Meeting the Developmental Needs of Infants and Toddlers in the Child Welfare System

Department of Children and Families and New Jersey Task Force on Child Abuse and Neglect 2013 Biennial Conference

September 20, 2013

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ZERO TO THREE
Today’s Agenda

- National and State data on infants and toddlers in the child welfare system
- Impact of maltreatment and child welfare system experiences on infants
- A developmental approach to infants and toddlers in the child welfare system
- Safe Babies Court Teams
- Self-assessment tool for states and counties
- Upcoming release of 50-state child welfare survey report
The Most Vulnerable Children

Infants and toddlers make up the largest group of maltreated children

Source: HHS, Child Maltreatment, 2011
Proportion of Maltreated Children that are Infants and Toddlers (under age 3)

- <20%
- 20-25%
- 26-30%
- 31-35%

NJ: 29%
Infants and Toddlers are the Largest Group of Children Entering Foster Care

Source: HHS, AFCARS Data, 2011
Proportion of Foster Care Entries that are Infants and Toddlers (under age 3)

NJ: 37%
Infants and their Forever Families

- Infants entering foster care at less than 3 months are more likely to be adopted
- Older infants are more likely to be reunified with their parent(s)

Source: Wulczyn, et al., *The Foster Care Baby Boom Revisited*
Reentry of Infants into Foster Care

- Nearly 1 in 3 infants who were reunified with their parents returned to foster care
- Reentry rate generally higher than for older children

Source: Wulczyn, et al., *The Foster Care Baby Boom Revisited*
In New Jersey, children under the age of four make up the largest group of children receiving services from The Division of Child Protection and Permanency (DCP&P).

Age of Children Receiving DCP&P Services As Of June 30, 2012

- 0 to 3: 25%
- 4 to 5: 12%
- 6 to 9: 22%
- 10 to 12: 14%
- 13 to 15: 14%
- 16 to 17: 9%
- 18 and older: 4%
Infants and Toddlers in NJ’s Child Welfare System

• As of June 30th, 2013, 34% of children in foster care in New Jersey were age three or under.

• Once in foster care, infants and toddlers are more likely to remain in placement longer than older children and reenter the system more frequently.

Median Length of Stay in Out-of-Home Placement
(Based on the age of the child at the time of placement)

Source: NJ Department of Children and Families
Eighty percent of New Jersey children who died from abuse and neglect over a 5-year period (2007-2011) were 3 years of age or younger.

Nearly half of these babies and toddlers were known to the state’s child protection system.

Source: NJ Department of Children and Families
Why Focus on Infants and Toddlers?

• Infants are the most vulnerable group in the child welfare system.

• Very young children cannot take care of themselves, defend themselves or tell on their abusers.

• They are unable to recognize danger and to understand what is happening to them.
Why Focus on Infants and Toddlers?

- Abuse and neglect at such a young age often has serious, lifelong consequences.

- From zero to age three, a child’s brain grows faster than at any other time during their lives.
### Neural Connections Every Second!

<table>
<thead>
<tr>
<th>Age</th>
<th>Connections</th>
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<tbody>
<tr>
<td>newborn</td>
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<tr>
<td>1 month</td>
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<tr>
<td>3 months</td>
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<tr>
<td>6 months</td>
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It’s All About Relationships

• As babies, the way we are held, talked to, and cared for teaches us about who we are and how we are valued.

• The care received and attachments made in the first months of life are critical building blocks for future development and adult well-being.
Maltreatment during these formative years interferes with healthy brain development, harming intellectual functioning and social and emotional development and well-being.
Maltreatment and Brain Development

- Lack of touch ~ smaller brains

- Lack of sensory stimulation ~ asocial behavior, language/cognitive delay (less dense corpus callosum)

- Maternal depression ~ reduced frontal lobe activity

- Maternal stress ~ fetal brain growth

- Maternal drug use – perturbed CNS
• Nearly 80% are prenatally exposed to substance abuse

• Nearly 40% are born low birthweight and/or premature

• More than half have developmental delays or disabilities

If left undetected and unaddressed, these health and development challenges can impact their future health and development.
Impact of Trauma

• Babies grieve when their relationships are disrupted.

