

A CALL TO ACTION ON BEHALF OF MALTREATED INFANTS AND TODDLERS



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Abuse and neglect threaten the healthy futures of thousands of infants and toddlers. Every year, almost 200,000 children from birth to 3 years old come into contact with the child welfare system; more than a third of them are placed in foster care, representing the largest age group entering care. However, not just the numbers should give us pause, but also the fact that these very young children are at such a critical point developmentally. The child maltreatment that most often brings them to the system occurs during a time when their brains are developing at life-altering rates. Maltreatment chemically changes that development and can lead to permanent damage of the brain's architecture. The child welfare system has not done well at addressing the developmental needs of infants and toddlers and, in some instances, acts in ways that threaten their development.

As a society, we have a moral imperative to protect children. Protection must include ensuring not only a safe environment but also developmental support so young children can fulfill their potential later in life. We cannot afford to burden our economy with the demands that maltreated babies will make as they grow up. Costs associated with special education programs, foster care, incarceration, mental health services, drug and alcohol rehabilitation, and the risk of continuing the cycle of maltreatment with their own children are expenses our society can ill afford.

Child welfare policy and practice rarely view infants and toddlers through a developmental lens. Although there are notable exceptions, generally few initiatives, policies, or practices recognize the special vulnerability of these young children to developmental harm or systematically seek to ameliorate it. Thus, some actions such as multiple moves in foster care placements, infrequent contact with parents, and failure to provide developmental assessments may escalate the damage.

The good news is that there is a wealth of scientific knowledge about promoting healthy brain development to guide us. Although this time of life is one of great vulnerability, it also presents an opportunity to intervene early to prevent or minimize negative effects that will prove more intractable later.

The undersigned organizations call on policymakers and program administrators at all levels of government to address the developmental and other needs of these extremely vulnerable infants and toddlers. The federal government should show leadership in creating a response to their special developmental needs. State and local child welfare agencies, as well as local communities and practitioners, also can make real changes in how the needs of infants, toddlers, and their families are met and should work to address their special developmental needs.

This document represents our collective vision of important steps that can and should be taken in policies, programs, and practices to better address the developmental needs of infants and toddlers who come to the attention of the child welfare system. It first presents the compelling evidence for addressing the needs of infants and toddlers. It then suggests key elements of a developmental approach for infants and toddlers in child welfare. It is intended to provide a starting point for federal, state, and local policymakers and administrators to assess and identify where and how they can revise or institute policies that protect the development of infants and toddlers as well as their safety.

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Making the Case: The Effect of Maltreatment on the Development of Infants and Toddlers

A Portrait of Infants and Toddlers in the Child Welfare System

Unquestionably, infants and toddlers are the age group most vulnerable to maltreatment and its aftermath. Every year, almost 200,000 children from birth to 3 years old come into contact with the child welfare system,¹ and 76,862 are removed from their parents' care.² They constitute more than one quarter of all children who are abused or neglected.³ Of the estimated 1,740 children who died from abuse and neglect in 2008, more than three quarters (79.8%) were 3 years old or younger.⁴

Infants and toddlers are the largest single group of children entering foster care. Of the children who entered foster care during fiscal year 2009 (FY2009), 31% were less than 3 years old.⁵ Once they have been removed from their homes and placed in foster care, infants who enter care at less than 3 months old are in foster care 50% longer than older children and are much more likely to be adopted than reunified.⁶

Even within the infant-toddler population, experiences vary depending on age measured in mere months. A recent analysis examined the experiences of infants (i.e., children under 1 year of age) placed in foster care in 14 states. The analysis found distinct differences between children placed in the first 3 months of life and those placed between 3 and 12 months in terms of how long they remained in care and how they exited. The youngest babies stayed the longest: Their median length of stay was 17.3 months, compared with 14.2 months for older infants. Very young infants placed in foster care are much less likely to leave care with their parents than are older infants: 28% are reunified with their parents, whereas 43% are adopted. Infants entering care after 3 months old are more likely to be reunified (42%).⁷ For those infants who do achieve reunification, almost one third will re-enter the child welfare system.⁸ Almost half (49%) of the children waiting to be adopted in FY2009 were 3 years old or younger when they were removed from their parents or caretakers; 25% were less than 1 year old. However, only 2% of children adopted in FY2009 were less than 1 year old, because of the length of time it takes to go through the process leading to adoption.⁹



What Are the Special Challenges That Infants and Toddlers Face in Child Welfare?

The Developing Brain Is Harmed by Abuse and Neglect

Neuroscientific research on early brain development indicates that young children warranting the greatest concern are those growing up, starting before birth, in environments that expose them to abuse and neglect. It is during the first years of life when the brain undergoes its most dramatic development and children acquire the abilities to think, speak, learn, and reason. Early experiences, both positive and negative, have a decisive effect on how the brain is wired.¹⁰ In fact, early and sustained exposure to risk factors such as child abuse and neglect can influence the physical architecture of the developing brain, preventing infants and toddlers from fully developing the neural pathways and connections that facilitate later learning. Maltreatment alters the brain's architecture.¹¹ These changes in the brain give rise to several psychological difficulties—cognitive delays, poor self-regulation, and difficulty in paying attention.¹² Maltreated infants and toddlers may also struggle with poor self-esteem, behavior control, and attachment formation and may have difficulty showing empathy, controlling their behavior in social situations, and initiating social interaction. Infants and toddlers in the system also face developmental challenges.

