workers insisted that the prevalence of children with developmental disabilities in CPS was high. For example, a special investigator said, “Almost every child we see has a disability of some kind.” A family service worker stated, “It is rare to have a child on my caseload that does not have a developmental problem.” Another CPS worker stated, “I don’t care what the estimates of developmental disability in CPS are, I know that 100 percent of our kids have some level of disability.” This perspective was shared by all of the assessment and family service workers in this office. It is difficult to determine the percentage of children with developmental disabilities in CPS because the database used to track information on children placed in care has many gaps. For example, an assessment worker said, “If I want to know how many children have autism, I have to go through
every case file and count the number, and that is not accurate because we don't always document it." A family service worker said, "I wish the system flagged specific disabilities and would tell me what to expect from the disability."

**Understanding Developmental Disability**

CPS workers struggled with the concept of developmental disability. They indicated that they were not provided with a definition in their educational degree programs or in any on-the-job training. One family service worker said, "Some of us use the Americans with Disabilities Act (ADA) definition or the Individuals with Disabilities Education Act (IDEA) definition, but mostly we define it ourselves." This was a sentiment expressed by all staff in this office. That is, because they were not provided with guidance about what constitutes a developmental disability, they drew on their personal experiences and knowledge to make this determination.

Defining developmental disability conceptually is challenging, and operationalizing developmental disability can create confusion in practice. For example, one participant demonstrated this confusion when she said, "This is the last screen we complete when closing an assessment. It asks if there are any disabilities; if we click "yes," we get a drop-down list. The list includes disabilities such as Down syndrome, but then it has categories like "drug exposed," "maternal substance abuse," and "uses a wheelchair." These are not disabilities.

An assessment worker reported her decision process this way: "I define a disability as any problem that requires supports to maintain the person in their community." Another assessment worker stated, "If I don't see it, there is no disability. I mean, is it documented by a school or a doctor? I am not qualified to diagnose a disability."

Many CPS workers expressed concern about their knowledge of developmental disabilities and their understanding of how to serve a child with a disability. For example, one assessment worker said, "I see kids put into the wrong placement because workers diagnose and place inappropriately. I refer to professionals who are trained to assess children for whatever the problem may be." A family service worker stated, "There is so much to know that we could never become experts about developmental disabilities." Participants expressed this discomfort in relation to the screening and assessment process.

**Screening and Assessment Process**

Intake screening and assessment is a difficult process, especially when intake workers have to consider the potential increase in risk when a child has a developmental disability. CPS workers charged with assessing how to intervene in substantiated cases of maltreatment may experience challenges in communicating with children with disabilities and conducting reliable interviews. What follows is a description of both processes and how intake and assessment workers have struggled with how to respond when there is a suspected developmental disability. Participants also described some ideas and training needs they felt would improve the process.

**Intake Screening.** Intake screeners have a limited time to gather information and determine whether there is enough information to substantiate maltreatment and determine safety and level of risk. They gather information from three different sources: (1) the person making the report, (2) records, and (3) collateral contacts. If none of these sources indicate the possible presence of a developmental disability, then no developmental disability is noted on the screening assessment report. The intake process focuses on assessing safety and the presence of maltreatment. Disability is considered and treated as a safety and risk variable. Screeners' role is not to assess needs related to the presence of a disability. For example, one intake worker said, "Disability is looked at if it is believed to relate to safety and risk. If the child has a disability but does not impact safety or risk, then I don't record it." An administrator said, "These kids have many risk factors: parental substance abuse, violence, poor nutrition, and trauma. A developmental issue is just another risk factor, and that is how we treat it." Another intake worker said, "It is up to the reporter to identify a developmental disability. Often, this is a vague comment like 'he acts a little funny.' We contact collaterals like doctors or schools to get some detail." Other intake workers said that they contact hospitals, developmental disability providers, family members, or other providers who know the child.

Several intake workers felt that the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) (HIPAA) has made it difficult to gather information about disabilities. An
intake screener said, "I screened a child who had hospitalizations related to a disability. But, because of HIPAA, the hospital would not release information. It made it difficult to determine what the disability was and how it impacted the child."

Another screener said, "I understand the purpose—we shouldn't call everyone a family knows just because the child may have a disability. We have to protect the family's privacy." However, another intake worker stated, "Pediatricians and family doctors are helpful with screening. They give us what we need for our investigation."

Two intake workers reported that they had worked in the developmental disability field prior to working in CPS. Both indicated that they recorded information about disabilities because they have the experience to identify them. For example, one of them said, "I write a detailed description of disability in the narrative. The assessment worker needs the information for the investigation and to decide on placement." Once a report has been substantiated, the case is sent to the local CPS office for a complete assessment.

