



Strengthening Families with Infants and Toddlers:
A Policy Framework for States
National Infant-Toddler Court Program

EXECUTIVE SUMMARY

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ABOUT THIS REPORT

Strengthening Families with Infants and Toddlers: A Policy Framework for States, is a new report from ZERO TO THREE designed to reframe the role of child welfare from preventing harm to children toward strengthening families and the communities where they live. The policy framework includes 11 recommendations for states and communities that aim to advance equitable outcomes supporting the health and well-being of very young children and their families, including those who are in or are at risk of entering the child welfare system. The report provides state and local policymakers with a roadmap to develop and advance policies that will drastically improve the systems and supports families with young children need to thrive and create protective factors that promote resilience. Promising examples from states and communities where ZERO TO THREE has effectively implemented the National Infant-Toddler Court Program based on the Safe Babies Court Team approach are also included in the report, highlighting strategies on how to infuse family strengthening, child development and parent voice into child welfare systems.


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ABOUT ZERO TO THREE

The policy recommendations provided in this report draw from more than 40 years of work at [ZERO TO THREE](#) translating the science of early childhood development for parents, practitioners, and policymakers using an interdisciplinary approach. This includes leading the field in identifying and developing the implementation of evidence-based child development, teaching, and learning practices; transforming the promise of pediatric primary care through a unique approach that integrates a HealthySteps Specialist into primary care practice to meet families' individual needs; expertise on the broad policy areas affecting infants, toddlers, and families at the state and federal level; and an intense focus at both the policy and practice level on meeting the needs of infants, toddlers, and families in or at the risk of entering the child welfare system.

ABOUT THE NATIONAL INFANT-TODDLER COURT PROGRAM

The [National Infant-Toddler Court Program](#), directed by ZERO TO THREE, has worked throughout the country in local communities and states over the past 16 years to implement the [Safe Babies Court Team™ \(SBCT\) approach](#). This evidence-based approach—targeted to families with children from birth to 3 years of age who are in foster care or at risk of removal—applies the science of early childhood development in meeting the urgent needs of infants and toddlers and strengthening their families so they can flourish. There are currently more than 100 sites implementing the SBCT approach across the country. Our reach covers 31 states, including eight that are implementing a statewide approach at multiple sites.



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EXECUTIVE SUMMARY

Overview

The greatest opportunity to influence a child's success is from the very start. Every baby has enormous potential, and every family wants to help their child reach this potential. All families need support from their community of family, friends, caregivers, and educators. We all have a shared responsibility to nurture and protect each child and to support communities and families in creating the safe, stable, nurturing environment children need.

Yet, families with young children continue to face challenges, often stemming from economic insecurity, material hardship, and stressful experiences that can undermine healthy development. Due to the intergenerational effects of and lived experiences with institutional and interpersonal racism, Black, Hispanic, and American Indian/Alaska Native (AI/AN) families disproportionately face these challenges, leading to inequities in opportunities for their young children.ⁱ These challenges translate into an array of needs, some of which are addressed through national and state policies. However, one persistent gap remains: there are few policies that address how families navigate and access the array of supports they need to be strong nurturers of their children, especially as their challenges multiply, as well as how communities can support these efforts. Using a public health approach, states can implement a continuum of formal and informal community-based prevention and intervention strategies to reach all children and families that need support, buffering the effects of environmental conditions.

Tragically, these critical strategies—which include access to health care, concrete supports for basic needs such as food and housing, high-quality childcare, and other behavioral health services—are often only made available to a family after they are in crisis or are reported for child abuse or neglect.ⁱⁱ The inequities experienced by Black and Brown families are further compounded within the child welfare system, where policy decisions and structural

and systemic racism have led to disproportionate involvement of child protective services and overrepresentation of children of color in foster care.ⁱⁱⁱ

The conversation about how best to support families is often framed as one of prevention of families entering the child welfare system. We must reorient our thinking away from preventing harm to children toward strengthening families and the communities where they live. By providing supports from the start, communities can enable families to nurture their children and promote positive outcomes for the entire family.

This report lays out a framework for state and local policymakers to develop policies that meet the basic components of what it takes for young children and families to thrive, by helping families create protective factors that promote resilience and building the community systems needed to support these efforts. It also envisions a child welfare system transformed by the same principles of family strengthening and child development for what ideally will be a much smaller group of children and families in need of intensive interventions to provide permanency and stability.