At a Glance: Facts About Infants and Toddlers

- Children from birth to 1 year old have the highest rates of victimization.¹³
- Infants and toddlers constitute more than one quarter of all children who are abused or neglected.¹⁴
- Every day, 210 babies are removed from their homes because their parents cannot take care of them.¹⁵
- Infants and toddlers accounted for 31% of children who entered foster care in 2009—the largest single group of children entering care. Sixteen percent were less than 1 year old.¹⁶
- Once they have been removed from their homes and placed in foster care, infants who enter care at less than 3 months old are in foster care 50% longer than older children and are much more likely to be adopted than reunified.¹⁷
- A total of 1,740 children died from abuse and neglect in 2008; more than three quarters (79.8%) of these children were 3 years old or younger.¹⁸

Approximately one third of infants and toddlers investigated by child welfare services have a developmental delay.¹⁹ Data from the National Survey of Child and Adolescent Well-Being indicate that 35% of children from birth to 3 years old involved in child welfare investigations were in need of early intervention services. However, only a small percent (12.7%) of these children were receiving the Individualized Family Service Plans to which they were entitled under federal law.²⁰

Infants and Toddlers Are Too Often Deprived of Nurturing Relationships



Relationships with caregivers are the context in which early development occurs. These first relationships that a child forms with adults have the strongest influence on social and emotional development.²¹ Infants and toddlers rely on their closest caregivers for security and comfort. Those who are able to develop secure relationships are observed to be more mature and positive in their interactions with adults and peers than children who lack secure attachments.²² They also show a greater capacity for self-regulation, effective social interactions, self-reliance, and adaptive coping skills later in life.²³

It is not surprising that researchers have found that approximately 82% of maltreated infants show disturbances in their attachment to their caregivers.²⁴ These disruptions place them at great risk. Furthermore, when young children are formally separated from their caregivers, challenges to maintain and rebuild relationships may be compromised. Young children who do not form an attachment with at least one trusted adult suffer, and their development can deteriorate rapidly, resulting in delays in cognition and learning, relationship dysfunction, and difficulty expressing emotions. Young

children with unhealthy attachments are also at much greater risk for delinquency, substance abuse, and depression later in life.

Infants and Toddlers Are Vulnerable to the Long-Term Effects of Maltreatment and Negative Foster Care Experiences

Negative foster care experiences may extend and compound developmental impairments²⁵ that, research indicates, can affect each domain of developmental functioning.²⁶ Separation from parents, sometimes sudden and usually traumatic, coupled with the difficult experiences that may have precipitated out-of-home placement, can leave infants and toddlers dramatically impaired in their emotional, social, physical, and cognitive development.²⁷ Research shows that young children who have experienced physical abuse have lower social competence, show

less empathy for others, have difficulty recognizing others' emotions, and are more likely to be insecurely attached to their parents.²⁸

Two major problems for infants and toddlers in foster care are the lack of ongoing parent–child contact and the multiple moves that some children experience. Maintaining or healing attachments with parents is critical for young children but can be difficult while the child is in placement. Visitation for infants and toddlers should be as frequent as possible (e.g., daily or multiple times per week) and be conducted in homelike locations that are familiar to the child.²⁹ Typical child welfare policy dictates once-weekly visits between parents and children. An overarching principle of infant mental health intervention is that relationships (e.g., between parent and child as well as family and interventionist) are the conduit for change in the young children and families served.³⁰

Multiple moves while in foster care are a particular concern for infants and toddlers. When a baby faces a change in placement, fragile new relationships with foster parents are severed, reinforcing feelings of abandonment and distrust. Even very young babies grieve when their relationships are disrupted, and this sadness adversely affects their development. Although recent analysis suggests that infants may not experience as many moves as older children,³¹ even a relatively small percentage of very young children shifting from home to home can be a problem. In one state, 25% of infants and toddlers had three or more moves within the first 3 months of care.³² These multiple moves place children at an increased risk for poor outcomes with regard to social–emotional health and the ability to develop secure healthy attachments.³³

Maltreated Infants and Toddlers in Foster Care May Not Realize Their Full Potential

The toll extracted by maltreatment and the often inadequate response of the child welfare system to address impairments can resonate throughout a child's life. According to the National Survey of Child and Adolescent Well-Being, half of maltreated infants exhibit some form of cognitive delay.³⁴ They are more likely to have deficits in IQ scores, language ability, and school performance than other children who have not been maltreated.³⁵ Maltreated infants and toddlers are also more likely to have physical health difficulties such as greater neonatal problems, higher rates of failure to thrive, and dental disease.