Assessment. The CPS office manager reported that "rarely do we receive information from intake about disability, unless it directly relates to safety and risk assessment. Even when we do see disability information in the narrative, it rarely includes specific information." An assessment worker reflected this sentiment when she said, "It is hard to know what to do when we get a case that indicates 'child has possible disability.' We don't know what the problem is, how the disability affects the child, and how it effects our investigation." One of the primary concerns expressed regarding assessment was with interviewing children with disabilities.

Interviewing Children with Developmental Disabilities. Communication was a concern for assessment workers when conducting interviews with children with developmental disabilities. For example, one assessment worker said, "When we have a child with a disability, it affects their ability to communicate in an interview." All of the assessment workers agreed that communication issues have been a challenge with children with disabilities. Following are some examples:

"I needed a sign language interpreter for an interview, but was unable to find one for the interview."

*I* * * * * 

"I struggle with children with cerebral palsy. I can't understand them, which is frustrating for all of us."

"It is hard enough interviewing six-year-olds, but when you add mental retardation, it is much more difficult."

A special investigator said, "We contact the facility and ask if the child has a disability and if there are communication issues. However, we still get cases where the record mentions nothing about a disability, but one is clearly present." Assessment workers reported having to rely heavily on the family to translate for the child.

Assessment workers, family service workers, and special investigators expressed concern about the reliability of interviews with children with disabilities. One assessment worker said, "I have been working with a girl with mental retardation whose cognitive abilities are such that I wonder if she can assess what happened to her." Another worker said, "Reliability is an issue. How do I know when a child with disabilities is accurately reporting if they were abused?" And another assessment worker suggested that "the key is to have people there to conduct the interview who know the child and can understand them." Finally, one assessment worker pleaded, "I need more time to interview a seven-year-old with mental retardation. I need to find a person to help me create a profile of the child's behaviors, skills, and communication abilities."

Improving Identification and Assessment of Children with Developmental Disabilities

Participants were concerned about improving the capacity of their child welfare system to identify and serve children with developmental disabilities. At the same time, many participants expressed concern about their ability to screen and assess for developmental disabilities. They suggested strategies for infusing external developmental expertise into their daily practice and defined specific training needs.

Developmental Expertise. An assessment worker stated, "We are not developmental experts. We look to those who are [personnel in] schools—do they qualify for special education? We also use baby steps for assessment." Another added, "All we do is look..."
for red flags and ask for help with developmental assessments.” Assessment workers felt that the most accurate sources of information were parents who are willing to assist with the investigation. For example, an assessment worker said, “I talk with parents and ask them how to talk to their child. What behaviors do you find frustrating, and what calms them down?”

CPS workers indicated that they do not want to conduct developmental assessments, but they want access to developmental specialists for assessment and service planning. A supervisor said, “Other offices have positions for mental health and substance abuse. We could really use a developmental specialist.” A family service worker said, “Developmental specialists from an early intervention program help us identify disabilities, identify resources, and refer for services.” An assessment worker added, “The developmental specialist completes the assessment, which helps me prepare for the interview. Unfortunately, she is not always available.” The Baby Steps program has been useful in other ways as well. Several assessment and family service workers reflected the following sentiment: “The developmental specialist tells me if parents are doing the right things with their children and can tell me what behaviors are related to the disability.” Another participant said, “They know the families better than me, and they can help the parents be better parents.” Access to resources was another perceived benefit. One participant said, “The Baby Steps staff knows the complex systems in place that can be of help to families and to us.”

According to a supervisor, the presence of developmental specialists has resulted in a higher developmental disability identification rate, and they have been able to provide basic developmental services and refer children with disabilities and their families to early intervention or school-based programs. The following statements reflect these outcomes:

“They are able to spend time with parents that we cannot and dig deep into their problems.”

“They provide quick services, information, education and they put parents at ease by explaining what is happening with their child.”

“Being there in the beginning means they are able [to] identify problems early and do some-thing to improve the child’s developmental outcomes.”

Finally, a supervisor said, “The developmental specialists have prevented abuse in high-risk families that need help by providing support.”

**Training.** Participants highlighted several training needs related to children with developmental disabilities. For example, an assessment worker said, “We need to understand the difference between normal and abnormal development, but we also need to know how disabilities impact development and how to make accommodations.” A foster care nurse said, “I need training about specific disabilities. It would help me help families.” A consistent concern voiced by assessment workers was the need for training related to interviewing children with cognitive disabilities. For example, one assessment worker said, “I would like to see training that focuses on how to interview children with mental retardation.” Another lamented, “I investigated the sexual abuse of a young girl with an IQ of 40. I could not interview her and did not know how to investigate the family’s needs.” Another said, “I have no training about interviewing children with autism or mental retardation, but I see these kids all the time.” However, although participants felt that they needed training, they were clear that training was not the sole answer to improving services; collaboration with experts in the disability field remains essential.