Structural Racism in the United States and Racial Inequity in the Child Welfare System

Historical and current federal and state legislation and public policies have contributed to systematic disadvantages and inequities for families of color. Structural racism in the United States has led to deeply rooted societal inequities and injustice resulting in generations of families living in poverty. This institutionalized racism has shaped and perpetuates social and environmental conditions that undermine access to safe and stable housing, good-paying and stable jobs, healthy food, health care, and other services and supports that promote well-being—conditions that are disproportionately experienced by children and families of color as starkly illuminated by the COVID-19 pandemic.^{iv}

For many families of color in the United States, the compounding impact of policy decisions and systemic racism are drivers of disproportionate involvement with child protective services and over-representation of children of color, particularly African American children, in foster care. Numerous studies have shown that racial bias and racial inequities occur at various decision points in the child welfare continuum. Although race and ethnicity do not strongly correlate with rates at which maltreatment is substantiated, systemic racism drives reports of maltreatment of African American children being investigated at higher rates than those for White children.^v

Background

From the prenatal period to age 3, the brain undergoes its most dramatic development as children acquire the ability to think, speak, learn, reason, and relate to others. The healthy development of this brain architecture equips a child to succeed in all areas of life and to contribute to society.^{vi} Science has significantly enhanced what we know about the needs of infants and toddlers, underscoring the importance of early relationships. In short, a safe, stable, and nurturing relationship with a caregiver in infancy—i.e., a family—builds a strong foundation for all learning and behavior to come.

Critical to development is a child and family's environment, including the conditions in which they live, learn, work, and play that affect a wide range of health risks and outcomes.¹ Every family wants to give its children a strong start in life and often needs support at different times from family, friends, neighbors, caregivers, educators, or their community. Some families may live in environments where providing safety and stability is a challenge, making it more difficult to support their children's healthy development. Parents may lack steady financial resources, paid leave, childcare, a stable living situation, or access to health insurance. For some families, life conditions such as community violence, trauma, physical or mental health issues, substance use disorders, or racism can magnify the normal stresses of raising children.

State and local policies can play a positive role in ensuring children thrive and reach their full potential. States can leverage a broad range of prevention supports to help keep families together, support family protective factors,^{vii} and work with communities to strengthen the conditions where families live. This can be done through creating a coordinated system of formal and informal



supports to help strengthen families before a crisis occurs—described in this brief as a child and family well-being system (See Section 1: Create a child and family well-being system that helps all families thrive on [page 12](#)).

To be effective, child and family well-being systems must have the capacity to nurture the social and emotional development of young children, empower parents and communities, and build protective factors that can set children on the right track developmentally. While each community is unique, an effective child and family well-being system shares key attributes: they are community-based, responsive to local needs and cultural differences, accessible, and easy to navigate, as well as have identifiable entry points.

Approaching systems from a family-strengthening standpoint rather than one of prevention requires reorienting systems so that they are led by agencies and organizations outside of the child welfare system. There is widespread agreement that the traditional approach of child abuse prevention—overseen by child protective

¹ These conditions are encompassed within the social determinants of health (SDOH) as defined in Healthy People 2030, U.S. Department of Health and Human Services: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.

services—has resulted in many families being brought into the child welfare system who could have been supported through other systems within the community. Moreover, those families whose children do need protection often do not receive adequate community support. For example, Black, American Indian, and—in some states—Latinx infants and toddlers are significantly overrepresented in the child welfare population.^{viii}

Poverty, which also is disproportionately common in communities of color, carries further implications for families' involvement in the child welfare system. Poverty is often mistaken for neglect, which results in increased reports of child maltreatment and out-of-home placements. Low-income families are more likely to be investigated for child maltreatment and to have substantiated findings of child abuse and neglect than families with higher incomes—despite a lack of evidence that maltreatment itself is more prevalent. These factors often lead to unnecessary removals from families without addressing the underlying unmet needs that negatively affect child and family health. Research shows that cases of neglect are frequently the result of lack of access to treatment for mental health and substance use disorders, as well as lack of concrete supports.^{ix} Another common reason for removal due to a case of neglect is simply the struggle to cope with the logistics of life with a young child when economic security is precarious and neighborhoods lack supports such as childcare programs or safe, affordable housing.