Disproportionate exposure to early trauma and other developmental risk factors can result in a variety of mental health disorders. Physical abuse impairs a young child's social adjustment, including elevated levels of aggression that are apparent even in toddlers. Long-term negative outcomes include school failure, juvenile delinquency, substance abuse, and the continuation of the cycle of maltreatment into future generations. Too often, foster children become parents themselves too soon and have little experience with loving, nurturing relationships to guide their own parenting. The cycle must be broken.

Hope Through Action: A Unique Window of Opportunity

Research confirms that the early years present an unparalleled window of opportunity to effectively intervene with at-risk children.³⁶ To be effective, interventions must begin early and be designed with the characteristics and experiences of these infants, toddlers, and families in mind.³⁷ Intervening in the early years can lead to significant cost savings over time through reductions in child abuse and neglect, criminal behavior, welfare dependence, and substance abuse. If services are not provided until a child is 6, 7, or 8 years old, the most critical opportunity for prevention and intervention is missed.³⁸ A study of the cumulative costs of special education from birth to 18 years old found that intervening at birth resulted in lower costs over the course of childhood than services started later in life (approximately \$37,000 when services were begun in infancy, 28% to 30% lower than when begun after the age of 6).³⁹

Given this early window of opportunity, there are a number of ways that policymakers and practitioners can intervene to improve outcomes for infants and toddlers. Child welfare practices must be focused on child safety and also structured to promote healthy development and the formation of a secure attachment. A reorientation of thinking is needed to reform approaches to infants and toddlers who come to the attention of the child welfare system at such a developmentally critical time.

An Agenda for Addressing the Developmental Needs of Infants and Toddlers

Elements of a policy agenda focused on infants, toddlers, and their families should build on guiding principles for infant and toddler development and the protective factors that help families mitigate the trauma of maltreatment and provide a nurturing environment for young children. Guiding principles, policies, and practices to address them include the following:

- *Every child welfare decision and service should have a goal of enhancing the well-being of infants, toddlers, and their families to set them on a more promising developmental path.* Reorienting a child welfare system toward a developmental approach should be paramount. It requires commitment from policymakers as well as the inclusion of specific knowledge of the science of early child development in the training for child welfare, social service, early childhood, and legal workforces. Data that capture the needs of infants and toddlers will help inform appropriate decisions for these young children.
- *Stable caring relationships are essential for healthy development.* At least one loving, nurturing relationship is the linchpin of positive early development. Child welfare policies and practices should make supporting responsive, secure bonds between the youngest children and their parents and caregivers a central goal. This means maintaining and supporting parent–child contact; minimizing multiple placements; limiting the use of

congregate care to situations where parents and their young children can be cared for together; and promoting timely permanence.

- *Early intervention can prevent consequences of early adversity.* Meeting developmental needs means routinely using developmentally appropriate screening and assessments and then intervening early with necessary services. Infant and early childhood mental health specialists can serve as consultants to staff, birth parents, and other caregivers. They can help address the relationship between baby and parent and between baby and foster parent. Child–parent therapy may be essential. Special efforts are needed to get this help to infants and toddlers when they first come to the attention of the child welfare system.
- *Families and communities must be key partners in efforts to ensure the well-being of every child.* The child welfare system cannot do it alone. It is important to support child welfare policies that facilitate coordination among agencies to provide comprehensive assistance for at-risk families by “breaking down the silos” that currently exist. For at-risk families with young children, help in building strong friendships and community connections that reduce isolation can provide an especially valuable network of support.
- *Child welfare administration at the federal, state, and local levels must focus on infants, toddlers, and their families in such functions as the delivery of services, data collection, research, and attention to special populations.* It is extremely important that we know more about what is occurring with the youngest children in the child welfare system and what works best in addressing their needs. We must acknowledge and respond to their needs in program administration, research, data collection, and analysis, as well as the provision of ongoing services.



The effect of maltreatment and negative foster care experiences on healthy

development can have lifelong implications if not properly addressed. Knowledge of infants and toddlers in the child welfare system, as well as the science of early childhood development, provide a starting point as well as an impetus for adopting a developmental approach to child welfare services. Important progress can be made on behalf of these infants and toddlers. The next section enumerates the elements of such an approach that need to be supported through policies and practices at the federal, state, and local levels.

Policy Checklist: Elements of a Developmental Approach to Child Welfare Services for Infants, Toddlers, and Their Families

Research indicates that each domain of developmental functioning is affected by the early experience of maltreatment. Negative foster care experiences may extend and compound these developmental impairments.⁴⁰ Infants and toddlers come into the child welfare system at the most vulnerable and the most opportune time of development. Promoting healthy development for babies and young children must be the guiding principle for child welfare policy and practice for infants and toddlers.