• Sudden and traumatic separation from parents can severely damage a young child’s emotional, physical and cognitive development causing developmental delays, aggression, lower IQ scores, attention and attachment disorders, anxieties, and fears.

• For infants involved with child protection services, every experience—removal, visitation, changes in placement and reunification—has implications for their healthy growth and development.
The early years present an unparalleled opportunity to intervene effectively.

To safeguard very young children who come to the attention of the DCPP, it is critical that all aspects of case handling — from referrals to the child abuse hotline, to making decisions about whether to place a child into foster care, or a child’s permanent living arrangement — take into consideration the unique needs of infants and toddlers.
Recommendations

• All involved in the child protection system – from frontline caseworkers to judges who monitor these cases – should have special training and knowledge of the needs of infants and toddlers and the tools to protect them from harm.

• Make age a primary consideration in assessing safety and risk for infants and toddlers.

• Require that infants and toddlers receive a minimum of 3 visits per week with parents /siblings: unless safety is a concern.

• Require that data specific to children ages 0-3 be collected and made available to the public.
Using What We Know from the Science to Change What We Do for Vulnerable Babies

www.zerotothree.org/acalltoaction
What is a developmental approach?

A focus on infants, toddlers, and their families that builds guiding principles for infant and toddler development into child welfare systems and practices.
What does a developmental approach look like?

Five Key Elements:

- Decisions guided by knowledge of early childhood development
- An emphasis on fostering stable, caring relationships
- Ensuring access to a range of services from the start
- Cultivation of family and community partnerships
- Using data and research to guide policy and practice
Key Element One:

Decisions and services are developmentally appropriate and have the explicit goal of enhancing the safety, permanency, and the developmental well-being of infants and toddlers.
Decisions Guided by Knowledge of Early Childhood Development

- Child welfare workers, judicial personnel and all stakeholders educated in the science of early development
- Developmental services built into case plans
- Child welfare agencies and courts share responsibility in overseeing developmental services and steps to permanency
Key Element Two:

All infants and toddlers in the child welfare system have the opportunity for stable, caring relationships that are essential for healthy development.
A Renewed Effort to Foster Stable, Caring Relationships

For infants, toddlers, and their families:

- Assessments of the child, the parents, and child-parent relationships
- Understanding parents’ issues
- Assessment of risk factors
- Family-centered practices to support family strengths and positive parenting
A Renewed Effort to Foster Stable, Caring Relationships

For infants and toddlers placed in foster care:

- Careful transitions: Pre-removal conferences and stability in care
- Commitment to concurrent planning
- Foster-adopt homes with ready support
- Frequent, supportive parent-child contact
- Frequent case review and court monitoring
- Concept of care beyond traditional boundaries
Key Element Three:

Intervention procedures and services are accessible from the start to prevent the consequences of early adversity in infants and toddlers.
Ensure Access to a Range of Intervention Services From the Start

Providing physical, mental, emotional, developmental, and family assessments and services such as:

- Preventive health services
- Infant and early childhood mental health services, including child-parent therapy
- Assessment and services for parents

Collaboration between Part C services and Child Welfare agencies
Ensure Access to a Range of Intervention Services From the Start

Building Relationships with the Early Childhood System

- Early Head Start
- Early childhood home visiting programs
- High-quality child care
Key Element Four:

Families and communities should work as key partners to ensure the well-being of every infant and toddler.
Cultivation of Family and Community Partnerships

- Collaboration between child welfare and community systems for a web of services for infants, toddlers, and families
- Use of community resources to help families build informal support systems and foster protective factors
Elements of a Developmental Approach

Key Element Five:

Ensure there is a focus on infants, toddlers, and their families in administrative functions such as data collection, research, and attention to special populations.
Informing Services with Ongoing Data and Research

- Data collection gives direction to planning and program development for infants and toddlers
- Practices adopted that reflect infant-toddler needs
- State child welfare plans include policies that address the safety, permanence, and well-being of infants, toddlers, and their families
Can it be done?

