

# SECURING A BRIGHT FUTURE

## MALTREATED INFANTS AND TODDLERS

During the first 3 years of life, experiences are shaping the brain and providing the foundation for later development.<sup>1</sup> Negative experiences, such as maltreatment, interfere with healthy development. Unfortunately, infants and toddlers comprise more than one-quarter (27%) of the children who are abused or neglected annually<sup>2</sup> and, at 31%, are the largest single group of children entering foster care.<sup>3</sup> Maltreatment negatively affects intellectual functioning and social and emotional well-being,<sup>4</sup> effects that can have lifelong implications if not properly addressed.<sup>5</sup> For infants like 5-month-old Micah, involvement in the child welfare system can lead to losing the only home he has ever known. Micah ended up cycling through multiple placements, which compounded the damage done by the maltreatment that placed him in the child welfare system's care.<sup>6</sup> The good news is that intervention in the first 3 years can make a world of difference in the lives that children like Micah will lead.<sup>7</sup> Policymakers can seize the opportunity and act now to assure that vulnerable maltreated infants and toddlers get the best possible start in life.



### Imagine This

How many times have you moved from one city to another in the last 12 months? Over 40% of babies removed from their parents' care experience four or more changes in caregivers in their first years of life.<sup>8</sup> Just think how disrupted your life would be if you moved four times in one year and had to start over each time in a strange place where you knew no one. Now imagine what it must be like for a baby to lose everything familiar over and over again.

## FAST FACTS

- **31%** of children entering foster care are under age **3**.<sup>9</sup>

- According to the National Survey of Child and Adolescent Well-Being, half of maltreated infants exhibit some form of cognitive delay.<sup>10</sup>

- Infants under **3** months old who enter foster care remain in care **50%** longer than older children.<sup>11</sup>



## Policy Recommendations

**1. Promote policies that ensure expedited permanency for infants and toddlers in foster care.** Young children's sense of security—which leads them to develop into healthy, curious, confident children—comes from the love and protection offered by the adults who care for them on a daily basis. Maltreatment often disrupts this security, making it critical to get maltreated children into safe, stable, and loving homes as quickly as possible with minimal changes in caregivers. Policies that help expedite permanency include concurrent planning and increased visitation.<sup>12</sup> Concurrent planning means working toward two permanency plans – reunification and adoption by the substitute caregivers – simultaneously. If implemented from day one, this strategy reduces multiple placements by ensuring that the first placement is the last placement if reunification with the birth family does not succeed. Multiple visits for parents and children each week, which are critical for the formation of strong relationships between parents and very young children, also significantly increase the odds a baby in foster care will reach permanency within a year.<sup>13</sup>

**2. Ensure comprehensive services that address both the medical and mental health needs of maltreated children.** Like all young children, maltreated children need to receive regular medical care that includes the full schedule of immunizations, regular dental exams, and screening for vision and hearing problems. Untreated physical health problems can interfere with a child's ability to develop normally and ultimately succeed in school.<sup>14</sup> In addition to medical care needs, maltreated infants and toddlers are at increased risk for mental health problems that, without treatment, will impede their healthy development.<sup>15</sup> Research shows that the need for these services is almost equally prevalent in children in out-of-home care as in those who remain in home.<sup>16</sup> It is critical that child welfare systems provide comprehensive medical and mental health services for children in both in-home and out-of-home care that are high quality and designed to meet the unique developmental needs of maltreated infants and toddlers.

**3. Promote policies that require parents be offered needed services and supports.** Babies need stable and nurturing relationships with adults, ideally their parents, to develop and thrive. However, many parents who are found to have maltreated their children face challenges such as domestic violence, substance abuse, mental health problems,<sup>17</sup> and personal experiences of maltreatment in youth<sup>18</sup> that must be addressed before they can properly nurture their children. Connecting birth parents with services and supports to help overcome these challenges plays a crucial role in helping parents form strong, healthy relationships with their very young children. And yet, according to the recent ZERO TO THREE/Child Trends report, "Changing the Course for Infants and Toddlers," only a minority of states have policies requiring that parents be offered services and supports that will help them overcome their own trauma, mental health, substance abuse, and domestic violence issues.<sup>19</sup>

Babies need at least one person who is crazy about them, and they need stability to support their healthy development.



**4. Support states in implementing federally mandated early intervention services for maltreated infants and toddlers.** The reauthorizations of the Child Abuse Prevention and Treatment Act (CAPTA) in 2003 and the Individuals with Disabilities Education Act (IDEA) in 2004 require that states develop provisions and procedures for referring child maltreatment victims to early intervention services, but many states do not have adequate resources to enact the interagency training, tracking, oversight, and coordination needed to ensure successful implementation of this mandate. To be effective, states should have complementary policies and procedures at the local level to ensure compliance with the CAPTA requirements.

**5. Require training on the unique developmental needs of maltreated infants and toddlers for all stakeholders playing a role in the lives of maltreated infants and toddlers.** In 2011, over 180,000 children under the age of 3 came into contact with the child welfare system.<sup>20</sup> These children are reaching the child welfare system at a sensitive period of development, when negative experiences such as maltreatment can damage the brain's architecture.<sup>21</sup> Despite the fact that maltreated infants and toddlers represented over 27% of children entering the child welfare system in 2011,<sup>22</sup> only 25 of the 46 states who responded to the ZERO TO THREE/Child Trends survey conducted in 2012 reported that they require training for front-line child welfare staff on the unique developmental needs of this age group.<sup>23</sup> Only three states require training in developmentally appropriate practices for infants and toddlers who have been maltreated for all child welfare staff, including case workers, supervisors, administrators, and other staff.<sup>24</sup> Training on topics such as infant-toddler development, understanding and addressing the impact of trauma on child development, recognizing developmental delays, promoting stability, and supporting and engaging families of infants and toddlers should be required for all child welfare staff, court personnel, mental health providers, pediatricians, IDEA Part C providers, foster parents, home visiting providers, early care and education providers, and any other stakeholders working with maltreated infants and toddlers.