Examples of Federal Actions

Congress could:

- Take the initiative to highlight the importance of addressing the needs of infants and toddlers in hearings, briefings, and legislation related to child welfare.
- Require states to describe in their child welfare state plans how they are addressing the needs of infants and toddlers known to the child welfare system.
- Encourage state innovation (through incentive funds or grants or other new resources) in addressing the needs of infants and toddlers that have come to the attention of the child welfare system.
- Ensure that data collection and monitoring efforts, such as the Child and Family Services Reviews, include specific information on how cases involving infants and toddlers are being handled and the effectiveness of such steps in improving outcomes for infants and toddlers.
- Provide funding for research to identify and expand effective policies and practices for infants and toddlers in child welfare.

The Department of Health and Human Services could:

- Take the initiative to highlight the importance of addressing the needs of infants and toddlers in issuing guidance, rules, and regulations for child welfare programs.
- Identify best practices for addressing the needs of infants and toddlers and encourage states to implement them.
- Ensure that child welfare resource centers have materials and technical assistance available specifically focused on infants and toddlers.
- Fund research to identify and expand effective policies and practices for infants and toddlers in child welfare.
- Highlight the importance of addressing the developmental needs of infants and toddlers in conferences and publications.

This checklist of policy action steps provides a guide to help federal and state policymakers and those delivering services to children and families ensure that the practices used in child welfare systems incorporate what we know from the science of early childhood development.

- Federal policymakers should promote the importance of the action steps in this checklist to state and local public and private child welfare agencies and others working to improve outcomes for young children and their families.
- State policymakers and local administrators should systematically put these actions into practice through guidance, technical assistance, training, and special initiatives to better ensure the safety, permanency, and well-being of infants, toddlers, and their families known to the child welfare system.

To be responsive to the unique developmental needs of infants and toddlers, child welfare systems must have the following steps in place to ensure appropriate policies and practices.

Policy Objective:

Services and supports are delivered in a developmentally appropriate manner to infants, toddlers, and families who come to the attention of the child welfare system so that decisions and services have the explicit goal of enhancing the safety, permanency, and well-being of infants and toddlers.

Background

There is a wealth of scientific knowledge available about early childhood development that can be used to make informed decisions about placement, visitation, services, and permanency for infants and toddlers in the child welfare system. Policymakers should be focused on building and maintaining a well-trained child welfare, social service, early childhood, and legal workforce educated in the science of early childhood development and informed by the most relevant and recent data. For professionals who work with infants and toddlers in the child welfare system, this must include ongoing training and continuing education, sound recruitment and retention policies, improved supervision, and appropriate workloads for social workers and attorneys. Policymakers should promote services for appropriate care and permanence based on research showing what works for infants and toddlers. A range of family support services intended to keep young children safely with their families should be built. When placement is necessary, models of foster parenting should be developed that support recruitment and retention of foster parents who are prepared to address the special needs of young children. This includes training families specifically to foster infants and toddlers, promoting the social-emotional, cognitive, and healthy development of those children; training foster parents as mentors for birth families; and encouraging foster parents to continue as resources to birth families or guardians or adoptive families once permanency is achieved.

Policy Action Steps

- ✓ Case plans include services for infants and toddlers that are developmentally appropriate (e.g., early intervention screening).
- ✓ A quality child welfare workforce guided by the science of early childhood development includes:
 - Recruitment of front-line workers and supervisory staff with training in child development;
 - Understanding the issues that parents involved with the child welfare system might be facing (e.g., underlying history of severe and often debilitating trauma, substance abuse issues, mental health issues, and poverty) and education on the many protective factors that could help families succeed; and
 - Policies that promote retention and increased professionalism such as trauma-informed services, reflective supervision, more knowledge about the unique needs of infants and toddlers, and opportunities to discuss the traumatic circumstances of the client and how that affects the coping capabilities of the staff.
- ✓ Training on developmentally appropriate care for infants, toddlers, and their families is provided to:
 - Child welfare workers;
 - Birth parents, foster parents, or other caregivers;
 - Attorneys, judges, and other court staff; and
 - Other professionals engaged in the child welfare system (e.g., mandated reporters and others who work in partnership with child welfare such as early childhood programs).
- ✓ Permanency planning includes shared responsibility between courts and child welfare agencies to oversee physical health, developmental, mental health, and other services for infants, toddlers, and their families and to take active steps to ensure the children find permanent families through reunification, kinship guardianship, or adoption.



A Closer Look: Services and Supports for Infants and Toddlers

Understanding Issues Parents Are Facing

Parents who maltreat their children are likely to have been raised in families where they themselves were maltreated. Mothers who experienced child maltreatment are likely to use punitive parenting behaviors, as a history of childhood physical abuse is closely associated with becoming physically abusive as a parent.⁴¹ Parents who physically abuse their children share several characteristics, such as impaired social skills, impaired cognitive skills, and poor problem-solving skills. It is important to understand parents' early experiences and to help support them in their parenting roles.

Trauma-Informed Care and Supervision

When a program takes the step to become trauma informed, every part of the organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of the child and family seeking services.⁴² Trauma-informed organizations, programs, and services are based on the understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may aggravate, so that these services and programs can be more supportive.⁴³ *Trauma-informed supervision* allows practitioners to understand the dynamics of trauma exposure on infants and toddlers and also enables them to sensitively provide care to infants and toddlers who have experienced trauma. The families' traumatic experiences undoubtedly have an effect on the emotional well-being of child welfare staff. It is in the context of trauma-informed supervision that they can talk through their own personal reactions to very troubling family trauma and learn how to cope.

