

Stacy Gehringer ([00:06](#)):

Hello. Welcome everyone. Thank you for tuning into the CASCW podcast channel. My name is Stacy Gehringer and I'm the Outreach Director at the Center for Advanced Studies in Child Welfare. We are excited to share our latest podcast series with you. This series is titled Early Development and Child Welfare and features interviews with a variety of professionals in the fields of early childhood and child welfare listeners will enjoy content related to attachment, culture, screening, brain development, infant mental health, and more. Please be sure to subscribe to our channel for future episodes. Thank you for listening and take care.

Kate Walthour ([00:50](#)):

Hello, I'm Kate Walthour, director of professional education at the Center for Advanced Studies in Child Welfare in the School of Social Work at the University of Minnesota. I'm here with Anna Paulson Region 11 inter-agency Early Intervention Committee Help Me Grow Grant Coordinator and Janell Schilman, child protection and parent support outreach supervisor who oversees the Child Development, Mental Screening Program in Children and Family Services at Dakota County. Today, we will be talking about early childhood development and what child welfare workers can and need to know when development does not progress as expected in children birth to five. We're going to learn about the importance of early childhood screening and intervention screening resources and referral and evaluation, processes, and requirements. So to start out, Anna, I'd like to ask why is early identification of developmental delays important for young kids?

Anna Paulson ([01:45](#)):

Thanks, Kate. And I'm glad to be here today. Well, the research is evident in clear that earlier is better. Every baby, every child has innate potential and extraordinary promise, and they're all unique. Even siblings are unique and develop at different rates from one another. Our goal is to watch those babies develop and make sure that they are well supported in the environments where they live. So all babies also have a bit of a predictable track. So, Help Me Grow Minnesota has a website that shows the general milestones are that predictable track of how babies develop their ongoing, physical, cognitive, emotional, social, emotional, and adaptive growth, all have milestones that we like to watch. So I think the question is why is that important for us as we get to know these little babies and make sure that they're doing what they need to do, and they're growing, watching children and their development is important for parents so that that parent can know if there's concerns or expectations that are, and aren't met. Let's say a parent or a pediatrician or a childcare worker, or a social worker or a public health nurse.

Anna Paulson ([03:12](#)):

Anybody is watching a baby's development and curious as to whether or not that baby is rolling over at the right time. They're four months old and they're not rolling over yet. Well, typically that happens around six months. So at four months, we're not quite concerned, but at eight months we might be. Should they be talking yet? Should they be saying the parent's name? Well, if they're about seven months old, maybe they won't be calling out for mama yet, but maybe by 10, 11 months old, you might be concerned that they're not quite doing that yet. So just knowing what's typical helps parents and

caregivers and all those involved in a baby's life, make sure that that baby has all they need in order to get to where they need to be to reach their full potential.

Kate Walthour ([03:59](#)):

Great. That makes a lot of sense. And so I guess one question that I think is probably pretty common among parents, among social workers might be, you know, what, if someone, any adult has a concern about a child's development, but maybe they just want to take a wait and see approach. Maybe there's a lot of things going on in the family that might influence the child's development and they think, oh, let's just see what happens. Maybe it'll work itself out.

Anna Paulson ([04:28](#)):

Yeah. Evidence-based research always indicates that we should not wait and see the first three years of a baby's life, their little brains they're, their circuitry is all coming together and making sure that that child has the foundation that they need for learning and growing and, and carrying on. So we don't want to wait and see because the brain circuits or their pathways are coming together, they're currently very flexible and very nimble. They're also very vulnerable to negative impact, but they're also very, very open to positive impact. They need caring and responsive adults in their life. They need safe and supportive environments. They need good nutrition. They need healthy habits. And those first three years are so important for all of that to come together, to support the child. If you have those pieces in place, you have a much better chance of the child being able to reach their full potential as adults.

