

Screening for development-related difficulties and delays of children and teenagers (from birth to age 18) receiving services under the Youth Protection Act (YPA).

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SUMMARY

Screening for development-related difficulties and delays of children and teenagers (from birth to age 18) receiving services under the *Youth Protection Act* (YPA).

Numerous Quebec and international studies point to the fact that children and teenagers who receive services under the *Youth Protection Act* (YPA) are likely to present significant difficulties and delays related to their physical, socio-emotional and cognitive development. These can lead to a variety of adjustment challenges that can hinder their personal, academic and social development throughout their journey to adulthood and beyond.

To support the development of these children and young people and to have a positive impact on their life trajectory, it is important to be able to early detect development-related difficulties and delays when they occur. Numerous government policies and initiatives supporting child development have been put in place in recent years by decision-makers and stakeholders in Quebec's health and social services, early childhood and education sectors. These include the *Plan d'action interministériel en itinérance 2015–2020* [2015–2020 interdepartmental action plan on homelessness] known as *Mobilisés et engagés pour prévenir et réduire l'itinérance* [Mobilized and engaged to prevent and reduce homelessness] [Government of Quebec, 2014], which proposes a series of actions, including the one intended to promote the development and well-being of young people receiving youth protection services and to ensure a smooth transition of these youths to adult services. One of the means by which the Ministry of Health and Social Services (MSSS) plans to achieve this goal is through an assessment of — and follow-up on — the development of all children and teenagers receiving services from youth centres based on a clinical tool recommended by the MSSS (Measure 2.1, p. 12).

In order to respond specifically to this measure, the MSSS asked INESSS's Social Services Directorate (DSS) to come up with best-practice recommendations with regards to screening children for development-related difficulties and delays within the context of child protection, and to identify age-appropriate screening tools.

Goal and data collection methods

The purpose of this guidance report was to propose best practices in screening for development-related difficulties and delays of children and teenagers who are receiving services under the YPA. The recommendations contained in this guidance report stem from the cross between scientific, experiential and contextual data collected through:

1. a systematic review of the scientific and grey literature;
2. consultations with: (a) young people who have received youth protection services, b) parents of children who have received youth protection services, (c) youth workers and managers from the Youth Protection Directorate and Youth Program Directorate, and (d) youth workers and managers working in First Nations communities in Quebec;
3. exchange/deliberation meetings with members of the working committee.

Recommendations

The totality of the information collected led to the formulation of ten recommendations aimed at guiding youth protection workers towards best practices in screening for development-related difficulties and delays with the children and teenagers they are supporting. These recommendations (R1 to R10) have been grouped by issues of interest and are presented below.

RECOMMENDATION 1

Given that a child or teenager receiving youth protection services may have been screened for development-related difficulties and delays or may have undergone a development assessment in other settings (e.g., child care, a school, a family medicine group, CLSC front-line mission services), the youth protection worker must ensure that every child and teenager receiving YPA services is screened for development-related difficulties and delays.

- 1) The youth protection worker must first check to determine whether a partner/colleague has already conducted a developmental screening or assessment with the child or teenager.
- 2) If a developmental screening or assessment has already been carried out, the youth worker must take the results into consideration if they were obtained within the past year.
- 3) If a developmental screening or assessment has not already been completed, the youth worker must perform this screening or ensure that another worker or partner does so.

RECOMMENDATION 2

Screening by means of a purpose-designed tool allows for the identification of a greater number of children and teenagers with development-related difficulties and delays, compared to identification based solely on a youth worker's perceptions. Moreover, the advantages of using such a tool are numerous and outweigh the disadvantages.

Consequently, a purpose-designed screening tool must be used to screen and track development-related difficulties and delays in children and teenagers receiving services under the YPA.

RECOMMENDATION 3

Beyond the need for protection, ongoing attention should be paid to the development of children and teenagers receiving services under the YPA.

More specifically, the screening of development-related difficulties and delays, in accordance with the guidelines identified, should focus on :

- socio-emotional, language, motor and cognitive development for children from birth to age 5;
- socio-emotional development, mental health status and psychosocial functioning for children aged 6–12 years;
- socio-emotional development, mental health status, psychosocial functioning and the use of psychoactive substances for teenagers aged 13–18 years.

RECOMMENDATION 4

Screening tools to be used must present the following characteristics, which have been deemed essential:

- have appropriate psychometric properties (sensitivity and specificity > 0.70)
- highlight not only the child's difficulties but also his or her strengths
- come with clear instructions for administration and quotation
- be available in English and French

R4.1 Based on the information collected for the preparation of this guidance report, the screening tools that present the characteristics considered essential are, for children from **birth to age 5**:

- *Achenbach System of Empirically Based Assessment (ASEBA)*
 - *Child Behavior Checklist for Ages 1.5-5 (CBCL 1 ½-5)*
- *Ages and Stages Questionnaires (ASQ-3)*
- *Ages and Stages Questionnaires: Social-Emotional (ASQ:SE-2)*
- *Behavior Assessment System for Children (BASC-3)*
 - Parents' questionnaire – pre-school (2–5 years)
- *Brigance Inventory of Early Development III (from birth to age 7)*
- *Parents' Evaluation of Developmental Status (PEDS)*
- *Strengths and Difficulties Questionnaire (SDQ)*

R4.2 Based on the information collected for the preparation of this report, for children and teenagers aged **6–18 years**, the screening tools that present the characteristics considered essential are:

- *Achenbach System of Empirically Based Assessment (ASEBA)*
 - *Child Behavior Checklist for Ages 6–18 (CBCL/6–18)*
 - *Youth Self-Report for Ages 11–18 (YSR/11–18)*
- *Behavior Assessment System for Children (BASC-3)*
 - Parents' questionnaire – children (6–11 years)
 - Parents' questionnaire – adolescents (12–21 years)
 - Child's self-report (6–7 years)
 - Child's self-report (8–11 years)
 - Adolescent's self-report (12–21 years)
- *Dominic Interactive (6–11 years / 12–16 years)*
- *Strengths and Difficulties Questionnaire (SDQ)*

NOTE: Other screening tools could be added to those listed in R4.1 and R4.2 if it can be shown that they have the four characteristics deemed essential (R4).