Reflective Supervision

Reflective supervision is a practice commonly used with professionals who work with infants, toddlers, and their families. There are three building blocks of reflective supervision: reflection, collaboration, and regularity. Reflective supervision is the process of examining, with someone else, the experiences, thoughts, feelings, actions, and reactions evoked in the course of working closely with young children and their families.⁴⁴ Working through complex emotions in a "safe place" allows the supervisee to manage the stress she experiences on the job and also allows the staff person to experience the very sort of relationship that she is expected to provide for infants, toddlers, and families.⁴⁵

Differential Response

In traditional child protective services systems without differential response, there is only one response to all reports. Child welfare workers investigate the allegation with a resulting formal disposition indicating whether maltreatment occurred. Research indicates that this single approach is not effective in all types of reports of maltreatment. With differential response (also referred to as “dual track,” “multiple track” or “alternative response”), child protective services is allowed to respond in multiple ways to abuse and neglect allegations. For high-risk reports, an investigation generally ensues. For low- and moderate-risk cases with no immediate safety concerns, a family assessment is conducted to gauge the family’s needs and strengths and refers them on to appropriate community-based resources.

In Ohio, research determined the following on the use of differential response:

- No evidence was found that the replacement of traditional investigations by alternative response family assessments reduced the safety of the children.
- Subsequent reporting of families for child abuse and neglect declined under alternative response, particularly among minority families, the most impoverished families in the study.
- Removals and out-of-home placements of children declined.
- Provision of poverty-related services of various kinds increased, including: food and clothing; child care; help with utilities; money for rent; help in obtaining appliances and furniture; car repair; transportation; and other financial help.
- Families served through alternative response were more frequently connected to counseling and mental health services.

There have also been positive evaluations of differential or alternative response in Minnesota and Missouri.



A Closer Look: Kentucky Sobriety Treatment and Recovery Teams

Recognizing that nearly 90% of children 3 years old or younger in out-of-home care have parental substance abuse as a risk to their safety, Kentucky developed Sobriety Treatment and Recovery Teams (START) in 2006, a replication of the START model from Cleveland, Ohio.

START serves families with young children who have experienced child neglect or abuse and parental substance use disorders, focusing on helping parents overcome their addictions and promoting parental capacity to care for their children. Highly trained family mentors and child protective service workers team up to work with families with substantiated abuse or neglect and child safety risks, with children at least 5 years or younger, often including substance-exposed newborns. Of the 320 families served, 70% of mothers achieved and maintained sobriety, nearly double the typical rate of success of 39% in other programs. Many successful families have been able to care for their children, develop better parental skills, and pursue education and other work. Key partners in START include judges, foster parents, mental health providers, and substance abuse providers.

Policy Objective:

All infants and toddlers under the supervision of child welfare agencies have the opportunity for stable, caring relationships essential for healthy development.

Background

Early experiences take place in relationships. The first relationships a child forms with adults have the strongest influence on social and emotional development.⁴⁶ Infants and toddlers rely on their closest caregivers for security and comfort. Those who are able to develop secure attachments are observed to be more mature and positive in their interactions with adults and peers than children who lack secure attachments.⁴⁷ They also have a greater capacity for self-regulation, effective social interactions, self-reliance, and adaptive coping skills later in life.⁴⁸ Those who do not form an attachment with at least one trusted adult suffer, and their development can deteriorate rapidly, resulting in delays in cognition and learning, relationship dysfunction, and difficulty expressing emotions. Supporting responsive, secure bonds between the youngest children and their parents or foster parents is critical. For children in the child welfare system, this means ensuring a stable placement, implementing frequent family visitation, pursuing concurrent planning to achieve timely permanence, and eliminating congregate care placements.

Policy Action Steps

For infants and toddlers and their families:

- ✓ Developmentally appropriate assessments are provided for the child and parent individually, the parent–child relationship, and the overall environment supporting the young child's development.
- ✓ Basic health, development, safety, and special health and mental health needs of infants and toddlers are assessed and addressed, and linkages are made to services.
- ✓ Basic needs and specialized treatment needs of birth parents of infants and toddlers are assessed and addressed.
- ✓ Risks and protective factors that have an effect on the young child's safety and well-being are assessed.
- ✓ Approaches (e.g., differential response, family-centered practice, and family engagement) to assess and support family strengths and positive parenting practices are used for young children and their families and are continually evaluated and expanded.

