

Understanding and Meeting the Needs of Birth Parents



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

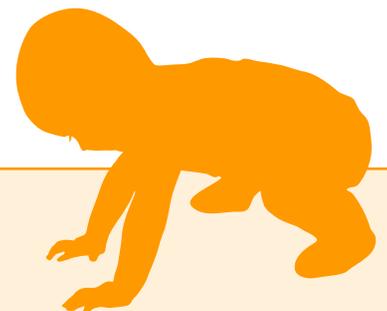
Why is meeting the needs of birth parents important for maltreated infants and toddlers?

Babies need close, continuous, nurturing relationships with adults, ideally their parents, to develop and thrive. In families where there has been abuse or neglect, parents have been unable to create the safe predictable home their babies need.



Many parents who are found to have maltreated their young children have problems, including trauma in their backgrounds, which must be addressed before they can properly nurture their children.¹ Parents who abuse or neglect their children were often victims of maltreatment themselves.² They also experience high rates of domestic violence, substance abuse, and mental health problems.^{3,4}

When an infant or toddler has been placed in foster care, reunification with his or her parents is the best option if it can be achieved safely. Reunification maintains the stable connection to family, supports strong attachments to parents (or another close caregiver), and reduces the trauma of placement changes.⁵ Better identifying and addressing the underlying needs that inhibit birth parents' capacity to care for their children will allow more infants and toddlers to remain with their birth parents and/or reunify with their birth families.



Children under three months old who are placed in foster care linger there longer than older children and are less likely to reunify with their birth parents.⁶

Almost 1/3 of infants who achieve reunification with their birth families reenter the child welfare system.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 understanding and meeting birth parents' needs.



Fewer than half of states have policies requiring that birth parents be offered services and supports to overcome their own trauma, mental health, substance abuse, and domestic violence issues: Only 18 states routinely provide information about secondary trauma and strategies for coping with this history. Only two states require parents be given a neuropsychological assessment to obtain a comprehensive picture of their abilities and capacities.

States lack training for parents on when to seek Part C Early Intervention services for young children: State child welfare leaders in 36 states collaborate with the state Part C agency to implement the requirements of federal/state/local laws, and 20 states require child welfare workers to receive training on the services available through Part C. However, no states require training for birth parents on how and when to seek services for young children under Part C.

States lack clear policies related to services to improve the interaction between birth parents and their children who are in foster care: In 33 states, foster parents receive guidance to help children make the transition before and after visits with birth parents, but in only 13 states do birth parents routinely have access to visit coaches or other relationship-supporting approaches during visits. Birth parents need consistent supports in caring for, playing with, and promoting the healthy development of their young children. Although 34 states promote involvement of birth parents in the physical health care of infants and toddlers in foster care, just 15 states offer Child-Parent Psychotherapy, the only evidence-based mental health intervention for children younger than 3.

Examples of state initiatives



Hawaii's Attachment and Biobehavioral Catch-up Intervention is a 10-session, home-based program for children and families who have experienced high stress or adversity or who may be referred from the child welfare system. It teaches parents how to provide nurturing care through gentle, in-the-moment suggestions that focus on what the parent is doing right.



In Illinois, the Early Childhood Project for children under the supervision of the child welfare agency offers an initial developmental and mental health screening in every case the child welfare agency opens for children ages birth to three. These screenings include an interview with birth parents about their child's physical health and development, social-emotional development, and stressors in the parent-child relationship. The Project recommends services, such as child-parent psychotherapy, to address identified needs.



New Jersey recently adjusted its policies to make it easier for teen moms in foster care to keep their infants with them in their placements, including a new board rate for foster parents of teen moms.

What can my state do?

- ▶ Require physical and mental health exams, including trauma screening and assessment, for parents involved in substantiated cases of abuse or neglect. Physical problems can cause mental health symptoms.
- ▶ Provide training to all levels of child welfare agency staff about the kinds of traumatic history that can undermine a parent's ability to safely care for his/her child (e.g., Fetal Alcohol Spectrum Disorders, childhood sexual abuse). This training should give social workers the skills to approach parents respectfully and learn from them about their lives. Knowledge of birth parents' childhood trauma and use of alcohol and/or drugs can lead to more targeted and effective case planning.
- ▶ Work across disciplines to identify opportunities for children in foster care to spend time with their parents frequently each week. Identify community settings and normal family events (e.g., doctor's visits, bedtime at the foster home) to increase opportunities for time together. Pair birth parents with trained coaches who can help them conduct visits with their children in foster care and learn how to better support their children's healthy development through everyday experiences.
- ▶ Build your state's capacity to offer Child-Parent Psychotherapy. Research suggests that this type of therapy is useful in helping the parent better understand their child's needs and communication style while addressing the issues that maltreated infants and toddlers face, including poor relationships with their closest caregivers, difficulty expressing emotion, and poor eating and sleeping patterns.
- ▶ Provide post-permanency supports to birth parents who are reunified with their children. Services may include mental health services; financial services such as income support, job training, health care, or housing assistance; and support networks such as peer support groups and linkages with community-based services.

Tools to help

Read more about the range of supports for birth parents 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 birth parents 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. Hudson, L. (2011). *Parents Were Children Once Too*. Washington, DC: ZERO TO THREE
2. *A Call to Action on Behalf of Maltreated Infants and Toddlers*. American Humane Association, Center for the Study of Social Policy, Child Welfare League of America, Children's Defense Fund and ZERO TO THREE.
3. Wulczyn F., Ernst, M. & Fisher, P. (2011). *Who Are the Infants in Out-of-Home Care? An Epidemiological and Developmental Snapshot*. Chicago: Chapin Hall at the University of Chicago
4. Wilson, E., Dolan, M., Smith, K., Casanueva, C., & Ringeisen, H. (2012). NSCAW Child Well-Being Spotlight: *Caregivers of Children Who Remain In-home After a Maltreatment Investigation Need Services*. OPRE Report #2012-48, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
5. Child Welfare Information Gateway, *Supporting reunification and preventing reentry into out-of-home care*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau 2012, https://www.childwelfare.gov/pubs/issue_briefs/srpr.pdf
6. Fred Wulczyn, Lijun Chen, Linda Collins, et al., *The Foster Care Baby Boom Revisited: What do the Numbers Tell Us?* ZERO TO THREE, 31, no. 3 (2011):4-10.
7. Ibid.