WHY WE NEED DEVELOPMENTAL SCREENING POST-COVID:
Learnings from United Way’s DRIVE Initiative

EXECUTIVE SUMMARY

Young children have endured two years of a global pandemic, while their caregivers have been forced to navigate unprecedented circumstances. Conversations around recovery have rightfully centered around stabilizing the childcare sector. Yet the impact of two years of isolation, lack of routine and disruption in early education and care for our youngest children deserves equal attention. Emerging from the COVID-19 pandemic, developmental screening will be more important than ever to support mitigation of long-lasting developmental delays and social emotional concerns for young children. This brief draws on data from United Way’s developmental screening initiative, DRIVE to offer a series of recommendations that can aid policy makers and early education leaders in strengthening the system to expand this critical strategy, ensuring young children’s development is a part of post-pandemic planning and reimagining how we best prepare young learners for school.

BACKGROUND

Developmental screening helps ensure children are connected to critical resources early. A champion of developmental screening since 2014, United Way of Massachusetts Bay recognizes the immense value of this strategy in this moment and its potential to have a lasting, long-term impact on young children and their future educational success.

Even before the pandemic, United Health Foundation reported that Massachusetts was screening 52% of children ages 9-36 months,
which though second best in the country, left nearly half of young children potentially missing connections to developmental resources.¹ If the needs of children are unknown, they cannot be met.

Through close partnerships with community-based organizations and nonprofits, municipal leaders, and state agencies, United Way’s DRIVE initiative has supported continued screening of young children and amplified partner voices speaking up about the developmental needs of young children.

**THE IMPORTANCE OF DEVELOPMENTAL SCREENING POST-COVID-19 PANDEMIC**

Given that 90% of brain development occurs between birth and age five, the disruption in accessing early education and early childhood services during the pandemic could have dramatic impacts on young children, particularly in less-resourced communities. Early research out of Brown University and New York city indicates developmental impacts on babies under six months of age who were born during the pandemic, specifically on fine motor, personal social and cognitive skills.²

Developmental screening has always been a valuable tool for tracking child development. Prior to the pandemic, experts estimated that one in six children had a learning delay or social emotional concern, yet only 20-30% of those needs were identified before entering school.³ Screening typically takes place in childcare centers, pediatricians’ offices, and organizations providing home visiting or community-based supports for young children.

Since the pandemic limited families’ access to in-person support, opportunities for screening and referrals to Early Intervention and other needed resources were interrupted. Specifically, data analysis completed by the Boston Opportunity Agenda found that birth to three-year-olds received Early Intervention referrals and services less often at the beginning of the pandemic, and there was a substantial decrease in childcare availability, resulting in fewer children in formal childcare.⁴ Additionally, pediatricians nationally reported that “16% of low-income parents have postponed well visits” during the pandemic, signaling even more missed opportunities for conversations about child development.⁵ These lapses in screening access are compounded by the toll the COVID-19 pandemic will take on children which, as research shows, can be experienced as an adverse childhood event (ACE). The social isolation and loss that small children will experience can negatively impact their brain development.⁶ Additionally, the impact of parental stress is considered by early research to have potential impact as well.⁷

While research will continue to demonstrate the level of concern about young children’s development, universal access to developmental screening focuses on ensuring that those young children with delays are identified and connected to needed resources.
HOW DRIVE SUPPORTS YOUNG CHILDREN

DRIVE’s goal is universal child development screening to ensure early connections to the resources needed to thrive and learn while also empowering every parent as their child’s first teacher. To achieve this goal, DRIVE focuses on rings of impact to scale access to developmental screening. At the program level, every provider and program that partners with DRIVE uses strong developmental screening practices and aggregate data to best support children they serve. At the community level, developmental screening data can be used to make informed decisions. For example, using fine motor skill data trends to support increased fine motor activities in public preschool classrooms. DRIVE knows that the children least connected to services are the least likely to be screened. Targeted partnerships with community-based organizations ensure outreach to those most in need of connection.

United Way has been a leader in developmental screening conversations by using the Ages and Stages Questionnaire (ASQ™) and the Ages and Stages Questionnaire: Social Emotional (ASQ:SE™) data combined with knowledge from partners to guide continuous improvement. Reliable and validated screening tools such as the ASQ/ASQ:SE help to identify most children’s needs early and facilitate connections to resources that better prepare them to be successful in kindergarten. DRIVE’s knowledge base evolves as the field does, using feedback from partners to ensure that data analytics are responsive to circumstances like the pandemic. Three major learnings stand out from 2020 and 2021 that can fuel a movement for universal developmental screening.

LEARNING #1: Partners prepared to screen kept screening

Given the complex challenges of the pandemic, with providers focused on safety above all else, it would have made sense for screening totals to decline. However, FY2021 produced the highest total number of children screened to date for DRIVE (more than 3,000), including 2,200 new children. DRIVE training, ongoing technical assistance and resources supported partners in pivoting quickly to virtual screening using the Brookes Publishing online system, allowing them to creatively engage families when changes in program policies kept parents physically outside of the classroom. Many partners report plans to continue virtual screening post-pandemic based on its effectiveness during this time.
LEARNING #2: Referrals should be prioritized following screening

Referrals following developmental screening are a vital point to track, knowing the prevalence of developmental delays and the impending impacts following the pandemic. 22% of children who did not score on track were reported in DRIVE as referred to another agency for developmental assessment, however, coordination with partners indicates that this data does not yet provide the full picture. DRIVE will focus on better tracking and understanding the nuances of this data point. Coordination of data systems would allow for most effective tracking of receipt of services following referral. DRIVE will simultaneously explore these conversations with state agencies to build on existing efforts regarding data systems.