Recent efforts to reform the child welfare system have focused primarily on what can be done to prevent families from entering the system. Yet, strong families produce positive outcomes well beyond simply preventing abuse or neglect, as important as that is. Ensuring that child development is on track, improving mental health for both parents and children, reducing stress, and increasing economic security are also important outcomes that a child and family well-being system can help promote. The reality is that the

birth or adoption of a baby is a moment of great opportunity to proactively support families and continue that support throughout the child's early years.

While focused efforts to strengthen families can reduce the number of those who enter the child welfare system, some families have complex needs that are unable to be addressed or supported in the community. For children in these families, it may be necessary to provide in-home supervision or even temporarily remove the child from the family and bring them into out-of-home or foster care. Children under age 3 are particularly vulnerable. With limited verbal abilities and unique stressors potentially compounded by parental poverty, infants and toddlers at this developmental stage experience the highest rate of abuse and neglect and the highest rate of foster care entry of any age group.^x While we believe that adequate prevention supports and a focus on equitable treatment of families can help significantly reduce the number of infants and toddlers being reported to and entering foster care, it remains critical that states improve the way they support families who do come into the system. In such cases, a family-centered child welfare system must be implemented (See Section 2: Infuse family strengthening, child development, and parent voice into child welfare systems on [page 16](#)).

States have an opportunity to transform their child welfare systems to be more responsive to the physical and mental health and developmental needs of infants and toddlers and the complex needs of their parents. Advancing the recommendations proposed in this report will require support and shared investment from a wide range of state and local leaders, including those leading child welfare, public health, early care and education, mental health, behavioral health, and basic needs agencies, as well as advocates, policymakers, community members, and, most importantly, families.



Opportunity for Reform

This report was researched and written almost entirely after the COVID-19 pandemic began in early 2020, a period during which families with young children have faced unprecedented challenges, including economic fallout and its impact on jobs and businesses, disruption to childcare and access to critical services, and social isolation. These impacts have been exacerbated for families involved in the child welfare system. Courts were closed for long periods of time, resulting in such challenges as less frequent contact between parents and their children, while fewer court hearings caused delays in families seeking reunification. Additionally, many families were unable to access critical health services, including mental health and substance use treatment, potentially prolonging the time their children spend in out-of-home care or resulting in fewer families being able to receive preventive services to help maintain their children in the home. Further, many experts fear that the closure of childcare providers has led to undetected reports of child abuse and neglect due to the social isolation of many young children. Child welfare workers, health care workers, early childhood providers, and others who make up the larger social safety net of this country have also faced unparalleled challenges in their efforts to reach families and help provide needed services and supports.

Despite these unprecedented challenges, however, many leaders involved in child welfare, public health, and early childhood have identified this time as an opportunity to make significant, long-needed structural changes to the child welfare system. While there are many different opinions among experts and leaders on what this reform should look like, there are also many shared principals that can help lead the way. Key among these is the importance of involving parents with lived experience in designing policies and systems so they are easier to use and reflect the knowledge that parents have in navigating systems that should be designed to support them. Also, any system reform effort should aim to provide all families with the services and supports they need to help their children thrive without ever having to encounter the child welfare system. Additionally, we must not only recognize the intergenerational effects of and lived experiences with institutional and interpersonal racism, as well as disparities that are pervasive throughout child and family systems, but actively work to expel these injustices throughout systems.

PURPOSE

This policy framework includes 11 recommendations for states and communities that aim to advance equitable outcomes supporting the health and well-being of very young children and their families, including those who are in, or are at risk of entering, the child welfare system. The framework outlines a collaborative approach to family strengthening and child welfare prevention in which communities work with public health and other early childhood leaders to promote the healthy development and well-being of children and families. Rather than waiting until a family crisis occurs, a public health approach uses a continuum of community-based prevention and intervention strategies to reach all children and families who need support.

The policies highlighted in this document are based on research and best practices in working with young children and their parents. The [Appendix of State and Local Examples](#) provides resources and contact information for each of the state and community examples included in the recommendations.

The policy framework is divided into two areas.

SECTION 1: Create a child and family well-being system that helps all families thrive

This section of policy recommendations focuses on providing a continuum of services and supports to all families who need assistance, including primary and secondary prevention services, that can support the healthy development and well-being of all infants and toddlers—and their families.