Anna Paulson ([05:33](#)):

So the child is better off if you don't wait and see the family is better off because they are less likely to need special education services or some of those school services, because that child may be able to close that developmental gap before they even reach school age. It's also better for the community because end result is that that baby become an independent adult who is ready for whatever life brings them. So no wait and see evidence-based practices refer call, help me grow minnesota.com, go to the website, call your local school district. There are three ways to refer a child for a screening to make sure that they're on track.

Kate Walthour ([06:19](#)):

Well, thanks for bringing up screening Anna. I think that's a really good place for us to start. Can you share with us what is meant by making a referral to a screening and evaluation with respect to early childhood. So specifically for kids birth to five, what does this involve? And how do both social workers or parents make that referral and how do they access these services?

Anna Paulson ([06:43](#)):

So I'll just start by saying that anybody can make a referral that it's a wide open for grandparents, aunts, and uncles, friends, parents, social workers of pediatricians, public health nurses. It's important that you might not might, you should have a conversation with the parents about the reason you are referring and ask the parent to refer along with you. If this is a go together kind of moment, but the three ways that you can refer a child is to go to helpmegrowminnesota.org. It's a website and there are multiple places on that homepage where you can click refer a child. Once you go to that site, you will see, it'll ask you, are you the parent? Are you a professional? Are you from the medical community? And you fill out the form and it gets sent immediately to that child's school district. You could call, if you don't have access to a computer, you could call the number (866) 693-4769. That again is Help Me Grow

Minnesota. And again, somebody will answer and ask you those questions, or finally, you could go directly to your local school district and somebody from your school district will be sure to help you. I do want to emphasize that all services are free and they are not dependent on your immigration status.

Kate Walthour ([08:12](#)):

Yeah, that's a really important point. Thanks for sharing that. Janell, what are you think are some of the important points or important obligations that child welfare social workers have when they're thinking about making a referral for a screening?

Janell Schilman ([08:26](#)):

Right. So workers working in child welfare, especially when they're working with a child who is the subject of a maltreatment determination. So when you look at all cases, coming in a small percentage of cases have a maltreatment determination, and the CAPTA, Child Abuse Prevention and Treatment Act also known as a Keeping Families Safe Act, require child welfare workers to make a referral for children, birth to three in which that are maltreatment determination. So lucky in Minnesota, our computer system, it kind of gives you a flag to make that referral. But what we always want people with social workers to know is to really dive into the developmental milestones of all the children on your caseload's birth to five. And if you have concerns again, you are making referrals with families. You are in having that conversation about what the referral looks like.

Janell Schilman ([09:22](#)):

What's going to happen out of the referral. And just doing those referrals with families. I think, you know, one of the mistakes that I made as a very young child welfare worker was allowing foster parents to make the referrals for children because I was so busy doing other things. But it doesn't engage the parent and understanding their child's development. It doesn't engage them about what early intervention or early childhood special education is. It doesn't allow that relationship between the school district and the parent to foster. So I always say, we want to really, again, keep the family at the center of that, and have them deeply involved in that process. So again, the requirement is really a small percentage of kids that you're going to be working for, but you really want to if you have concerns about a child's development or you don't even know make that referral because you don't have to be the expert in a child's development, but you need to know where to refer families to.

Kate Walthour ([10:26](#)):

Great that's really helpful information. One thing that I think would be so important for Janell as well as Anna to discuss is what are some of the concrete indicators that child welfare workers should look for when deciding whether or not to refer a family for a screening?

Janell Schilman ([10:46](#)):

Right. Again, the indicators again are under the law, but again, best practices, everybody. I think, you know, child welfare workers really need to get to know who the children are on their case loads. And if they're seeing concerns, if they're hearing concerns often it is not the parent that is raising the concerns about the child's development. It is the foster parent. It is the relative taking care of the child because you have to remember many of the parents that we work with. They are struggling with mental illness and chemical dependency, and they may not be in tune with their child's development, but the caretakers of those children may be. So again, looking at those concerns, you know, in child welfare, we were required to do a mental health screening and all children, but a mental health screening doesn't

get at all the other delays, a child should could experience it. Doesn't get at gross motor fine motor sensory. Um, and so we really wanna do that comprehensive look at our kids.

