Infants and Toddlers in Foster Care

Imagine This

How many times have you moved to a new city in the last six months? Babies removed from their parents' care often move three or more times in their first months in foster care.[3] Just think how disrupted your life would be if you moved three times in six months and had to make new friends and establish new business relationships each time. Now imagine what it must be like for a baby to lose everything familiar over and over again.

The first three years of life represent a time in which the most rapid development takes place. This affords a unique window of opportunity for positive change to occur, particularly for our most vulnerable children. Unfortunately, infants and toddlers comprise almost one-third of all children who are abused or neglected[1] and are the largest single group of children entering foster care.[2] Because their healthy development is interrupted by the lack of security and attachment from their primary caregivers, infants and toddlers in foster care are extremely vulnerable to the effects of maltreatment and multiple foster care placements. The impact of maltreatment on healthy development can have lifelong implications if not properly addressed. The good news is that intervention in the first three years can make a world of difference in the lives these children will lead. Policymakers can seize the opportunity and act now to assure that vulnerable infants and toddlers in foster care get the best possible start in life.

FAST FACTS

- **Children between birth and age 3 have the highest rates of victimization.[4]**
- **Maltreatment interferes with the healthy development of the synaptic connections in the brain that are critical to intellectual functioning and to social and emotional well-being.[5]**
- **Once they have been removed from their homes and placed in foster care, infants and toddlers are more likely than older children to be abused and neglected and to stay in foster care longer.[6]**
- **A study of the cumulative costs of special education from ages 0 to 18 found that intervening starting at birth resulted in lower costs over the course of childhood. Total cost of services begun at birth was $37,273 compared with a total cost of between $46,816 and $53,340 if services were not begun until age 6.[7]**

Policy Recommendations

1. **Ensure a permanent placement for infants and toddlers in foster care**. Moving children from caregiver to caregiver interferes with the children's healthy growth and development. The very youngest children experience their world through the eyes of their primary caregivers. Their sense of security—which leads them to develop into healthy, curious, loving children—is based on the love and protection offered by those few adults who care for them on a daily basis. Infants grieve the loss of their caregivers. When forced to deal with multiple changes in caregivers, they suffer from depression, anxiety, grief reactions, and other emotional changes that interfere with daily functioning.

2. **Implement frequent family visitation for infants and toddlers in foster care**. Very young children need to see their parents every day if possible. Current child welfare practice supports just one visit a week. For very young children, infrequent visits are not enough to establish and maintain a healthy parent-child relationship. Close daily contact is critical for the formation of strong relationships between parents and very young children. Babies and toddlers are learning about their parents with every interaction (every feeding, every bath, every diaper change). Parents are learning about their children at the same time. Each time the birth parent misses one of these daily moments, their relationship suffers.

3. **Pursue two permanency plans for infants and toddlers in foster care**. During the earliest years of a child's life—a time when growth and development occur at a pace far exceeding that of any other period of life—time goes by quickly. Babies can drift for years in foster care. They need stable loving parents as soon as possible. Standard child welfare practice is to seek reunification over the course of months or years; an alternative permanency arrangement is sought only when it is clear that the birth parents are not able to regain custody of their children. In the meantime, the babies have grown up in a series of foster homes and have suffered developmental damage they will carry with them throughout their lives. All members of the family's team need to understand concurrent planning as the legal way to make sure that a child reaches a permanent home as quickly as possible. Babies need at least one person who is crazy about them, and they need stability to support their healthy development. Each day of visitation with their parents triples the odds a baby in foster care will reach permanency within a one-year time period. But each time an infant or toddler experiences a change in placement, their odds of reaching permanency decrease by 32%.

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4. **Ensure ongoing post-permanency services and supports for all families after permanency has been achieved** (i.e., for birth families who have achieved reunification, for permanent guardians, and for adoptive families). Children who leave foster care for permanency with their biological parents, other relatives, or adoptive parents will continue to have developmental and mental health needs. The adults caring for them will be challenged financially, logistically, and emotionally to meet those needs. If these placements are to become truly permanent, ongoing services and supports should be available to all three family types. 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, no job and no marketable job skills, substance abuse, mental health problems, domestic violence, and/or little or no social support network to call upon in times of stress. These are problems that will continue to need attention after the child maltreatment issue is resolved.

5. **Ensure that judges are informed about child development and use that knowledge to determine safety and permanence**. Juvenile and family court judges across the county have long felt frustrated by the challenges infants and toddlers face in the child welfare system. In particular, many judges have struggled to quickly reunify families or place infants and toddlers in other permanent homes. In order to fulfill their leadership and oversight rules in cases involving infants and toddlers, judges, attorneys, and others must be knowledgeable of the recent scientific advances and be able to apply that knowledge in their judicial decision-making.