SECTION 2: Infuse family strengthening, child development, and parent voice into child welfare systems

This section of policy recommendations focuses on tertiary prevention and includes services and supports for families with infants and toddlers with an open child welfare case,² placed in out-of-home care, or remaining at home.

The full policy framework is available [here](#). This report includes detailed information on each of the 11 policy recommendations, including the size and scope of the challenge; the opportunity for change; a range of policy options for states and communities to consider; promising examples from states and communities; and key data that should be collected and examined at the state and county levels to measure and track progress of the policy impact on families.

² Throughout this document, an open child welfare case refers to any families that have been “screened in,” meaning a case was accepted for investigation or assessment for abuse and neglect.

SECTION 1.

CREATE A CHILD AND FAMILY WELL-BEING SYSTEM THAT HELPS ALL FAMILIES THRIVE



Because the earliest years of life are a period of incredible growth, they present an opportunity to shape strong and positive development. Good health, secure and stable families, and positive early learning environments are necessary to support children’s physical, intellectual, and social–emotional development during this significant period.^{xi} When infants, toddlers, and parents have the supports and skills they need to succeed, families are stronger and more stable. This not only creates stronger and more productive communities, but also helps build the nation’s economy by empowering our future workforce.

Such a child and family well-being system exists on a continuum with different levels of need for support. The array of services and level of intensity should match the needs of the family. States and communities can identify and prioritize services for families with more significant needs based on comprehensive family screening and assessment made available to all families prenatally and to those with young children either during pediatric visits or through other community-based access points such as family resource centers. More intensive services may include mental health and substance use disorder treatment; parenting supports; maternal health; women’s health needs; and other supports that address the social determinants of health.

Policies that provide easier access to these services, including expanding eligibility and increasing outreach to populations facing multiple stressors such as food insecurity, unstable housing, and violence, can help ensure that those families with the greatest needs are identified early and supported before a crisis occurs. The service continuum should be designed by local communities and informed by families who have experience in the challenges of navigating such systems to ensure the programs and services are responsive to community needs and culturally relevant.

Building a continuum of services is an important first step, but to be effective, communities must have a structure in place to coordinate the supports and services that families need. This coordinating entity, which may look different across communities, can provide navigation services and/or case management to connect families to the relevant services and supports they need and increase their engagement in those services. Such an approach will require collaborative partnerships across child- and family-serving systems, including early care and education, infant and early childhood mental health, behavioral health, maternal and child health, housing, economic security, and child welfare.

The programs, policies, and supports discussed in this section should be made available through a two-generation approach—to all children and their parents and caregivers who can benefit from them—to support good health, secure and stable families, and positive early learning experiences. Families should have access to this continuum of services without ever having to encounter the child

welfare system unless there are significant safety concerns for the child. Rather than lead these efforts, the child welfare system can be an important partner, providing insights into the services that families may need to be successful and providing funding to build capacity outside of the child welfare system to help strengthen families and help prevent child abuse and neglect.

Research shows that increasing access to programs and supports, particularly for families facing significant stressors and adversity such as poverty, unsafe or unstable housing, or mental health problems, can provide significant benefits by reducing the need for more costly interventions in the future. These programs and supports also help families build resilience, including the capacities, resources, or skills to respond to adversity in a healthy, adaptive manner.^{xii}

The policy recommendations included in this section highlight a subset of the most critical policies that can support the healthy development of young children and their families. For a more comprehensive list of recommended state strategies from ZERO TO THREE, see [Building for the Future: Strong Policies for Babies and Families After Covid-19](#).

POLICY #1

Provide a continuum of services to all children and families to support good health, including affordable health care, comprehensive health and well-being assessments, and nutritious food.

- Provide health insurance for all families by adopting Medicaid expansion under the Affordable Care Act.
- Extend Medicaid coverage to 12 months postpartum for mothers and provide continuous enrollment for all children until 3 years old.
- Provide a comprehensive array of screening, diagnostic, treatment, and support services to families with very young children who are covered by Medicaid.
- Provide a central medical home for all infants and toddlers to connect families with an expanded care team that can identify and address areas outside of the traditional pediatric scope.
- Promote continuous and coordinated preventive primary health care for infants and toddlers following the American Academy of Pediatrics Bright Futures guidelines for universal screening.
- Strengthen integration of community services so families can receive screenings, assessments, and referrals to appropriate services when needed.
- Increase availability of family-based substance use disorder treatment services for mothers and fathers of infants and toddlers, including residential family-centered SUD treatment settings.
- Expand Medicaid coverage to include substance use disorder treatment as a required benefit for Medicaid-eligible adults.
- Expand the state definition of “medically necessary service” under Medicaid to cover the provision of mental health preventive and early intervention services to infants, toddlers, and their families, including services that strengthen parent–child relationships.

