FLASH SURVEY #3

Children with Disabilities in Child Protective Services (CPS) in Wisconsin

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The University of Wisconsin-Madison Survey Center (UWSC) was hired by the Division of Safety and Permanence within the Department of Children and Families to conduct a series of brief surveys of the child welfare workforce. The purpose of these surveys is to identify strengths and challenges faced by the child welfare workforce in Wisconsin. Input from these surveys will help the Department of Children and Families and counties partner in their efforts to continually improve upon policy, process and practice standards, as well as training and technical assistance.

Responses from the surveys are submitted to a centralized database managed by UWSC, where they are combined with the answers from all respondents. All answers are confidential—none of the survey responses are linked to identifying information (e.g., names, worker ID numbers). These surveys are intended to be very brief (e.g., 10 minutes or less), and are designed to gauge workforce knowledge on a particular topic, professional needs and challenges, and strengths and gaps in practice and policy areas.

This third "Flash Survey" is on how Child Protective Services (CPS) currently responds to working with children with disabilities and how we can help strengthen this response. Wisconsin Statute Chapter 106 defines "disability" as a physical or mental impairment that substantially limits one or more major life activities, a record of having such an impairment or being regarded as having such an impairment. This includes but is not limited to cognitive disabilities, hearing impairments, speech or language impairments, visual impairment, emotional behavioral disabilities, orthopedic impairments, autism, traumatic brain injuries, other health impairments and learning disabilities. The survey instrument is appended to this report.

The survey was sent electronically by the University of Wisconsin-Madison Survey Center on October 4, 2016 to 1,945 email addresses representing frontline workers with job responsibilities in child protective services. Of those, 58 emails bounced back as invalid. Reminder emails went out on October 19th and October 26th to email addresses from whom no response had yet been received. The survey response window closed on November 4, 2016. The final sample file included 677 workers, for an overall response rate of 34.8%. Some survey questions were answered by a smaller subset of respondents, thus sample sizes may vary as noted in each table.

RESULTS

Table 1 shows the responses provided by the full sample (N=677) to questions related to worker comfort level, knowledge, and self-reported skills in interactions involving a child with a known or suspected disability. Just under half of the workforce (47.4%) reported feeling very or extremely comfortable identifying children with developmental disabilities, and another 38.4% felt somewhat comfortable with this task. Comfort level increased for physical disabilities (59.3% felt very or extremely comfortable), followed by mental illness (50%) and sensory impairments (37.8%). This pattern was generally true across worker job functions. Workers tended to report greater comfort identifying mental illness and physical disabilities than developmental disabilities and sensory impairments, with one exception. Workers with ongoing job functions expressed higher comfort levels identifying physical disabilities and mental illness, followed by developmental disabilities and sensory impairments.

In general, workers with IA and ongoing job functions reported slightly higher levels of comfort identifying different types of disabilities than workers with Access job functions, with two exceptions. Forty-four percent of workers with Access functions reported high levels of comfort identifying children with developmental disabilities, whereas 37.1% of workers with Initial Assessment functions and 47.7% of workers with Ongoing functions reported high levels of comfort with this task. Workers with Access and ongoing job functions had identical high comfort levels identifying children with physical disabilities (58.6%), and 62.1% of workers with IA job functions were comfortable with this task.

Over half (55.1%) of all workers reported feeling very or extremely comfortable assessing safety for children with developmental disabilities, and another 34.1% reported feeling somewhat comfortable with safety assessment. This level of comfort was slightly higher for children with physical disabilities (56.9%), followed by children with mental illness (54.1%) and children with sensory impairments (48.7%). Half (50.5%) of workers with Access functions felt very or extremely comfortable with safety assessments involving children with developmental disabilities; 62.6% of workers with Initial Assessment functions and 55.8% of workers with Ongoing functions reported high comfort levels with these safety assessments. Similar patterns were observed for other types of disabilities.