6. **Assess the mental health needs of infants and toddlers in foster care and provide treatment as necessary**. Infants and toddlers, although unable to use words to communicate, experience joy and sadness, anger and fear. From birth, they feel, remember, learn, and communicate. The adults who care for them are the mediators of all their experiences. If parents do not have adequate supports to provide a healthy environment for their child, very young children can suffer depression and other mental health problems.[8] Without treatment, their mental health concerns will impede their healthy development.

7. **Ensure access to early intervention services (Part C of the Individuals with Disabilities Education Act [IDEA]) for children age 3 and younger**. Amendments to the Child Abuse Prevention and Treatment Act (CAPTA) of 2003 required states to develop procedures to assure that all children 0–3 who are involved in a substantiated incident of abuse or neglect are referred to Part C services. 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. This opened a window of opportunity for ensuring developmental assessments and treatment for infants and toddlers who have been abused or neglected. While Part C is a federal requirement, many local jurisdictions are not aware of the Part C program in their states.

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8. **Ensure comprehensive and consistent health care that includes dental, vision, and hearing exams**. Like all young children, those in foster care 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 succeed in school.

9. **Expand and designate substantial funding to build preventive services that preserve and support families**. 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. Currently such "front-end" services must compete for funding with more crisis-oriented services. Services to preserve and support families are particularly important for families with infants and toddlers who may need extra support in parenting. Of all young children in foster care, 40% were born prematurely or with low birthweight,[9] often resulting in challenging situations for which parents may lack the skills to cope. Policymakers should designate funding for preventive and supportive services. Such services may include home visiting and family support services that would be available to all families at places they are likely to visit—the obstetrician's office, pediatrician's office, or hospital emergency rooms; local churches; and schools, libraries, and police stations. Staff at all these points of entry would be trained as first responders who would identify families under stress and begin the process of connecting them to service providers who could help them avoid a crisis.

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.[10] 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.[11] Very young children who have been abused or neglected are not able to develop trusting relationships with the adults they depend on for care. This sets the stage for all future relationships and for the child's expectations of what the world holds for them. Outcomes of these damaging early relationships include: elevated rates of aggression even in toddlers; lower IQ scores and diminished language abilities; anxieties, fears, and sleep problems; and a reduced ability to empathize with others.

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Infants and toddlers in foster care are more likely to have fragile health and less likely to receive developmentally appropriate health care. Nearly 40% of young children in foster care are born low birthweight, premature or both—two factors that increase their likelihood of medical problems or developmental delay.[12] They are more likely to have fragile health and disabilities and far less likely to receive services that address their needs.[13] More than half of these children suffer from serious health problems, including elevated lead blood-levels, and chronic diseases such as asthma.[14] A significant percentage of children in foster care do not even receive basic health care, such as immunizations, dental services, hearing and vision screening, and testing for exposure to lead and to communicable diseases.[15]

Visitation is one of the best predictors of successful family reunification. Typically one visit each week is planned between children in foster care and their parents. Every additional day of visitation triples the odds of achieving permanency within a year.[16] The more frequently children and parents spend time together, the more quickly it becomes apparent if the relationship can be healed. Parents who learn from the experience and whose caregiving becomes more sensitive to the child's needs over the course of several visits are demonstrating that reunification is the appropriate permanency goal. Parents who repeatedly skip visits, who show up under the influence of drugs or alcohol, whose friends accompany them on visits and socialize with them rather than with their children, or who behave inappropriately with their children are demonstrating that reunification is not the best outcome for the child.

Infants and toddlers in foster care are at risk for mental health disorders. Early childhood development research shows that infants can experience depression.[17] Infants and toddlers in the child welfare system are disproportionately exposed to early trauma and other developmental risk factors that can result in a variety of mental health disorders. Physical abuse extracts a substantial toll on young children's social adjustment, as seen in 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 new generations. Yet, research shows that when young children are removed from harmful conditions, many recover amazingly well. Intervening early can help prevent the cycle of maltreatment from continuing.

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For more information about physical health of infants and toddlers, see
Leading the Way to a Strong Beginning: Ensuring Good Physical Health of Our Infants and Toddlers.
For more information about home visiting and parent support programs, see
Reaching Families Where They Live: Supporting Parents and Child Development Through Home Visiting.

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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/policy.

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