



BUILDING STRONG FOUNDATIONS:
Advancing Comprehensive Policies for Infants, Toddlers, and Families



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The Child Welfare System: A Critical Support for Infants, Toddlers, and Families

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Infants and toddlers in the child welfare system should have access to developmentally appropriate supports responsive to the needs of the child and family. Children who live in families with complex problems may experience abuse or neglect, which can jeopardize children’s development and safety. The child welfare system often becomes involved with their families, usually as the result of a report of suspected maltreatment. The child welfare system then intervenes to determine whether maltreatment has occurred and, if so, to protect the child’s safety, address the family’s problems, and seek stability for the child. This system comprises a complex array of agencies and services, generally including Child Protective Services, which investigates and substantiates reports; the child welfare services agency, whose caseworkers oversee the case following substantiation; and the judicial system, which determines the child’s placement in foster care. The child welfare agency often contracts or collaborates with community-based organizations to provide services to families, such as in-home family preservation, foster care, mental health and substance abuse treatment, and parenting supports.¹

Young children who have experienced maltreatment, especially those who are placed in foster care, need a child welfare system attuned to their unique needs and rapid development. Infants and toddlers are in a particularly significant period of development that provides the foundation for future learning, behavior, and health. Early and prolonged exposure to abuse and neglect increases the risk of lifelong physical and mental health problems.² Maltreated infants and toddlers frequently have developmental delays and may have difficulty paying attention, showing empathy, controlling their behavior in social situations, and initiating interactions with others. Negative foster care experiences, including lack of

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ongoing parent-child contact and multiple moves while in care, may compound the impairments in young children's development.³ Therefore, the system needs to be prepared to intervene with comprehensive supports for early development, including through the promotion of stable and caring relationships.

Although the primary responsibility for administering child welfare services rests with states and sometimes counties, the federal government provides funding and extensive legislative requirements that shape state policies and practice. Only a few provisions of federal child welfare laws focus specifically on young children. The main federal child welfare policy is provided through Titles IV-B and IV-E of the Social Security Act, often referred to as the Adoption and Safe Families Act (ASFA). In general, IV-B provides funding for child welfare services, research, and training, while IV-E offers states an open-ended entitlement for the costs of providing foster care, adoption assistance, or kinship guardianship for eligible children. In order to comply with federal child welfare policy, and thus receive IV-E funds, state plans are required to describe how they promote permanency, meaning a legally permanent home that provides and maintains stable, ongoing relationships with caring adults.⁴ State plans must also describe how they intend to address the developmental needs of very young children in their care.

ASFA, which was adopted in 1997, strengthened the federal requirements that states focus on achieving safety and permanency, and elevated the focus on wellbeing for children in the child welfare system.⁵ ASFA promoted permanent placements for children through tightened timelines for case reviews and termination of parental rights; concurrent planning that simultaneously establishes both reunification and adoption as possible permanency goals; reunification with birth parents when possible; kinship placements; and adoption incentives. It required closer attention to children's educational and health status and enhancing families' capacity to meet their children's needs. ASFA also reworked the IV-B Promoting Safe and Stable Families Program, adding time-limited family reunification services and adoption promotion and support to existing services to promote family stability.

The Child Abuse Prevention and Treatment Act (CAPTA) includes requirements for states when determining and addressing maltreatment.⁶ Key to addressing the greater probability of developmental delays, CAPTA requires states to refer infants and toddlers with substantiated abuse or neglect to early intervention services under Part C of the Individuals with Disabilities Education Act. States must also have procedures in place that address the needs of newborns with prenatal drug exposure or Fetal Alcohol Spectrum Disorders, including notifying Child Protective Services and developing a plan of safe care.