![Referrals to Early Intervention & Special Education by Fiscal Year](chart)

**Referrals to Early Intervention & Special Education by Fiscal Year**

<table>
<thead>
<tr>
<th>% of Children Screened</th>
<th>El Referral</th>
<th>Special Ed Referral</th>
</tr>
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<tbody>
<tr>
<td>FY2019</td>
<td>18.1%</td>
<td>4.4%</td>
</tr>
<tr>
<td>FY2020</td>
<td>19.5%</td>
<td>5.2%</td>
</tr>
<tr>
<td>FY2021</td>
<td>18.0%</td>
<td>4.3%</td>
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LEARNING #3: Rescreening is a promising strategy for continued connection

DRIVE data shows improvement in aggregate ASQ scores with multiple screens. This data cannot explain why children improve on the ASQ over time, but these patterns are useful in aggregate to see the value of screening systems’ potential for monitoring ongoing child development. This highlights two separate but related points: continued connection to a DRIVE partner encourages rescreening, and rescreening allows for ongoing monitoring of children’s development and touchpoints with parents. In partnership with Massachusetts Department of Early Education & Care over the last few years, United Way built and uses an ASQ Data Dashboard that aids programs and communities to do this type of analysis of aggregate ASQ data for themselves, and to look further at other patterns specific to the families and children they support.

![Performance on First Screen vs. All Subsequent Screens, by Time Since Screen](chart)
RECOMMENDATIONS & CONCLUSION

United Way urges leaders to include universally accessible developmental screening in early childhood policy and investment priorities to ensure that young children’s development is included in post-pandemic recovery planning, and to incorporate developmental screening as a best practice in programming supporting young children.

During the most challenging of times, more than 3,000 children were screened by DRIVE partners during the pandemic. DRIVE learnings indicate that access to training, ongoing technical assistance, and resources supported screening even during a time of isolation. The data shows 3,000 children and their families were connected to at least one resource because providers were prepared with the necessary knowledge and skills. Throughout the pandemic, many children were also screened through other strong screening systems across the state. While DRIVE has demonstrated barriers to screening can successfully be addressed, nearly half of children in Massachusetts are not screened. DRIVE proposes five areas of focus to make universally accessible screening possible through cross-sector partnerships between philanthropy, state and municipal government, and the nonprofit sector.

**Build a network of screening champions through increased public awareness of screening value**

More people need to know that developmental screening helps to flag the need for additional support for most children. A validated screening tool that assists in connection to needed resources and referrals needs to be promoted as an important preventative and interventive tool for school readiness. A public awareness campaign would provide all stakeholders with common language to use when engaging with families of young children, as well as with their peers in government, philanthropy and nonprofit tables.

**Research the effectiveness of screening resulting in receipt of needed services for children who score with concerns on the ASQ**

In-depth research and evaluation of the DRIVE model would help determine efficiencies and potential areas for growth. Effective universal screening requires not only screening children but ensuring that screening leads to connections to needed resources and support. With more screening data and referral data, early education stakeholders could draw larger conclusions about the needs of young children and the impact of connections to referral agencies. Research could be invaluable on multiple levels to universally accessible screening. Findings could support creation of systems for state agencies working with young children to share knowledge, anecdotes, and data, and identify gaps in services and access to resources. At the municipal level, research could inform greater collaboration between public schools, Early Intervention and community-based organizations.

**Foster cross-sector partnerships to explore alignment of best practices among entities requiring screening**

State agencies that either require or encourage developmental screening by their grantees, programs and partners, are uniquely positioned to impact the reach of screening. Opportunities include expanding on existing cross-sector partnerships and collaborations to discuss best practices, such as key components of training and guidance for thresholds of concern for referrals. In turn, this collaboration could lead to recommendations, such as increased availability of training content like DRIVE training that provides all resources needed to support families in completing the ASQ™ and ASQ:SE™. Additionally,
continued engagement among state agencies, nonprofit, and philanthropic leaders in important conversations around data-sharing and statewide coordination regarding young children could aid in determining current gaps in screening and collectively identifying solutions to reach all children.

Employ technology to increase awareness and access for families within communities

Big problems require innovative solutions. Creation and promotion of a statewide developmental screening search engine would allow for broader access to this information. Labeling of developmental screening as a task for childcare centers and pediatricians misses opportunities to engage other community agencies that work with families of young children in supporting child development. With a common resource, non-early childhood folks such as housing providers or public benefit staff could more effectively support families with young children. Additionally, municipal leaders could promote this resource in their communities to bolster dissemination of information and connection to developmental resources. Emerging cross-sector partnerships and initiatives could support this work.

Invest in screening more children

To reach more families, messaging and messengers are vital. There are many well-trained providers and parents in communities who are prepared to screen more children. DRIVE’s Parent Screeners prove successful in communicating information to and within communities in a way that recognizes cultural and linguistic barriers and meets families where they are. Programs and providers that support developmental screening are often working with limited funding or patching together a series of grants to support their work, hamstraining the ability to grow and reach more children each year. Investment in the various programs that highlight developmental screening would support those programs in making more progress towards universally accessible screening.

CONCLUSION

Action on these five recommendations would amplify the impact of initiatives like DRIVE to build a system of universally accessible developmental screening. For children and families, these actions would ensure that all children have access to development screening and early connection to resources, and all parents are empowered to engage in their child’s development. For providers, steps forward on these recommendations would mean access to professional development opportunities to engage in developmental screening most effectively and identify program improvements. And at the community level, these recommendations would generate robust, informative datasets to inform community policy and planning. These rings of impact from developmental screening are significant in the growth and development of young children and will be a key part of the answer post-pandemic when asking the question, “how are young children doing?”.
ACKNOWLEDGMENTS

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ENDNOTES


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