For infants and toddlers placed in foster care:

- ✓ Pre-removal conferences—such as Family Group Decision Making, initiated by and held at the child welfare agency with parents and any members of their support system—are held in the 24 hours before removal, where possible, to engage families so that family resources (e.g., relatives) can be explored.
- ✓ Foster/adopt family homes are developed, where foster parents trained in infant and toddler development, in addressing the trauma involved in a baby's removal from a primary caregiver, and in promoting stability for the child are part of the foster home continuum.
- ✓ Mental health, developmental, and infant development specialists, 24-hour check-in capability, and support groups and respite care are integral components of family foster care.
- ✓ Shelter care and congregate care are not used unless such a placement enables young children to remain with their parents.
- ✓ Developmentally appropriate parent-child contact:
 - Is individualized for each family, according to their needs;
 - Aims for daily contact;
 - Occurs in locations and times that work for birth parents, foster parents, and the infants and toddlers;
 - Addresses parenting practice and relationship building;
 - Focuses on parent involvement in normal family activities, such as doctor's appointments and birthday celebrations; and
 - Limits those involved in supervising visits to one or two people who develop ongoing relationships with the child and caregivers.
- ✓ Family continuity is promoted through:
 - Frequent (at least weekly) visits with siblings and other close relatives;
 - Expedited kinship searches in infant and toddler cases;

- Identifying and supporting families/ relatives as the preferred placement, when appropriate, including a broad definition of “relatives” to include tribal kin, extended family, and close family friends or others with a close relationship to the child; and
- Training for families in child development and strategies to create and sustain an optimal environment for young children.
- ✓ Stability while in care is promoted through:
 - Committed caregivers trained and supported in infant and toddler development;
 - No moves in foster care without higher level review and reassessment of the child to determine the effect of moves on the child’s development and well-being; and
 - A transition plan and other provisions for continuity when moves occur.
- ✓ Timely permanence is promoted through:
 - Infants and toddlers remaining in their first out-of-home placement throughout their tenure in foster care;
 - Stable relationships between child welfare caseworkers and families;
 - Multiple visits between children and parents weekly;
 - Use of concurrent planning, shared family care, comprehensive family treatment, mentor foster parents, and foster/adopt home placements;
 - Monthly case reviews involving the birth and foster parents, social workers, attorneys, and service providers;
 - Monthly court hearings when children are in fosterly care;
 - Expedited permanency hearings, as appropriate, that occur between 6 and 12 months after removal for the youngest children and sometimes earlier;
 - Agreements certifying open relationships between the birth and foster parents that continue after reunification and adoption;
 - Transition plans; and
 - Postpermanency services and supports.



A Closer Look: Stable Caring Relationships and Healthy Development

Assessment

Infants and toddlers who have experienced abuse and neglect, or who have been exposed to prenatal maternal alcohol and/or substance abuse, have higher rates of physical and emotional problems. Of children under the age of 5 in foster care, it is estimated that between 23% and 61% are found to be significantly delayed when screened for developmental problems.⁴⁹ Only 10% to 12% of children under age 5 in the general population are estimated to experience similar delays.⁵⁰ If not addressed, these delays can have serious consequences for children as they age.⁵¹ Quality assessments can pave the way for quality interventions.

Pre-Removal Conferences

At these meetings, mediated by a trained facilitator, the investigative social worker and the worker who will take the case after the investigation talk with the parent(s) about the reasons for removal, the family's strengths and challenges, the services that could be initiated immediately, and the special needs of the child(ren). This allows parents to be seen as the experts about their child(ren) and to know that the child welfare workers are in their corner.

Parent-Child Contact

Research has documented that babies thrive in the context of supportive ongoing relationships with important caregivers.⁵² Relationships are also critical in the lives of the vulnerable adults who are the parents of maltreated infants and toddlers. In a

retrospective study examining factors affecting timely permanency, researchers in Colorado found that multiple weekly visits with their birth parents played a critical role in helping children reach permanency in 12 months.⁵³ Trained foster parents and relative caregivers can play helpful roles in strengthening these relationships.

Concurrent Planning

This approach seeks to promote timely permanent families for children in foster care by considering reunification and other permanency options at the earliest possible point after a child's entry into foster care.⁵⁴ Potter and Klein-Rothschild (2002) found it to be most effective for cases involving young children,⁵⁵ and there are suggestions that it is most often used for infants and toddlers. Reducing the time to permanency and minimizing the number of moves is always a goal, as even short time spans are a large proportion of an infant or toddler's life.

Postpermanency

These services are needed to "enhance parenting skills, provide social support, connect families to basic resources, and address children's behavioral and emotional needs" if re-entry into foster care is to be prevented.⁵⁶ Postpermanency services can be especially valuable for infants and very young children who may be at increased risk of re-entry after reunification.⁵⁷ They can also help support young children who go to live with relative guardians or adoptive families.

A Closer Look: Parent–Child Visits in Iowa Court Team

ZERO TO THREE has instituted a groundbreaking program, Safe Babies, Strong Families, and Healthy Communities, operating in 10 diverse sites. The principle strategy of the Safe Babies program is the Safe Babies Court Team, which combines judicial muscle with child development expertise and community partnerships so that babies and toddlers are given life-changing help. By working together, multidisciplinary teams are implementing comprehensive research-based approaches to promote better long-term developmental outcomes for maltreated infants and toddlers. Court Teams focus on increasing the frequency of contact between babies in foster care and their parents, starting with community wide training on why visitation is so important for the children, for their parents, and for expediting permanency.