Although infants and toddlers are the age group most vulnerable to child maltreatment, the child welfare system is neither adequately funded nor oriented around the developmental needs of infants, toddlers, and families. Children under age 3 make up an alarming proportion of children who enter the system. Every year, almost 200,000 children from birth to 3 years old have contact with the child welfare system as victims of abuse or neglect. Infants and toddlers comprise more than a quarter (28 percent) of all children who are abused or neglected and three-quarters of those who die from abuse and neglect.⁷ Young children are also most likely to be removed from their homes and placed in foster care. Of the children who entered foster care in FY 2015, 32 percent were younger than 3 years old.⁸ Racial disparities are evident in the rates of substantiated maltreatment, with African-American and American Indian and Alaska Native children having the highest rates.⁹

The families of young children in the child welfare system typically face many risk factors in addition to maltreatment, which makes the child welfare system's job more complex than simply pointing families to parenting services. These risk factors include—among others—having a single caregiver, living in poverty, or having a caregiver with substance abuse or mental health problems. Fifty-five percent of infants and toddlers with substantiated maltreatment have five or more risk factors, which together drastically increase the incidence of developmental delays.¹⁰ Notably, research shows that infants and toddlers in the child welfare system whose families do not have substantiated maltreatment experience developmental problems at a level similar to children with substantiated maltreatment, indicating that other risk factors are interfering with their ability to form close relationships and

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adversely affecting their development.¹¹ This underscores the importance of addressing the confluence of underlying problems that almost always undermine the development of children, regardless of whether their families have been placed in the child welfare system. Many other core policies identified in *Building Strong Foundations*, particularly those focused on parenting supports and meeting basic material needs, can help young children stay on track developmentally. These policies—when they are available in communities—function as primary prevention services for children at risk of maltreatment.

In families where maltreatment is substantiated, multigenerational mental health interventions are often necessary in addition to other supports to address families' complex challenges. Studies of infants and toddlers who have experienced maltreatment consistently show that they are less likely than other children to have secure attachments, which are the close, enduring relationships with primary caregivers that give babies the security to explore and learn as well as the resiliency to cope with stress.¹² One robust study of infants experiencing maltreatment found that secure attachments were virtually nonexistent.

However, despite the tighter timeframes and other improvements required by ASFA, state child welfare systems fall far from the ideal in their capacity to adequately address children's wellbeing, although conditions vary from state to state. Caseworkers often are overloaded, services such as mental health and substance abuse treatment are difficult to access from other under-resourced systems, and the opioid epidemic is leading to increased foster care placements. Many state child welfare agencies have been under court orders to improve conditions, which can result in increased spending to lower caseloads.

Inadequate funding for services and skewing of available funds toward out-of-home placements presents further challenges, particularly to serving infants and toddlers. The bulk of federal child welfare funding comes through the open-ended IV-E entitlement for foster care and other payments rather than for the services that could prevent placement or promote timely permanency outcomes. State child welfare agencies also draw on more flexible funding from Medicaid, Temporary Assistance for Needy Families (TANF), and the Social Services Block Grant, using these other sources primarily for core child welfare services, although there has been some increased use for preventive services. State and local funds account for 57 percent of child welfare funding. Over the past decade, overall expenditures have decreased, and the funding composition has shifted to greater dependency on state and local sources.

These overall challenges, coupled with a general lack of understanding about the crucial development occurring for infants and toddlers in their care, mean state child welfare agencies have a long way to go in aligning policies and practices to meeting these young children's unique needs.¹³ A 2013 survey of state agencies found that few states have policies or practices that differentiate services to meet these needs; provide child welfare staff with training on developmentally appropriate practices for infants and toddlers; ensure the needs of parents are met; or make certain that post-permanency services are provided to children reunified with birth parents. The incredibly fast pace of babies' development is rarely considered by requiring expedited timeframes for action and case review or emphasizing immediate concurrent planning to reach permanency faster.¹⁴

The effects of maltreatment and negative foster care experiences on healthy development can have lifelong implications if not properly addressed. A concerted focus at the federal, state, and local levels on the unique needs of infants and toddlers is needed to nurture positive development and promote resiliency that can enable these very young children to avoid the long-term consequences of adverse early experiences. States and local communities need to assess and reform their policies and practices related to serving infants and toddlers, who are coming into their care at such a developmentally unique and critical time.¹⁵ Finally, restructuring federal and state funding as well as augmenting other flexible funding sources to increase financial resources for prevention will enable states and communities to build the services and change the system to prevent harm to children and to support strong families.

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*ZERO TO THREE and CLASP thank the
W.K. Kellogg Foundation for their
generous support of this project.*

October 2017

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