Kate Walthour ([11:47](#)):

So once a child has been through a screening, if they are identified a developmental delay or a disability, then what happens?

Anna Paulson ([11:58](#)):

I can take that. Children who are under the age of three generally are screened for eligibility for early intervention services. Early intervention services are most often provided in the most natural environment where the child in the family are, which is typically their home. It is very family centered and routines based. This is an opportunity for specialists to help the parents to recognize opportunities during routine days, where they can maybe help support the child in developing towards the next milestone. Early childhood special education comes in after age three, that's under Part B Section 619. And those children have to qualify by demonstrating a special need. Those services are child-centered different, a little bit than family-centered and are most often, but not always provided in a preschool setting or a school setting.

Janell Schilman ([13:04](#)):

And I think as a child welfare worker, you know, their school services, but their job also is to look at services that are not provided by the school. So early childhood mental health services are key importance for children in child welfare. Some children may need occupational therapy, speech therapy, that's private and not run through the school district. They may have feeding issues and some children may have really more significant developmental delays. Like you think about your down syndrome, your prader willi, they may actually qualify for county disability services. So it, again, it really requires the school district, early intervention, early childhood, special education staff and the child welfare worker to really collaborate on who's making what referrals and not making any assumptions about, oh, that's their job. That's my job. But really clearly unpacking who is going to do what, because the families that come from child welfare that qualify for early intervention are really complicated families. And we always have to clarify whose role who's taking the lead. Who's really assisting the family. Step-by-step in this complicated system of services.

Kate Walthour ([14:16](#)):

So Janell once workers have made a referral, what happens next?

Janell Schilman ([14:20](#)):

Right. If they are ages birth to three, that is what we call Part C services. And, the school district has 45 days to respond to that referral. And that 45 days includes getting consent from the parents to proceed with a screening. And if there are more delays, a further evaluation, and if the child is phone eligible, they'll develop an individual family support plan to put services in place for that child. And those services are happening in the child's natural environment. So they are going to happen in their home. If a child's in foster care, it may happen at the foster home with the parent coming in to observe, be part of those services. It maybe happen in the parent's home. It maybe happen in their daycare setting and then ages three to five it's, 90 days, but it's based on a school year. So what's important to remember is that if a child is referred at the end of may, the school may not pick up that referral until September.

Kate Walthour ([15:20](#)):

Janell, are there any barriers that exist for families that could influence a child's access to these services?

Janell Schilman ([15:27](#)):

Yeah, I think not knowing English language barriers are an access issue, not knowing how early intervention works in Minnesota. One of the things that we're trying to work in our county is that, how you get referred or identified should not be so dependent upon who you get as a worker. That we need to really improve our consistency about how we work with families, how we identify kids who have developmental delays and how we do that warm handoff. You know, also in child welfare, we have to recognize that we have a disproportionate number of children of color, especially in our child welfare system and specifically in foster care. And when we are working with families, we have to recognize their hesitancy to also be referred to additional systems, which includes early intervention and early childhood special education. So I am going to give this quick, quick example, when I was a young social worker, I was going to quick make a referral to early intervention.

Janell Schilman ([16:26](#)):

And this parent said, no, no, no, no, no, wait a minute. I don't want my child in that system because if the child has behaviors in schools or has issues that file's going to say that I drank alcohol and I used drugs while I was pregnant. And I don't want that information in my child's school system. So she was using her lens of herself being in special education services, herself being in child welfare, second generation family, who had a child welfare services. And so I really had to slow down and unpack why she may be hesitant to move forward with a referral for early intervention and early childhood special education services. And what we did is that we made referrals to private therapy. She was not quite ready to engage special education services. So that's where we started. Eventually it got to the point where we could clearly see this child had some delays that could use special education services as he progressed into kindergarten. But we had to start with the lens of where that parent is coming from and really recognize inequities in child welfare and the inequities in early childhood education.