In Des Moines, Iowa, the Court Team decided to create a place where children and parents could safely visit. Dubbed “R House,” this old Victorian-style house, secured and funded by a local family agency, gives parents the opportunity to practice real-life parenting under the supportive supervision of the professionals working with them. There is a working kitchen where parents can prepare snacks and meals for their children, a large bathroom where parents can give their children baths, an infant’s bedroom, a playroom, and a family room. There is also meeting space, a clothing exchange, and cubbies where homeless parents can leave possessions between visits. Donations are accepted and passed on to families in need. The house is also available for other agencies to access for the families with whom they work.

Policy Objective: **Early intervention procedures and services are accessible to prevent the consequences of early adversity in infants and toddlers.**

Background

Infants and toddlers who have experienced abuse and neglect, or who have been exposed to prenatal maternal alcohol and/or substance abuse, have higher rates of physical and emotional problems. If not addressed, these health conditions and developmental delays can have serious consequences for children as they age.⁵⁸ Despite this understanding, few young children who come into contact with child welfare services receive proper screening or assessments. Even fewer receive services to address the developmental delays they are experiencing.⁵⁹ Federal and state policies should ensure that the developmental needs of infants and toddlers, as well as those of their parents, are identified and addressed. This means routinely using screening and assessments and intervening early with developmental services. Program evaluation research demonstrates that quality, research-based early intervention programs that begin early can improve the odds of positive outcomes for the nation’s youngest and most vulnerable children well into the adult years.⁶⁰

Policy Action Steps

- ✓ A range of comprehensive physical, mental, emotional, developmental, and family assessments, reassessments, and services that address the needs of families with infants and toddlers are provided, such as:
 - Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services or other preventive health services;
 - Infant and early childhood mental health services, including parent–child therapy; and
 - Assessments and services to meet parents' needs regarding physical health, mental health, substance abuse, economic concerns, and housing.
- ✓ Priority is given for the participation of infants and toddlers in specialized treatment and quality early childhood programs:
 - Early Head Start;
 - Early childhood home visiting programs;
 - A strengthened Part C Early Intervention Program that has been made more responsive to the needs of these infants, toddlers, and their families by (a) structuring collaborations between Part C and child welfare agencies and by (b) increasing staff training to ensure that early intervention professionals are equipped to address the unique needs of very young children in the child welfare system; and
 - High-quality child care services.

A Closer Look: Early Intervention Procedures and Services

Part C: Infants and Toddlers With Disabilities

The Early Intervention Program for Infants and Toddlers with Disabilities, or Part C of the Individuals with Disabilities Education Act (IDEA), is a federal grant program that assists states in operating a comprehensive program of services for children from birth to 2 years old with developmental delays or who are “at risk” of developing a delay. Amendments to the Child Abuse Prevention and Treatment Act (CAPTA) of 2003 required states to develop procedures to assure that all children from birth to 3 years old who were involved in a substantiated incident of abuse or neglect are referred to Part C. The IDEA amendments of 2004 also required Part C services for all children who have been maltreated or exposed to domestic violence and illegal prenatal substances. To better address the unique needs of these infants and toddlers, states’ early intervention programs must ensure training for their early intervention professionals in the special needs of these children and their families including the effects of trauma, unmet mental health needs, and needs related to drug and alcohol use. Closer collaboration between Part C and child welfare agencies is also needed. In Pennsylvania, more children are being screened and receiving services for developmental and social-emotional problems as a result of the state’s early intervention referral policy for infants and toddlers involved with child welfare, which was implemented to meet the federal CAPTA and IDEA mandates.

Infant-Parent Psychotherapy

The healthy development of a young child occurs within the context of the relationships the child has with her caregivers. Supportive early relationships can buffer a child from the ill effects of stress and biological hazards, and treatments that focus on the relationship between parents and children have been shown to be effective. Therapies specifically for infants are focused mainly on improving the infant-parent relationship. Research suggests that these types of therapy are useful in addressing the issues that maltreated infants face, including poor relationships with their closest caregivers, poor emotional expression, and poor eating and sleeping patterns.

A Closer Look: Louisiana and Washington Infant-Parent Therapy

The *Orleans Parish Louisiana Infant Team* provides infant mental health services to all families who come before the juvenile court for reasons of child maltreatment. The Infant Team performs a relationship-based assessment with each child and the child's potential caregivers (e.g., foster parents, relative caregivers, and biological parents) and then provides recommendations to the court about what the family can do so that reunification can occur. After the assessment, a member of the Infant Team provides infant-parent psychotherapy to the infant and the most important adult caregivers. Over 13 years, the Infant Team has served 180 children, and only one has come back into care because his mother relapsed.

Recognizing that infants and toddlers in the child welfare system experience multiple placements that put them at great risk both for immediate and long-term mental health challenges, *Supporting Early Connections* in King County, WA, seeks to change that experience by promoting a psychological partnership where children's abilities to regulate and integrate their feelings and understand their "world" are supported by the parents' increasing capacity to protect and respond in developmentally appropriate ways. Therapists with infant mental health specialization work closely with Family Support Specialists to enhance family engagement, establish trust, and support healing for the child-parent relationship in order to promote and sustain healthy development.