- Strengthen mental health services for babies and their families by building a workforce that understands IECMH and is prepared to identify situations that threaten children’s healthy emotional development and by increasing access to IECMH and perinatal mental health services.
- Increase participation in nutrition programs, including WIC and SNAP, by increasing outreach to eligible families, facilitating enrollment through efforts such as streamlined enrollment forms and online enrollment, and expanding eligibility.

POLICY #2

Ensure families have access to affordable, high-quality services and supports to meet their basic needs, including safe and stable housing and economic supports.

- Expand economic security policies, including increasing the minimum wage, EITC, and CTC to help low-income families provide a strong foundation for their children, starting at birth.
- Provide enhanced support for basic needs, including providing greater ongoing investments through food programs, housing assistance, and essentials such as diapers to help families create stable environments for their young children.
- Enact family-oriented workplace policies including paid family and medical leave, paid sick days, and fair work schedule policies as equitable ways to support all families.
- Create a continuum of parent support services and resources, including child development specialists in pediatric settings, home visiting, and family resource centers.
- Align eligibility requirements and coordinate enrollment processes for federal assistance programs, such as Medicaid, CHIP, TANF, SNAP, the Child Care and Development Fund (CCDF), and WIC—where federal flexibility allows—to increase access to benefit for eligible families.
- Create medical–legal partnerships to help families resolve legal issues that impede good health.

POLICY #3

Strengthen early learning experiences, including access to high-quality childcare.

- Leverage existing interagency coordinating structures such as State Advisory Councils (SACs) on Early Childhood Education and Care or Children’s Cabinets to align and enhance health and early learning systems in the state.
- Ensure that low-income families with infants and toddlers can afford safe, stable, high-quality childcare by working to ensure all eligible children and families have access to childcare subsidies.
- Increase state investment in infant-toddler childcare to reach more families while also improving quality.

- Train early childhood professionals in trauma and trauma-responsive techniques.
- Increase access for eligible pregnant people and families who participate in comprehensive early childhood services through Early Head Start.
- Implement a comprehensive approach to developmental screening and assessment, as part of a comprehensive screening for families, to increase the number of children with developmental delays or disabilities who are identified early and can receive the services and support they need.
- Expand early detection and early intervention (EI) services to fully meet the developmental needs of infants and toddlers, including ensuring that children with factors that place them at risk for developmental delays or disabilities are made eligible for IDEA Part C services.

POLICY #4

Build community-level systems that provide a comprehensive continuum of supports to families through enhanced coordination and access to resources and services for families.

- Meaningfully partner with parents, including fathers and other caregivers, when designing and implementing community-based family strengthening and prevention systems to ensure they are accessible, inclusive, and relevant to community needs.
- Create central access points for families that are community-based and can provide a range of services and supports—both onsite and virtual—to help strengthen families and increase protective factors.
- Implement targeted outreach efforts, including providing adequate funding to support enabling services such as transportation, childcare services, and health education, to increase access to and participation in services among families with the greatest needs.
- Coordinate funding across child- and family-serving agencies to help shift from funding individual programs in silos to building coordinated systems that give families broad-based access to services and supports.
- Create alignment between state and local systems-building efforts to improve the coordination and efficiency of providing a continuum of family strengthening and prevention services and supports to families.
- Improve policies and practices related to reporting and investigating child maltreatment.

SECTION 2.

INFUSE FAMILY STRENGTHENING, CHILD DEVELOPMENT, AND PARENT VOICE INTO CHILD WELFARE SYSTEMS



Some families may come to the attention of the child welfare system due to complex needs that are unable to be addressed and supported fully in the community and may need additional support to ensure children are safe and healthy. Federal data reveals that many of these children are infants and toddlers for whom prevention and early intervention efforts are especially important.