**DISCUSSION**

The findings from this study suggest that children with developmental disabilities are not being regularly identified by CPS. The CPS system studied is similar to other CPS systems in that developmental disability is viewed as a risk factor instead of an issue requiring specialized interventions (Shannon & Agorastou, 2005). Hershkowitz et al. (2007) recommend that CPS develop identification and assessment procedures for children with disabilities to help them to disclose maltreatment, improve communication during the interviewing process, and provide emotional support and interventions tailored to meet their unique needs. It has been encouraging that states are beginning to implement programs to screen and assess children for developmental disabilities and refer them to developmental service providers. Some examples are the Early Identification Project in Colorado (see http://www.jfkpartners.org/content/pdf/interagency guidebook.pdf) and the
CPS systems can focus on bringing community partners together to support the needs of children with developmental disabilities and their families.

Educational and Developmental Disability Specialist Project in Texas (see http://www.ofps.state.tx.us/About/Renewal/CPS/medical.asp). Also, the Keeping Children and Families Safe Act of 2003 (PL. 108-36) requires that all children under the age of three whose maltreatment is substantiated receive a developmental screening through IDEA Part C early intervention services. CPS workers are ideally placed to identify children in need of developmental services. Yet the skills necessary to conduct developmental screening and assessment may be beyond what is reasonable to expect from CPS workers.

Limitations and Implications for Future Research
Qualitative research provides in-depth analyses from a small number of people, but it does not produce generalizable data. However, the present data can be tentatively applied beyond the context of this study. Thus, there are several implications for future research on this topic. First, more research is needed to determine the numbers of children with developmental disabilities and delays in CPS systems. Research is needed that explores the complexities of working with children with developmental disabilities in CPS systems. Finally, research focusing on issues that cross system boundaries (for example, mental illness, health issues, disabilities) that negatively affect children with developmental disabilities will be important for improving services.

Implications for Social Work Practice
One way to improve CPS practice for children with developmental disabilities might be to follow the recommendations of the American Public Human Services Association (APHSA) (1999) that CPS systems should adopt a flexible response to families with unique issues. The APHSA suggested the use of differential response systems that focus on family assessment for families perceived to be low risk or who have unique needs. Families that include a child with a disability often lack adequate resources, formal and informal supports, awareness of community supports, and knowledge of their child’s developmental needs. Focusing on family assessment for low-risk families can serve a preventive function. According to a national policy review of local CPS agencies conducted by the U.S. Department of Health and Human Services (HHS) (2003), 20 states reported that they have policies related to alternative response, and nearly two-thirds of local agencies (1,660) are piloting some form of alternative response. By 2006, at least 29 states had operating differential response programs in place (Zielewski, Macomber, Bess, & Murray, 2006). Providing family assessment as a voluntary alternative to investigation means that CPS workers could respond in less threatening ways than they currently do and focus on identifying needed services. Families that include children with developmental disabilities face significant challenges and can benefit from resources such as respite services, parent-to-parent support, day care providers willing to accept children with disabilities, access to financial resources such as Social Security Disability Insurance, access to health care and dental services, and help negotiating with school systems to support their children’s education.

Viewing CPS as a catalyst for services rather than the sole service provider can change negative perceptions that families have of CPS. CPS systems can focus on bringing community partners together to support the needs of children with developmental disabilities and their families. States such as Florida, Iowa, Missouri, and Virginia have developed differential response programs and have reported positive outcomes, such as lower numbers of founded cases, shorter durations of family involvement, and increased use of community services (HHS, 2003). Collaborations with alcohol and other drug and domestic violence agencies are encouraging to see as CPS begins to recognize that the needs of families cannot be met by CPS alone (HHS, 2003). Engagement of community partners will strengthen CPS systems’ ability to respond to the needs of all families.

Defining developmental disability is important for CPS training because it will improve consistency in risk and safety assessment, help CPS workers to make placement and intervention determinations, and increase the fidelity of state data collection systems. CPS workers are in a position to identify children with developmental disabilities, because many environmental factors are risk factors for maltreatment.
and developmental disabilities (Kendall-Tackett et al., 2005). Most of these risk factors are preventable, and their detrimental impact on child development can be lessened with early intervention. Balderian (2005) suggested that disability places a child at such high risk of maltreatment that a postinvestigation process should be developed even with unsubstantiated cases. The intake process should be modified to include referral to developmental disability providers, regardless of substantiation. Interviewing children with disabilities requires preparation to learn the child’s communication style and strategies for communication, severity of the disability, intellectual abilities, behaviors associated with disability, and distractibility (Aarons et al., 2004).

REFERENCES


Patrick Shannon, PhD, MSW, is associate professor, Department of Social Work, University of New Hampshire, Pettee Hall, 55 College Road, Durham, NH 03824-3599; e-mail: patrick.shannon@unh.edu. Christine Tappan, MSW, CAGS, is an administrator, Bureau of Organizational Learning and Quality Improvement, Division for Children, Youth, and Families, Concord, NH.

Original manuscript received November 17, 2009
Final revision received May 12, 2010
Accepted May 13, 2010