

Achieving Prompt Permanency for All Maltreated Infants and Toddlers



Highlights from *Changing the Course for Infants and Toddlers: A Survey of State Child Welfare Policies and Initiatives*



Why is frequent oversight and speedy permanency so important for maltreated infants and toddlers?

Infants and toddlers develop at an astonishing pace, learning new skills daily—a process that can be significantly hindered by abuse or neglect.¹ Because tremendous growth and development occurs within a short window of time, services and supports must be put in place for vulnerable young children as quickly as possible. Their birth parents also need services to begin working promptly toward reunification. An expedited timeframe for achieving permanence is crucial. During these early months and years of a child's life, frequent foster care reviews and hearings are critical so that concerns can be quickly identified and addressed. Yet the usual timeframes and approaches for handling child welfare cases make these goals difficult to achieve for young children.



The relationships that young children develop with their parents or caregivers form the foundation for their cognitive and social-emotional growth.² When young children enter foster care, their primary relationships with parents are disturbed, causing trauma over and above the maltreatment that led to placement. Disrupting these relationships can be incredibly detrimental to young children, resulting in delays in cognition and learning, and difficulty expressing emotion.³ Therefore, it is crucial that infants and toddlers in foster care have frequent contact—as close to daily as possible—with their birth parents in order to preserve these relationships.⁴

Similarly, ensuring that infants and toddlers reach permanency as quickly as possible is vital to helping them build the secure, lasting relationships that will support and nurture their development. The longer children remain in foster care, the more likely it is that they will experience frequent placement disruptions. Repeated transitions between caregivers in the early years of life can lead to an increased risk of poor outcomes, particularly affecting children's ability to form healthy relationships throughout their lives.⁵

Research has shown that frequent visitation between children and their parents increases the likelihood of reunification, reduces the time in out-of-home care, and promotes healthy attachment.⁶

Through high-quality, timely interventions focused on the unique needs of infants and toddlers, the developmental damage to very young children who have been maltreated can be significantly reduced.⁷

Where do states stand?

Child welfare agency representatives from 46 states participated in the *Survey of State Child Welfare Agency Initiatives for Maltreated Infants and Toddlers*, completed in March 2013. The survey showed that states have a long way to go in ensuring that their policies and practices meet the unique needs of infants and toddlers and account for the urgency in their developmental timeline.

Most states reported that they do not routinely hold any proceeding on a more frequent or expedited basis for infants and toddlers in foster care as compared to other age groups. Only four states routinely hold case reviews more frequently; six states routinely hold permanency hearings more frequently; three states routinely hold court review hearings more frequently; and two routinely hold family group decision-making more frequently.



While most states do have policies requiring concurrent planning, few begin during the early stages of a case. Forty states have policies requiring that concurrent planning be undertaken for children in foster care, but only 14 states initiate concurrent planning immediately, “as soon as possible,” or within 24 hours of placement outside the home.

Daily or weekly face-to-face visitation with birth parents is usually not required. Of the 40 states with policies that dictate the frequency of face to-face visits between infants and toddlers in foster care and their birth parents, only one state requires daily visitation, and only 12 additional states require visitation at least once a week.

Examples of state initiatives



Alaska is the only state that reported a policy requiring daily face-to-face contact between infants and toddlers and their birth parents. Alaska policy also requires that parents (when appropriate) be invited/encouraged to participate in routine activities, such as doctors’ appointments and birthday celebrations, for infants and toddlers in foster care.



Colorado has a policy in place to hold case reviews, permanency hearings, and court review hearings more frequently for children ages zero to six. Some districts hold these hearings with even greater frequency.



In Rhode Island, Families Together: A Program of Providence Children’s Museum is an innovative program for court-separated families that provides permanency planning, stability, and therapeutic visitation for young children, parents, siblings, and extended family members. Grounded in the experiential learning approach, the program has skilled clinicians observe relationships, provide immediate feedback, and coach parents in real time as they interact with their children at the Children’s Museum.

What can my state do?

- ▶ Ensure that concurrent planning begins immediately. Concurrent planning seeks to promote timely permanence for children in foster care by considering reunification and another permanency option at the earliest possible point after a child's entry into foster care.⁸
- ▶ Hold monthly case reviews for maltreated infants and toddlers in foster care, which include birth parents, foster parents, social workers, attorneys, and service providers. Through shared planning that includes birth parents, active steps can be taken to ensure that young children find permanent families through reunification, kinship guardianship, or adoption as quickly as possible.
- ▶ Hold monthly court hearings when infants and toddlers are in foster care, and implement expedited permanency hearings at six months after removal for the youngest children. More-frequent case reviews and court monitoring help action steps keep pace with the baby's rapid progression through developmental stages.
- ▶ Ensure that parents and their infants and toddlers see one another on a frequent basis, as close to daily as possible, in family-friendly settings. Provide the parents with coaching before, during, and after the visits to make each contact a positive experience for all family members.

Tools to help

Read more about policies and practices for maltreated infants and toddlers across the nation in *Changing the Course for Infants and Toddlers: A Survey of State Child Welfare Policies and Initiatives*, by Child Trends and ZERO TO THREE. Then take a look at the policies and services for maltreated infants and toddlers in your state and locality to assess areas of strength and places for improvement. Working through 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 is a great way to evaluate how your state is doing and begin the conversation on next steps.



1 Child Welfare Information Gateway. (2009). Understanding the effects of maltreatment on brain development. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved September 11, 2013, from https://www.childwelfare.gov/pubs/issue_briefs/brain_development/brain_development.pdf

2 Halle, T., Tout, K., Daily, S., Albertson-Junkans, L., & Moodie, S. (2013). The research base for a birth through eight state policy framework. Bethesda, MD: Child Trends and Alliance for Early Success. Retrieved September 11, 2013, from <http://www.childtrends.org/wp-content/uploads/2013/04/ChT-Alliance-R-at-a-Glance-v9-wactive-links.pdf>

3 Cohen, J., Cole, P., & Szrom, J. (2011). A call to action on behalf of maltreated infants and toddlers. Washington, DC: American Humane Association, Center for the Study of Social Policy, Child Welfare League of America, Children's Defense Fund and ZERO TO THREE. Retrieved September 4, 2013, from <http://www.zerotothree.org/publicpolicy/newsletters/a-call-to-action-on-behalf-of.html>

4 Child Welfare Information Gateway. (2012). Supporting reunification and preventing reentry into out-of-home care. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

5 Gauthier, Y., Fortin, G., & Jeliu, G. (2004). Clinical application of attachment theory in permanency planning for children in foster care: The importance of continuity of care. *Infant Mental Health Journal*, 25(4), 379-396.

6 Child Welfare Information Gateway. (2012).

7 Shonkoff, J. P., & Phillips, D. A. (2000). From neurons to neighborhoods: The science of early childhood development. National Academies Press.

8 Child Welfare Information Gateway. (2012). Concurrent planning: What the evidence shows. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved September 11, 2013, from https://www.childwelfare.gov/pubs/issue_briefs/concurrent_evidence/concurrent_evidence.pdf