Between 2011 and 2018, the number of infants (1 year old or under) entering foster care increased 13 times as much as that of other age groups, accounting for more than 70 percent of the total increase in entries during the period.^{xiii} Many factors, often co-occurring, influence the rates of entry into foster care at the state level, including generational trauma, interpersonal violence, mental health issues rooted in traumatic histories, prenatal substance use, and conditions affecting social determinants of health. Other factors influencing entry into foster care are the policies and practices of state child welfare agencies, including policies on mandated reporting. At the community level, factors may include access to basic needs, housing stability, prevalence of substance use, and access to health care and behavioral health treatment, among others. Race is also a factor. Although race and ethnicity do not strongly correlate with rates at which maltreatment is substantiated, systemic racism and over-surveillance of communities of color has led to reports of maltreatment of African American children being investigated at significantly higher rates than those of White children, contributing to their over-representation in the child welfare system.^{xiv}

Research indicates that maintaining relationships with a trusted caregiver is critical for children's health and well-being and that removing children from struggling parents, even when necessary, can inflict and/or increase existing trauma for children, parents, and families. Given these factors, most children who come to the attention of the child welfare system can and should continue to remain at home whenever possible—if there are no critical safety concerns—where they can receive services and supports needed to protect and support the whole family.^{xv} State and local policies can help to prevent family separation, help families and children heal from trauma, and prevent recurrence of maltreatment and reentry into the child welfare system.

Placing a child in out-of-home care, including foster care and kinship care, can compound problems if the placements are not supportive of the child's early development. A growing body of research shows that early identification of needs and services for young children and parents involved in the child welfare system can improve child safety, increase well-being, facilitate permanent child placements, and strengthen families. Research also demonstrates the importance of actively engaging parents in decision-making and in creating judicial policies and practices that empower parents and reinforce the importance of maintaining the child–parent relationship.

Effective policies described in more detail in this section include: adopting practices that are attuned with the rapid development of infants and toddlers (Policy #5); ensuring access to timely screening, assessment, and linkage to services (Policy #6); providing high-quality legal services for children and parents (Policy #7); increasing the frequency of hearings and case reviews to ensure family needs are addressed in a timely manner (Policy #8); ensuring regular family team meetings to empower parents and other caregivers in making decisions (Policy #9); requiring frequent, quality family time or visitation between infants and toddlers in foster care and their parents (Policy #10); and creating a network of family support partners or mentors to help parents navigate the child welfare system (Policy #11).

The policy recommendations highlighted in this section are focused on tertiary prevention services and supports for families with infants and toddlers with an open child welfare case, either placed in out-of-home care or remaining at home.

POLICY #5

Adopt early childhood development principles into all child welfare and dependency court and family treatment court practices.

- Provide training on developmentally appropriate care for infants, toddlers, and their families to a wide range of professionals, including child welfare workers and supervisors; parents, resource parents, or other caregivers; attorneys, judges, treatment providers, and other court staff; and additional professionals engaged in the child welfare system.
- Support recruitment and retention of resource caregivers who are prepared to address the special needs of young children and their parents.
- Prioritize placements with kin or fictive kin, where possible, to increase connection to parents and provide continuity to the child.
- Create a high-quality child welfare workforce guided by the science of early childhood development that includes recruitment of frontline workers and supervisory staff with training in child development and utilizes infant mental health specialists to support child welfare agencies.
- Create a continuum of services that addresses the specific needs of infants and toddlers.

POLICY #6

Provide infants and toddlers with an open child welfare case and their parents with regular screenings, comprehensive assessments of need, and timely referrals and connections to appropriate services.

- Provide babies and toddlers with a universal initial screen for health, mental health, complex trauma, and developmental delays within 72 hours of coming to the attention of the child welfare system; subsequent screenings/assessments and connection to a medical home should occur within 30 days of coming to the attention of the child welfare system.
- Provide training and guidance to child welfare staff and other key partners to help them identify children with prenatal substance exposure and learn how to work with parents who may be using substances during pregnancy.

- Provide universal screening prenatally to increase detection of prenatal substance use and related conditions.
- Support implementation of evidence-based, family-centered substance use disorder treatment and mental health services for parents with children in the child welfare system.
- Use Family First Act and other federal funding to support a continuum of services for families at risk of entering the child welfare system.
- Support interagency collaboration between child welfare and Early Intervention Part C staff to allow more eligible children to receive early intervention services.
- Support post-permanency plans that include robust services for all parents and caregivers who reunify, adopt, or take guardianship of infants and toddlers.