Policy Objective:

Families and communities should work as key partners in ensuring the well-being of every infant and toddler.

Background

It is important to support child welfare policy that seeks to encourage coordination among agencies whose goal is to assist at-risk families. Assisting at-risk families with infants and toddlers requires a comprehensive approach that seeks to “break down the silos” that currently exist. We should encourage and support the development of community-based networks of social service supports to assist infants, toddlers, and their families known to the child welfare system. These infants and toddlers don't come in pieces. Coordination among services is essential. At a minimum, early childhood, maternal, and child health programs, Part C Early Intervention Programs, and the WIC Program should be brought together with child welfare agencies. For at-risk families with young children, building strong friendships and connections to their community that reduce isolation is also critical to providing a network of support during challenging times.

Policy Action Steps

- ✓ Collaboration among child welfare and community systems is underway to create a web of concrete services for infants, toddlers, and families; and
- ✓ Community resources are linked with child welfare services to help families build informal support systems.

A Closer Look: Protective Factors and Young Children

The Center for the Study of Social Policy (CSSP) has developed an approach to child welfare practice that responds to the urgent needs of the youngest, most vulnerable group of children. Practice that attends to the specific early developmental needs of the youngest victims of maltreatment can prevent some of the harmful effects of trauma and improve outcomes for these children. Strengthening families so that they can meet these needs is a powerful strategy for supporting very young children during the most crucial phase of their development. Such an approach emphasizes attention to the presence and promotion of protective factors—as well as the reduction of risk factors—to guide caseworkers and their partners in child welfare in ensuring the healthy development of young children.

CSSP's emerging research more directly assesses the role of interventions and strategies for building relationships with families that support the amelioration of risk through the promotion of these protective factors, including the following:

1. Parental resilience: the capacity to cope with all types of challenges;
2. Social connections: positive relationships with friends, family members, neighbors, and others who can provide concrete and emotional supports to parents;
3. Knowledge of parenting and child development: accurate information about raising children and appropriate expectations for their behaviors; and
4. Concrete support in times of need: financial security and access to informal and formal supports.⁶⁶

A Closer Look: Arizona's Best for Babies

Arizona's *Best for Babies* is a collaboration between community service providers from early intervention, public health, mental health, and child welfare programs, who work with judicial leadership from the Yavapai Juvenile Court to improve the timeliness, coordination, and effectiveness of services for infants and toddlers removed from their parents as a result of abuse or neglect. Community professionals and foster parents meet monthly to guide the delivery, coordination, and utilization of services to the community's youngest and most vulnerable children while in foster care.

Policy Objective:

Ensure a focus on infants, toddlers, and their families in administrative functions such as data collection, research, and attention to special populations.

Background

An important first step in ensuring developmentally appropriate care for infants and toddlers in child welfare is learning more about who they are, where they are, what their needs are, and how those needs are currently addressed and can be better addressed by the system. Staff and others respond when they see the data and research outcomes. Such data and research are essential to shaping appropriate services and support for these children and their families. A finding that the youngest children remain in care the longest can help prompt more up-front attention to finding permanent families for children. The needs of infants and toddlers must take priority in every aspect of program administration.

Policy Action Steps

- ✓ Policies and practices are adopted that encompass and specifically address the unique needs of infants, toddlers, and their families known to the child welfare system (e.g. visits with parents need to be much more frequent for infants than they do for older children).
- ✓ Data collection is designed to support appropriate planning, program development, and implementation for the needs of infants, toddlers, and their families known to the child welfare system, answering questions such as:
 - Who are the infants and toddlers who come to the attention of the system?
 - Who enters foster care? How long do they stay? Where are they placed? Do they have siblings in care?
 - How frequently does visitation occur?
 - What special services are available for infants and toddlers? What special training is provided to those serving and caring for them?
 - How do their experiences differ by age?
 - What do you learn when you track their progress over time?

- ✓ Plans developed in response to federal requirements for child welfare funding include the following:
 - Descriptions of policies and procedures that address the safety, permanency, and well-being of infants, toddlers, and their families, such as:
 - Expediting the search for relative placements to the first 30 days after the child enters care;
 - Preserving the continuity of family relationships and connections by placing infants and toddlers with their relatives and siblings;
 - Facilitating frequent visitation of infants and toddlers in care with parents and siblings;
 - Meeting the mental health needs of infants and toddlers through services that see the child in the context of the caregiving relationship; and
 - Ensuring frequent permanency hearings.
 - Data and information (by age cohort) on services provided for infants, toddlers, and their families known to the child welfare system.

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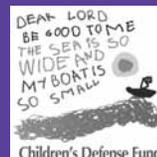
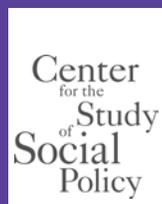
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