**6. Ensure ongoing post-permanency services and supports for all families after permanency has been achieved.** Children who leave foster care for a permanent home will continue to have developmental and mental health needs, and the adults caring for them will be challenged financially, logistically, and emotionally to meet those needs. If these placements are to be truly permanent, ongoing services and supports should be available to all family types (birth, extended family members, and adoptive parents). In assisting families who achieve reunification, the court needs to be aware of the factors that brought the families to the child welfare system in the first place—child abuse or neglect, poverty and homelessness, unemployment, substance abuse, mental health problems, domestic violence, and/or little or no social support to call upon in times of stress—and continue to offer services that help parents overcome these challenges.



## Research

**In order to thrive, infants and toddlers need stable, nurturing relationships.** We know from the science of early childhood development that the first relationships a child forms with adults are the most enduring influence on social and emotional development for young children.<sup>25</sup> Infants and toddlers 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.<sup>26</sup> Very young children who have been abused or neglected are not able to develop trusting relationships with the adults they depend on for care. These early experiences set the stage for all future relationships and for the child's expectations of what the world holds for them.<sup>27</sup> Outcomes of damaging early relationships include: elevated rates of aggression; lower IQ scores<sup>28</sup> and diminished language abilities;<sup>29</sup> anxieties, fears, and sleep problems;<sup>30</sup> and a reduced ability to empathize with others.<sup>31</sup>

**Maltreated infants and toddlers are more likely to have physical health needs and less likely to receive developmentally appropriate health care.** Nearly 40% of young children in foster care are born low birthweight, premature, or both, which are factors that increase their likelihood of medical problems or developmental delay.<sup>32</sup> They are more likely to have fragile health and disabilities and exhibit some form of cognitive delay,<sup>33</sup> but they are far less likely to receive services that address their needs.<sup>34</sup> More than half of these children suffer from serious health problems, including elevated lead blood levels and chronic diseases such as asthma.<sup>35</sup> Despite the health issues associated with maltreatment, only 15.7% of children ages birth to 2 years in out-of-home care and 4.1% of children in in-home care with an active child welfare case have received primary care services.<sup>36</sup>

**Maltreated infants and toddlers are at risk for mental health disorders but are not receiving needed mental health interventions.** Infants and toddlers in the child welfare system are disproportionately exposed to trauma and other developmental risk factors that can lead to a variety of mental health disorders, including depression.<sup>37</sup> Long-term negative outcomes include school failure,<sup>38</sup> juvenile delinquency,<sup>39</sup> substance abuse,<sup>40</sup> poor health as an adult,<sup>41</sup> and the continuation of the cycle of maltreatment into new generations. Research shows that, with appropriate mental health interventions such as Child-Parent Psychotherapy, many children recover amazingly well.<sup>42</sup> And yet, 30% to 58% of children with an identified mental health need do not receive any mental health services.<sup>43</sup>

**Visitation is one of the best predictors of successful family reunification.** Frequent and consistent contact is essential if young children are to develop and maintain strong, secure relationships with their parents. Research has shown that frequent visitation increases the likelihood of reunification, reduces the time in out-of-home care, and promotes healthy attachment.<sup>44</sup> Each additional visit per week increases the odds of achieving permanency within a year.<sup>45</sup> Despite this research, only two states recommend multiple visits each week. Of the remaining states reporting a visitation policy in the ZERO TO THREE/Child Trends state survey, 13 states require one visit each week between young children in foster care and their parents, and 18 require visits every 2 weeks or once a month.<sup>46</sup>



## The Safe Babies Court Teams

ZERO TO THREE's Safe Babies Court Teams Project is a multi-faceted project aimed at improving the child welfare system's responsiveness to the needs of maltreated infants and toddlers. To achieve the program's goals, Safe Babies Court Teams:

- educate judges, child welfare workers, service providers, and other community stakeholders about the needs of infants and toddlers;
- promote decision making based on the needs of infants and toddlers;
- bring service providers to the table to provide wrap-around services to children and their caregivers; and,
- implement child welfare best practices such as concurrent planning and increased visitation.

When compared to infants and toddlers whose experiences were documented in the National Survey of Child and Adolescent Well-Being (NSCAW), children involved in the Safe Babies Project reached permanency nearly three times faster, or nearly 1 year earlier, than children in NSCAW. The finding that children reached permanency faster was true for every type of exit from foster care (e.g., reunification, adoption, and durable legal custody).



The structure of child welfare funding must ensure a continuum of services, beginning with those that can help prevent abuse and neglect and keep families together.



For more information about our child welfare policy recommendations, see *A Call to Action on Behalf of Maltreated Infants and Toddlers* and *A Developmental Approach to Child Welfare Services for Infants, Toddlers, and Their Families: A Self-Assessment Tool for States and Counties Administering Child Welfare Services*.

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## About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based resource for federal and state policymakers and advocates on the unique developmental needs of infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at [www.zerotothree.org/public-policy](http://www.zerotothree.org/public-policy).



National Center for Infants, Toddlers, and Families

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