POLICY #7

Provide high-quality legal representation as early as possible and throughout the entire legal process.

- Adapt ABA standards of practice^{xvi} and Family Justice Initiative fundamental attributes of high-quality legal representation^{xvii} to ensure that parents' and children's attorneys are properly supported to meet the obligations of the families they represent.
- Develop a policy requiring all children and parents involved in the child welfare system to receive high-quality legal assistance through the appointment of an attorney throughout the life of the case, including during early stages of the case.
- Provide legal support to families at risk of becoming involved in the child welfare system, such as pre-petition legal services, to prevent unnecessary removal of children.
- Provide civil legal services to families to address issues such as housing, domestic violence, paternity, immigration, and work issues that, if not addressed, can lead to family instability.

POLICY #8

Require early and more frequent court hearings and case reviews for infants and toddlers involved in the child welfare system.

- Develop a policy requiring more frequent court reviews for infants and toddlers and embed into court docket calendars with monthly reviews recommended as best practice for infants and toddlers.
- Consider ways to use technology to increase participation among families in court hearings.

POLICY #9

Ensure the use of frequent family team meetings or other family teaming models.

- Create a standard process for implementing family team meetings, or other family teaming models, across all child welfare cases involving infants and toddlers.
- Train staff on facilitating and/or participating in family team meetings.

POLICY #10

Require frequent, high-quality family time (visitation) between infants and toddlers in out-of-home care and their parents and siblings.

- Create policies and promote practices that require frequent opportunities for high-quality family time.
- Create training and educational opportunities to ensure judges, attorneys, and other child welfare personnel are aware of the importance of family time to child and parent well-being and understand how frequent family time can buffer the trauma caused by parent–child separation.
- Work with the Administrative Office of the Courts to create or update family time–specific court rules that reflect current knowledge about the importance of family time in mitigating child trauma and expediting reunification.
- Provide guidance to judges, attorneys, and court personnel on best practices, such as including discussion of family time at every hearing and review, as well as on identifying family time as a critical reasonable effort to finalize permanency goals of reunification
- Include qualitative measures that look at the substance of family time discussions, as well as decisions in court observation and other instruments utilized as part of mandatory Court Improvement Program hearing quality projects.

POLICY #11

Create a network of family support partners and mentors to help parents successfully navigate the child welfare and court processes.

- Develop a program and related policy via which parent partners and parent mentors are provided to support families in the child welfare system, including during the investigation process.
- Create payment mechanisms to support parent partners, including creating state positions or contracting with community-based organizations to provide the services.
- Provide training to parent partners and parent mentors, as well as to child welfare agency and court staff, to prepare them to be effective advocates for parents.
- Establish advisory boards of persons with lived experience in the child welfare system to serve as advisors on policies and practices.

CONCLUSION

State and local policies can play a key role in ensuring children thrive and reach their full potential. State and community systems focused on promotion of positive development nurtured within strong families beginning at birth and prenatally offer a unique opportunity to address the adverse conditions that pose great risks to families. Supporting families as early as possible can provide children, parents, and communities with resilience—or capacities and skills that allow them to respond to adversity in a healthy, adaptive manner.

All families should be able to receive the supports they need to strengthen their parenting skills and support the positive development of their children without becoming involved in the child welfare system. To be effective, states must leverage a broad range of prevention supports to help keep families together, support long-term family protective factors, and work with communities to strengthen the conditions where families live. This collaborative approach to family strengthening and prevention will require support from a wide range of state and community leaders that work with infants, toddlers, and their families. Child welfare systems will need to form partnerships with a broad coalition of health, human service, and early childhood organizations so that families experiencing conditions or factors placing them at higher risk for entering the child welfare system can receive the support they need outside of the system.

Some families may come to the attention of the child welfare system due to complex needs that are unable to be addressed and supported in the community and may need additional support to ensure children are safe and healthy. Placing a child in out-of-home care, including foster care and kinship care, can compound these problems if the placements are not supportive of the child's early development. A growing body of research shows that early identification of needs and services for young children and parents involved in the child welfare system can improve child safety, increase well-being, facilitate permanent child placements, and strengthen families. Research also demonstrates the importance of actively engaging parents in decision-making and in creating judicial policies and practices that empower parents and reinforce the importance of maintaining the child–parent relationship. States have an opportunity to transform their child welfare systems to be more responsive to the physical, mental health, and developmental needs of infants and toddlers—and the complex needs of their parents.

