

Changing the Course for Infants and Toddlers:

A Survey of State Child Welfare Policies and Initiatives



Executive Summary

The harsh reality of maltreatment in the form of abuse or neglect looms in the lives of thousands of infants and toddlers: almost 200,000 children under the age of three come into contact with the child welfare system every year.¹ For young children, this threat arises at a crucial time in life, when early experiences are shaping the brain's architecture into a foundation for learning, health, and future success. Maltreatment chemically alters the brain's development and can lead to permanent damage of the brain's architecture.² The developmental risks associated with maltreatment (such as cognitive delays, attachment disorders, difficulty showing empathy, poor self-esteem, and social challenges) are exacerbated by removal from home and placement in multiple foster homes.³

Although the first years of life are a time of great vulnerability, they also present an opportunity to intervene early to prevent or minimize negative effects. 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.⁴ It is critically important that child welfare policymakers and administrators understand the impact of maltreatment on infants and toddlers, so that they can systematically implement interventions and services that best meet the needs of these very young children.

The *Survey of State Child Welfare Agency Initiatives for Maltreated Infants and Toddlers*, conducted from September 2012 to March 2013, asked state child welfare agency representatives to respond to questions regarding the policies and practices that guide their work in addressing the needs

1 Administration for Children and Families. (2012). *Child Maltreatment 2011*. Washington, DC: U.S. Department of Health & Human Services.

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

3 Ibid.

4 Ibid.



of infants and toddlers who have been maltreated. Questions were included pertaining both to infants and toddlers in foster care and to infants and toddlers who have been “maltreated”: for whom a report of abuse or neglect has been substantiated by the child welfare agency or for whom an alternative/differential response has produced a determination that the child has experienced maltreatment. The survey’s goal was to identify and share innovations in policy and practice, and highlight key challenges, gaps, and barriers that child welfare agencies across the country face in meeting the needs of very young children who have experienced maltreatment. Forty-six states participated in the survey. Three broad themes emerged from analysis of survey responses:

1

Few states have policies that differentiate services or timelines for infants and toddlers versus older children.

Although most child welfare agencies do have an array of policies and practices aimed at promoting the overall health and well-being of all maltreated children in general, this lack of differentiation means that the unique developmental needs of infants and toddlers may not be met in many key areas. While state policies applying to children of all ages—such as encouraging placement with kin, promoting children remaining in their first out-of-home placements, and utilizing concurrent planning—do promote stability for young children, their implementation may not account for the urgency of the developmental needs of maltreated infants and toddlers specifically. The rapid developmental changes in the infant and toddler years, together with the importance of attachment with critical adults in promoting healthy development, call for differentiating key policies that affect foundational aspects of children’s development. Such policies include more frequent visitation with birth parents, swift timelines between screenings and services for health and developmental concerns, greater involvement of birth parents in services for themselves and their young children, and more frequent case reviews, court hearings, and case worker visits.

Key survey findings:

- Thirty-one states do not routinely hold case reviews, permanency hearings, other court hearings, or family group decision-making meetings on a more frequent or expedited basis for infants and toddlers in foster care, as compared to other age groups.
- Nine of the 40 states that dictate the frequency of face-to-face visitation between birth parents and their children in foster care require more frequent visitation for infants and toddlers in care compared to older children.

2

Relatively few states have implemented promising approaches to meeting the unique developmental needs of infants and toddlers.

There are several promising approaches that can help address the needs of infants and toddlers who have experienced maltreatment. These include: appropriate timeframes for health and developmental screenings and timely referrals to specialists; greater frequency in infant-toddler foster care case

reviews and hearings; required training for all levels of agency staff, foster parents, court personnel, and biological parents about the developmental needs of infants and toddlers; multi-system collaborations with other agencies that serve infants and toddlers and their families; more frequent face-to-face visits with birth parents for infants and toddlers; and policies prohibiting the placement of young children in congregate care except in situations where parents and their young children can be cared for together. These approaches are discussed in greater detail in the body of the report. With the exception of multi-system collaborations, these policies are limited in number and not universally available across or even within states. A more systemic approach to addressing the developmental needs of very young children could help states identify specific policies or components they wish to implement.

Although the examples detailed in the key survey findings below are promising ways to meet the needs of maltreated infants and toddlers, the survey found that most of these policies are not being implemented in a majority of states.

Key survey findings:

- Just over half of responding states (26 out of 46) have policies requiring that referrals to specialists be made within a specific timeframe once a health or developmental concern is identified. Identified timeframes range from two to 60 days. Only nine states require that these referrals occur within one week.
- Only three states (Alaska, Hawaii, and South Dakota) require training on developmentally-appropriate practices for infants and toddlers who have been maltreated for all child welfare staff, including case workers, supervisors, administrators, and other staff.
- Forty states have policies requiring concurrent planning, but only 14 reported that concurrent planning begins “immediately,” “as soon as possible,” or “within 24 hours” of placement outside the home.

“Concurrent planning” seeks to promote timely permanence 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.

3

Given growing awareness about the needs of very young children stemming from neuroscience and child development research, child welfare agencies have a long way to go in aligning policies and practices to ensure that the unique needs of infants and toddlers are met.

Infusing research into practice is complex and can take time, but the evidence is clear about the resulting harm when the development of infants and toddlers who have experienced maltreatment is not supported. As awareness grows regarding developmental needs and specific policies and practices that can address them, states should focus particularly on two important areas. The first is reaching all maltreated infants and toddlers, rather than only those in foster

care, with developmentally-oriented policies and practices. Young children who are not removed from their homes are just as vulnerable to developmental problems as those who are.

The second is providing supports to meet the often-complex needs of birth parents, including secondary trauma, to increase the chances of successful reunifications. The survey identified specific barriers to accessing services for both children and parents. These include lack of services in certain areas of the state, low number/quantity of service providers, and waiting lists. These barriers could be greatly reduced by taking the needs of maltreated infants and toddlers and their birth families into account in the adjustment and creation of policies and funding streams, and by providing additional training to the many groups of professionals and caretakers who work with and make decisions about maltreated infants and toddlers.

Key survey findings:

- About two-thirds of responding states have policies requiring adherence to visit/screening schedules (physical health/immunizations, dental health, mental/behavioral health, and developmental) for children in foster care. Fewer states, less than one-third, have policies requiring adherence to such schedules for all maltreated infants and toddlers, including those who are not in child welfare custody.
- No states reported that training is required for birth parents on how and when to seek early intervention services for young children who may have one or more developmental delays or disabilities under Part C of the Individuals with Disabilities Education Act (IDEA), and only three states require training for court personnel on Part C requirements and developmental delays.
- The majority of states do not have policies that require that health, mental health, and substance abuse-related supports be offered to all parents of maltreated infants and toddlers involved with the child welfare system.
- Of the 40 states with policies that dictate the frequency of face-to-face visits between birth parents and their children in foster care, only one state requires daily visitation and only 12 states require visitation at least once a week.
- With the exception of a few services, most states reported a greater availability of post-permanency supports for adoptive parents and children who are adopted, compared to birth parents and their children upon reunification.