Table 1. Introductory Questions, Full Sample (N=677)

	Comfortable ID Development Disabilities	Comfortable ID Physical Disabilities	Comfortable ID Mental Illness	Comfortable ID sensory impairments	Comfortable assessing safety of children with Developmental Disabilities	Comfortable assessing safety of Children with Physical Disabilities	Comfortable assessing safety of Children with Mental Illness	Comfortable assessing safety of Children with sensory impairments
Not at all comfortable	2.7	1.5	2.7	4.1	2.8	2.7	2.8	3.2
A little comfortable	11.5	8.3	11.7	16.8	8.0	8.1	8.7	12.0
Somewhat comfortable	38.4	30.9	35.7	41.2	34.1	32.3	34.4	36.0
Very comfortable	36.9	45.6	38.6	29.4	43.1	44.5	42.1	38.7
Extremely comfortable	10.5	13.7	11.4	8.4	12.0	12.4	12.0	10.0
Observations	677	677	677	677	677	677	677	677
	Agree: You know resources available to children w/ disabilities in community		Know how to communicate / access resources to communicate w/ children : Non-verbal?		Know how to communicate/access resources to communicate w/ children: deaf?		Know how to communicate/access resources to communicate w/ children: other challenges	
Strongly Disagree	4.3		12.4		17		9.6	
Somewhat Disagree	15.4		35.0		35.6		32.5	
Somewhat Agree	64.4		45.0		38.3		51.4	
Strongly Agree	16.0		7.6		9.2		6.5	
Observations	677		675		677		677	
	Mean		(SD)		Median	min	max	count
In the past month, what % of your cases involved child who may have a disability?	47		(30)		50	0	100	597
Observations	597							

Sixteen percent of survey respondents strongly agreed and 64.4% of respondents somewhat agreed that they were aware of the resources in the community available to children with disabilities. There was little response variation to this question across job functions.

Communication with children who have disabilities presented more of a challenge to workers. Just under eight percent of respondents strongly agreed and 45% somewhat agreed that they knew how to communicate or access services to communicate with non-verbal children, 9.2% strongly agreed and 38.3% somewhat agreed that they knew how to communicate with or access services to communicate with children who are deaf, and 6.5% strongly agreed and 51.4% somewhat agreed that they had communication knowledge for children with other types of disabilities. Similar patterns in responses were observed across job functions.

Across sets of questions in Table 1 (i.e., those pertaining to identification of disabilities, those pertaining to safety assessment, and those pertaining to communication), the internal reliability was quite high, indicating that individual workers tended to answer similarly across questions within each of these question sets. That is, workers who were comfortable with one task tended to be comfortable with other tasks, and discomfort was likewise concentrated in individual workers.

Workers were also asked to report the percentage of cases encountered in the past month that they believe involved a child with a disability. Across all workers, 47% was the average response[1]. For workers with Access job functions, the average response was 40%; 38% for workers with Initial Assessment job functions; and 48% for workers with Ongoing job functions.[2]

Approximately 30% of workers estimated that under 21% of the cases they encountered in the last month involved children with disabilities (not shown in table), whereas approximately 15% of workers estimated that over 79% of the cases they encountered in the last month involved children with disabilities. Estimates ranging from 21% through 79% were evenly distributed across the remaining 55% of workers.

With respect to Table 1, the comfort level with identifying developmental disabilities varied across regions. For example, Northeastern and Southern region workers were least likely to report feeling extremely comfortable, and Northern and Milwaukee regions were most likely to report feeling extremely comfortable with this task. Workers in the Western region were least likely to report feeling extremely comfortable identifying physical disabilities, and Northern and Milwaukee region workers were most likely to report feeling extremely comfortable identifying physical disabilities. Northern and Milwaukee region workers were most likely to report feeling extremely comfortable identifying mental illnesses; all other regions had equivalent rates of feeling extremely comfortable with this task. Milwaukee workers were most likely to report extreme comfort with identifying sensory impairments; all other regions had similar rates of extreme comfort with this task.

Workers from Northern and Milwaukee regions were significantly more likely than workers from other regions to report feeling extremely comfortable assessing for safety of children, regardless of the type of disability. Workers from all regions were similarly knowledgeable about available community resources for children with disabilities. Compared to other regions, Milwaukee and Southeastern workers were more likely to report high levels of knowledge about communicating with (and accessing resources to communicate with) children who are non-verbal due to a disability. Milwaukee and Southeastern workers were also more likely than other workers to report high levels of knowledge about communicating with (and accessing resources to communicate with) children who are deaf.

All workers were also asked to identify resources that they have used to assist children with disabilities involved

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[1] Eighty respondents did not answer this question, perhaps because they did not have an active caseload in the past month.

[2] The median response across all groups was similar to the mean response across groups, indicating that the means were not skewed by "outlier" responses.

in their cases (Q8 in the survey). Taking the collective responses of survey participants, 42% related to county-administered services, 30% involved community service providers, and 20% were K-12 resources. Workers were also asked to identify barriers that they experience in cases involving children with disabilities (Q9). The most common answers were related to limited availability of services (32% of responses), child communication issues (9%), and lack of knowledge about available resources or about the disability itself (8%). Finally, all workers were asked to identify what would help them better meet the needs of children with disabilities involved in their cases (Q10). Half of the responses to this question involved making more services available, followed by training (19%) and information about available resources (7%).