This policy framework provides a roadmap for states to identify and implement policies and practices that can best support the needs of infants and toddlers and strengthen families.

ENDNOTES

- i Harvard University Center on the Developing Child. “How Racism Can Affect Child Development.” <https://developingchild.harvard.edu/resources/racism-and-ecd/>.
- ii Weiner, D., Anderson, C., & Thomas, K. (2021). *System Transformation to Support Child and Family Well-Being: The Central Role of Economic and Concrete Supports*. Chapin Hall at the University of Chicago. <https://www.chapinhall.org/wp-content/uploads/Economic-and-Concrete-Supports.pdf>.
- iii Child Welfare Information Gateway. (2021). “Child Welfare Practice to Address Racial Disproportionality and Disparity.” U.S. Department of Health & Human Services, Administration for Children & Families, Children’s Bureau. <https://www.childwelfare.gov/pubs/issue-briefs/racial-disproportionality/>.
- iv Osofsky, J. D., Fraser, J. G., & Huffer, A. (with Huddleston, J., Allen, D., Citrin, A., Gallion, J., & John, S. G.). (2021). “The Safe Babies Court Team™ Approach: Creating the Context for Addressing Racial Inequities in Child Welfare.” *ZERO TO THREE Journal*, 42(1), 48–60.
- v Osofsky, J. D., Fraser, J. G., & Huffer, A. (with Huddleston, J., Allen, D., Citrin, A., Gallion, J., & John, S. G.). (2021). “The Safe Babies Court Team™ Approach: Creating the Context for Addressing Racial Inequities in Child Welfare.” *ZERO TO THREE Journal*, 42(1), 48–60.
- vi Institute of Medicine and National Research Council. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/9824>.
- vii Center for the Study of Social Policy. “Strengthening Families.” <https://cssp.org/our-work/project/strengthening-families/>.
- viii Child Welfare Information Gateway. (2021). “Child Welfare Practice to Address Racial Disproportionality and Disparity.” U.S. Department of Health & Human Services, Administration for Children & Families, Children’s Bureau. <https://www.childwelfare.gov/pubs/issue-briefs/racial-disproportionality/>.
- ix Rostad, W., Rogers, T. M., & Chaffin, M. J. (2016). “The Influence of Concrete Support on Child Welfare Program Engagement, Progress, and Recurrence.” *Children and Youth Services Review* 72, 26–33.
- x U.S. Department of Health & Human Services, Administration for Children & Families, Children’s Bureau. (2022). *Child Maltreatment 2020*; U.S. Department of Health & Human Services, Administration for Children & Families, Children’s Bureau. (2021). *The AFCARS Report FY 2020*.
- xi [ZERO TO THREE. https://www.zerotothree.org](https://www.zerotothree.org).
- xii Garner, A. & Yogman, M. “Preventing Childhood Toxic Stress: Partnering with Families and Communities to Promote Relational Health.” *Pediatrics*, 148(2). <https://doi.org/10.1542/peds.2021-052582>.

- xiii Crouse, G., Ghertner, R., Madden, E., & Radcl, L. (2021). *Foster Care Entry Rates Grew Faster for Infants than for Children of Other Ages, 2011–2018*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health & Human Services. <https://aspe.hhs.gov/sites/default/files/2021-08/infant-foster-care-brief.pdf>.
- xiv ZERO TO THREE and Center for the Study of Social Policy. (2022). [*Grounding Family and Child Well-Being Policies and Systems in Anti-Racist Principles and Strategies*](#).
- xv Milner, J. (2020). “Parent Well-Being and Parent–Child Relationships Are Key to Promoting Child Well-Being.” *Children’s Bureau Express*, 20(1). <https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=203§ionid=2&articleid=5275>.
- xvi American Bar Association, Center on Children and the Law. (2021). “Practice Standards & Tools.” https://www.americanbar.org/groups/public_interest/child_law/resources/practice-standards/.
- xvii Family Justice Initiative. “High-Quality Legal Representation.” <https://familyjusticeinitiative.org/model/high-quality-representation>.