Kate Walthour ([17:42](#)):

Yeah, that makes a lot of sense. I appreciate you giving that example for us. So how can a child welfare or child protection worker support this whole process? And do you have any other thoughts about how to engage parents and support parents who have children that are, that are being identified as needing these services or needing at least a referral for a screening?

Janell Schilman ([18:04](#)):

I would, again, because the parents that we work with are really impacted by mental health and chemical health issues. You know, we always start with relationship first and we made that may take a couple of visits before we get to the point where we're making a referral. But we're always talking about their child. What do they see as their child's needs? What are they doing? Well, we also gather other information. So when I meet with families, I might say, you know, your mom's taking care of your child and she's noticing some of these things are these, your worries are these your concerns too? And then I also recognize, I think it's important for our child welfare worker to be humble in their approach with families and say, you know, I'm not the expert in child development. I don't know really what a child should be doing at this age, but I want to bring in somebody that knows because we don't know the reasons behind some of these delays.

Janell Schilman ([19:02](#)):

So that's an important piece of working with both mom and dad and extended family members on that child's development, and then also walking them through every process. So, okay. Would they, we determined that your child's eligible. Do you know what that means? Do we know what services means? Do we know what IFSP do we know what if they're going to go to a early childhood special education classroom, what that looks like for your child, what are your responsibilities for doing that for helping them? So really it's walking families through that and recognizing, again, we have to repeat information with families over and over again because our systems are confusing to anybody, my own child received early childhood special education services. And I remember asking questions like, what? What was that again? What are we doing? Being very confused. And so again, we have to be the navigator and the support person for families to be really in tune with their child's development.

Kate Walthour ([20:06](#)):

Thank you so much for explaining some of that and giving opportunities for workers to really understand how they can partner with parents in these processes. So we know that just like all systems, the early childhood, system can be pretty confusing. So I wanted to just one more time, Anna, could you just talk with us about what the relevant resources are that's available so that as people come into situations, they know exactly where they can go when they have questions. And I know there's lots of services and support out there, and I think workers sometimes just need to be directed to the right spot.

Anna Paulson ([20:43](#)):

Absolutely. There are, as I mentioned earlier, Help Me Grow is the referral site. A child protection worker, child, welfare worker, parent, anybody could go to the Help Me Grow site, where they will see the developmental milestones of the children. And they can do a quick comparison to see if their children are meeting the developmental milestones. If they feel like there is a delay, they could go ahead and refer that child. And there would be a quick screening. It's just a screening tool that lets the family know if the child should go on to further evaluation. The evaluation team always includes the parent, parent consent. And of course, bringing the parent along to better understand what the evaluation is about where the services start and end through early intervention. And then later, early childhood special ed. There's also a second place. You can go if you're just wondering what are the resources I hear Headstart, I hear early learning scholarships.

Anna Paulson ([21:45](#)):

I hear PACER. I hear all kinds of different Minnesota specific resources, national resources. And I just, I just can't get my head around what those are. You would go to Help Me Connect. And if you think about that, just really connecting to all the resources that are available, you would go to helpmeconnectminnesota.org, just to learn more about resources, but again, developmental milestones referral that has helped me grow in a suburb. And I want to add one more thing. Both websites are accessible in Spanish and have several resources in Somali, Hmong, Karen. We've tried to put up a lot of resources in the languages that are most prevalent here in Minnesota. So another option.

Kate Walthour ([22:34](#)):

Great. So, uh, we got a lot of great information. We learned about how to make a referral. We learned that we should not wait and see, and I really want to thank both Janell and Anna for joining us and providing your expertise so that we can really support young kids in Minnesota and make sure they have the services that they need.

Speaker 2 ([23:02](#)):

Thank you for listening to the Early Development and Child Welfare podcast series. This podcast was supported in part by the Minnesota Department of Human Service, Children and Family Services Division.