Safe Babies Court Teams

Goal is to achieve timely and nurturing permanent families for infants and toddlers in foster care
Resource for State and County Planning

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

www.zerotothree.org/childwelfaretool
Structure of the Tool

I. Assessing and Addressing the Needs of Infants, Toddlers, and Their Families Who Become Known to the Child Welfare System

II. Creating Foster Care That Promotes Attachment and Permanency

III. Training and Supporting Child Welfare Staff and Other Professionals Involved in the Child Welfare System

iStockphoto/Dimitri Sherman
I. Assessing and Addressing the Needs of Infants, Toddlers, and Their Families Who Become Known to the Child Welfare System

   A. Children’s Physical, Mental Health, and Developmental Needs
   B. Complying with the CAPTA Requirement for Referral to Part C
   C. Needs of Parents Who Become Known to the Child Welfare System
   D. Creating Linkages and Utilizing Community Resources
Structure of the Tool: Section II

II. Creating Foster Care That Promotes Attachment and Permanency

A. Concurrent Planning, Planned Transitions, and Placement Stability to Promote Secure Attachments
B. Training and Supporting Foster Parents
C. Frequent and Appropriate Parent-Child Contact
D. Establishing a Process for Regular Case Reviews
E. Meeting Needs After Permanency
Structure of the Tool: Section III

III. Training and Supporting Child Welfare Staff and Other Professionals Involved in the Child Welfare System

A. Training and Retaining Child Welfare Workers

B. Training Other Professionals involved in the Child Welfare System
Tips for Using the Tool

- Involve a diverse group of stakeholders
  - Such as representatives from mental health, health, court personnel, early care and education, home visiting, and Part C of the Individuals with Disabilities Education Act

www.zerotothree.org/cwstakeholders
Tips for Using the Tool

• Make it data driven
  – Tool identifies examples of data that will be useful for completing each section

Review available data on infants, toddlers, and their families known to the child welfare system, such as:

✓ Number/percentage of children under 3 referred to Part C
✓ Number/percentage of referred children who receive a complete Part C evaluation
✓ Number/percentage of referred children who are eligible for Part C services
✓ Number/percentage of children found in need of services
✓ Number/percentage of children who are referred to services
✓ Number/percentage of referred children who receive services
✓ Number/percentage of Part C staff who attend training specific to children known to the child welfare system
Tips for Using the Tool

• **Use the tool as a framework for discussion**
  – Could use subgroups to complete different sections

<table>
<thead>
<tr>
<th>Recommended Policies and Practices</th>
<th>What policies and procedures do we have in place to ensure</th>
<th>What barriers exist and/or what resources are lacking?</th>
<th>What improvements can be made to current policies, procedures, and practices?</th>
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<tbody>
<tr>
<td>1. Parents have face-to-face visitation with their infants and toddlers on a frequent basis, as close to daily as possible.</td>
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<td>2. Parent–child contact occurs in locations and times that work for birth parents, foster parents, and the infants and toddlers.</td>
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| 3. Birth parents’ healthy parenting practices and relationship-building capacities are supported during visits.  
  Note: This can be achieved by having visit coaches model play activities for birth parents to help them understand how to support their children’s healthy development or by making early childhood mental health specialists available to help parents understand their children’s needs. |                                                            |                                                       |                                                                            |
| 4. Parent involvement in normal family activities—such as doctor’s appointments and birthday celebrations—is promoted. |                                                            |                                                       |                                                                            |
| 5. Face-to-face visitation occurs between infants and toddlers and their siblings (if they have been separated) on a frequent basis, as close to daily as possible. |                                                            |                                                       |                                                                            |
Tips for Using the Tool

- **Act on the results**
  - Each content section provides space to identify priorities
  - Action planning section at end of tool

### Action Planning

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<th>Priority</th>
<th>Next Steps</th>
<th>Who is Taking the Lead</th>
<th>Timeline</th>
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SURVEY OF STATE CHILD WELFARE ADMINISTRATORS ON POLICIES AND PRACTICES AROUND INFANTS AND TODDLERS IN THE CHILD WELFARE SYSTEM

- Survey conducted 9/2012 - 3/2013
- 46 states participated

GOAL: TO IDENTIFY AND SHARE INNOVATIONS IN POLICY AND PRACTICE, AND HIGHLIGHT KEY CHALLENGES, GAPS, AND BARRIERS THAT CHILD WELFARE AGENCIES FACE IN MEETING THE NEEDS OF YOUNG CHILDREN WHO HAVE EXPERIENCED MALTREATMENT
Preview of Key Findings

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

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

• 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
Questions?

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