Table 2. Questions for Access Workers (N=212)

	Ask reporter aware victim has dis?	Ask reporter other children have dis	Ask reporter adults have dis?	Include information in report?	Document about services?
Never	2.4	4.7	5.2	0.5	1.9
Rarely	15.1	26.9	24.5		9.6
Usually	33.0	35.8	44.3	3.8	37.3
Always	49.5	32.5	25.9	94.3	50.2
Total	100.0	100.0	100.0	100.0	100.0
NA				1.4	1.0
Observations	212	212	212	212	209
	Mean	(SD)	min	max	count
what % CPS children have disability?	44.52	(20.62)	5.00	90.00	170.00
Observations	170				

Table 3 presents the answers to questions asked only of workers with Initial Assessment job functions (N=206). 36.9% of IA workers state that they “usually” or “always” need to make accommodations for children with disabilities during interviews or other contacts. Just over half (56.8%) report that they always ask a caregiver whether an alleged child victim has a disability, and another 36.4% usually ask this question. A similar response pattern emerged for asking a caregiver whether other children in the household have a disability. Two-thirds (68%) usually or always ask about services a child with a disability is receiving. Over 90% of IA workers who suspect a child may have a disability without services in place usually or always refer the child for an evaluation. 71.1% of IA workers usually or always contact the county LTS worker if a child has a disability, and nearly all usually or always gather information from collateral contacts in such situations. If an IA worker suspects a child may have a disability, nearly all state that they usually or always include this information in the IA report, as well as information about any services in place.

For cases that are closed after the Initial Assessment that involve a child who has or may have a disability, 24.4% state that they always refer the family to disability-related services and 58.7 % state that they usually refer the family to disability-related services. Workers state that for children with suspected disabilities who need to be placed in out-of-home care during an IA investigation, 50.8% usually or always face barriers in matching a child with an appropriate placement. When IA workers were asked what percentage of all children undergoing initial assessments in Wisconsin may have a disability, the average response was 45.6%.

IA workers were also asked about any arrangements they have made to accommodate the needs of children with disabilities (Q22). Over half (56%) of workers’ answers involved community service providers, 25% involved K-12 resources, and 3% involved county-administered services. IA workers who have referred children suspected of having a disability for an evaluation were asked about the programs and services to which they make these referrals (Q28). Here, responses were most often related to county-administered services (59%), 25% involved community service providers, and 15% involved K-12 resources.

Table 3. Questions for AI Workers (N=206)

	How often need acco-modate ch.dis?	How often ask caregiver vict dis	How often ask caregvr other children dis?	How often ask re services	How often refer?	How often contact LTS worker?	How often gather from collateral contacts	how often include dis info in IA rprt	How often include info in IA re services	how often refer at closure	plcmnt: how often barriers matching needs?
Never	3.9	0.5	0.5		0.5	7.5				3.5	4.5
Rarely	53.4	6.3	10.7	2.4	5.0	21.4	5.0	1.0	2.0	11.9	21.4
Usually	29.6	36.4	36.9	27.2	45.3	46.3	57.7	12.4	14.9	58.7	43.3
Always	7.3	56.8	51.9	68.0	46.8	24.9	37.3	86.6	81.6	24.4	7.5
NA	5.8			2.4					1.5	1.5	23.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
6					2.5						
Observations	206	206	206	206	201	201	201	201	201	201	201

	Mean	(SD)	min	max	count
what % CPS children have dis?	45.60	(19.87)	5.00	92.00	174.00
Observations	174				

Workers with IA job functions were asked to identify factors that hinder their ability to gather information to make safety or substantiation decisions in cases involving children with disabilities (Q32). The most common responses to this question related to issues communicating with a child (20%), followed by "lack of knowledge" about available resources or the child's disability (5%) and issues involving "family understanding" about the disability (4%).

IA workers were also asked about the services and programs they refer children to when a case involving a child with a disability is closed after an initial assessment (Q34). Two-thirds of responses involved county-administered services, 21% involved community service providers, and 13% involved K-12 resources. Finally, IA workers were asked to identify barriers they encounter when finding an appropriate placement to meet the needs of a child with a disability who needs to be removed from the home (Q36). The most common responses were related to the limited availability of services (50%), followed by "lack of knowledge" about resources or about the child's disability (13%), and issues with "family understanding" of the child's disability (4%).