RECOMMENDATION 5¹

Tools that have been adapted and standardized for screening development-related difficulties and delays in Aboriginal children and teenagers should be used. However, the information collected for the preparation of this guidance document revealed that no tool currently meets these requirements.

Initiatives aimed at developing screening tools in collaboration with Aboriginal communities should be encouraged and should be:

- standardized for the children and teenagers of these communities;
- culturally adapted, i.e., that have been established as equivalent in terms of language, operationalization, meaning and symbolism.

RECOMMENDATION 6

It is generally agreed that early screening in the life of a child or teenager is to be preferred in order to ensure optimal development. However, from the data gathered during the literature review, no determination can be made as to whether it is also preferable to screen as early as possible in the child protection intervention process, i.e., when “the child’s situation is assessed”. Similarly, no consensus on this issue arose from the deliberations of the working committee meetings.

It is therefore recommended that the MSSS, in collaboration with all relevant partners and stakeholders, determine whether screening for development-related difficulties and delays should be carried out only with children and teenagers receiving services under the YPA, at the “Protective measures are applied” stage, or also with those receiving services under the YPA at the steps of “The child’s situation is assessed” and “Protective measures are determined”.

¹ The term "aboriginal" used in the recommendation is based on scientific data collected from various Aboriginal populations around the world, as well as from the perspectives of some representatives from Québec's First Nations. Therefore, this recommendation may not represent the views of all Québec's Aboriginal populations.

RECOMMENDATION 7

Given the vulnerability of children and teenagers in protective settings, it is necessary to monitor their development at every stage of the intervention process. Periodic screening is recommended for this monitoring.

It is therefore recommended that a screening tool for development-related difficulties and delays be administered at least once a year.

The youth worker should consider increasing the frequency of screening when specific conditions are present, particularly:

- if the child is under the age of two;
- if there are any clinical concerns;
- following significant events or when the child is going through a time of transition (e.g., placement, change in living environment, school transition, transition to adult life).

RECOMMENDATION 8

The parent(s), children and teenagers should be involved in screening for development-related difficulties and delays when they are able to participate, regardless of how the tool is administered.

If no parent is able to participate in the screening, the youth worker and teenager should jointly identify another significant adult.

RECOMMENDATION 9

Where available and appropriate, self-administration of the screening tools should be the preferred method for parents, children and teenagers.

RECOMMENDATION 10

In order to maximize the benefits and reduce the drawbacks of using a screening tool, such use must be part of a clinical process, regardless of the respondent or method of administration selected (e.g., self-administered questionnaire, interview).

This clinical process involves implementation by the youth worker of certain conditions that are conducive to screening before, during and after the tool is administered.

R10.1 Before administering the screening tool, the youth worker must:

- identify administration procedures that are adapted to the respondent's:
 - cultural and language specificities;
 - personal characteristics and emotional state (e.g., literacy level, personal history, life context);
- choose an appropriate location based on the respondent's preferences;
- choose a time that suits the respondent.

R10.2 When administering the screening tool, the youth worker must:

- establish a trustworthy relationship with the respondent;
- explain the purpose of the screening and how it will be conducted;
- explain the nature and scope of the expected results, as well as the pros and cons of screening;
- explain to the respondent how the information provided will be handled (e.g., confidentiality, information that will be added to the clinical record);
- give clear instructions on filling in the tool or tasks;
- clarify questions or items that may be misunderstood or misinterpreted;
- provide any needed support when the tool is being administered;

R10.3 After administering the screening tool, the youth worker must:

- address any concerns the respondent may have about the administration of the screening tool or the child's development;
- discuss the screening results with the parent(s) and child or teenager in an appropriate setting and, if necessary, lay out any next steps;
- plan and carry out any youth protection follow-up/interventions that may be required to address identified needs related to screening for signs of development-related problems and delays;
- guide or steer towards the required services, in tandem with available youth protection services, if the results reveal signs of development-related difficulties or delays.

Some organizational considerations need to be taken into account when youth protection workers implement these recommendations for screening development-related difficulties and delays in children and teenagers receiving services under the YPA. In this regard, several organizational aspects that could facilitate implementation of the recommendations were identified—both in the literature review and in consultations with stakeholders. Focusing on the training of youth protection workers, on the collaboration and coordination of services between partners and on the communication of clinical information, are the facilitators that are considered necessary to promote the implementation of best practices.

In addition to the recommendations aimed at identifying the various aspects of screening for development-related difficulties and delays, this guidance report highlights the importance of ensuring that all actors in contact with children and teenagers (in early childhood, school, medical, community and youth protection settings) work together to implement best screening practices. These best practices will allow timely interventions not only for young children receiving services under the YPA, but also for school-aged children and teenagers in their care. Supporting the most vulnerable children with opportunities to grow and develop healthily might certainly be a great challenge. However, such support will benefit not only these children and teenagers but also the society of tomorrow to which they will contribute.

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