Table 4 presents the answers to questions asked only of workers with Ongoing job functions (N=382). Thirty-eight percent of Ongoing workers state that they usually or always make accommodations for children with disabilities during face-to-face meetings or other contacts. Three quarters report usually or always contacting a county LTS worker when a child has or is suspected to have a disability, and 93.8% usually or always gather information from collateral contacts in such cases. If a child is suspected to have a disability without services in place, 90.9% of Ongoing workers report usually or always referring the child for an evaluation. 58.8% report usually or always experiencing barriers in matching the needs of a child with a disability to an appropriate placement.

86.5% of Ongoing workers usually or always collect information regarding child disabilities when conducting Confirming Safe Environments, and 92.7% report usually or always including goals to support the child needs during permanency planning. During family interaction sessions for children with disabilities, 34.2% of Ongoing workers report usually or always needing to make accommodations for a child.

When Ongoing workers were asked what percentage of all children in out-of-home care in Wisconsin may have a disability, the average response was 53.1%.

Ongoing workers were asked about any arrangements they have made to accommodate the needs of children

Table 4. Questions for Ongoing Workers (N=382)

	how often need accomodate?	how often contact LTS worker	How often gather info from collat-erals?	How often refer for eval?	How often barriers matching needs?	How often collect dis. info for safety	Specific goals re dis on perm plan?	how often need to accomodate children
Never	10.2	13.2	1.9	1.6	10.8	6.2	4.0	35.8
Rarely	49.2	11.6	4.3	5.6	30.5	7.3	3.2	30.1
Usually	30.4	44.4	46.5	36.6	49.9	37.7	32.6	19.8
Always	7.6	30.9	47.3	54.3	8.9	48.8	60.1	14.4
NA	2.6							
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
6				1.9				
Observations	382	372	372	372	371	371	371	369

	Mean	(SD)	min	max	count
what % CPS children have dis?	53.05	(22.73)	0.00	100.00	332.00
Observations	332				

with disabilities during face-to-face meetings or other contacts (Q40). Most responses involved community service providers (34%), followed by K-12 resources (13%) and county-administered services (7%).

Ongoing workers who have referred children suspected of having a disability for an evaluation were asked about the programs and services to which they make these referrals (Q44). Two-thirds (64%) of responses involved county-administered services, 18% involved K-12 resources, and 17% involved community service providers.

Ongoing workers were asked to identify barriers they encounter when finding an appropriate placement to meet the needs of a child with a disability who needs to be removed from the home (Q47). 43% of responses to this question related to the limited availability of services, 11% involved "lack of knowledge" about resources or a child's disability, and 6% involved issues with "family understanding" of their child's disability.

Finally, Ongoing workers were asked to specify the types of accommodations that they have made for children with disabilities during family interaction sessions (Q50). Responses were equally divided between county-administered services and K-12 resources (10% each), and 4% involved community service providers.

CONCLUSION

The objective of this Flash Survey was to ascertain CPS workers' comfort level with identifying children who have a disability, communicating with children who have a disability, assessing their disability-related needs, their knowledge about service availability, and service referral behaviors. Just under half of the workforce reported feeling very or extremely comfortable identifying children with developmental disabilities, and this comfort level was generally higher for physical disabilities and mental illness than for developmental and sensory disabilities.

Half of workers with Access job functions stated that they "always" ask a reporter if he or she is aware that an alleged child victim has a disability, and another one-third report asking this question "usually." These rates were slightly higher for Initial Assessment staff. Rates of documentation, once a disability is identified, were quite high across worker job functions.

Workers were asked to identify barriers that they experience in cases involving children with disabilities. The most common answers were related to limited availability of services, child communication issues, and lack of knowledge about available resources or about the disability itself. Only 16% of survey respondents strongly agreed that they were aware of the resources in the community available to children with disabilities.

Across questions pertaining to the identification of disabilities, those pertaining to safety assessment, and those pertaining to communication with children who have a disability, variation in responses tended to be at the worker level, rather than the task level. That is, workers who were comfortable with one task tended to be comfortable with other tasks, and discomfort was likewise concentrated in individual workers. Some additional variation in comfort levels emerged across regions, and one task in particular—communicating with children who are nonverbal due to a disability—seemed to present greater challenges for workers than other tasks. Taken together, these findings identify several areas for potential improvement with respect to CPS practice, some of which may be addressed with training and technical assistance. However, limited availability of relevant services for children with disabilities at the local level is a structural barrier that exists independent of worker skills and abilities.