

# INFANTS & TODDLERS IN THE CHILD WELFARE SYSTEM

## Promoting the Well-Being of Arizona's Young Children



*BRENDA JONES HARDEN, MSW, PHD*

*UNIVERSITY OF MARYLAND COLLEGE PARK*

# AGENDA

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- Child welfare trajectory of infants
- Developmental trajectory of infants in CW
- Infant-centered child welfare practice





# ***INFANTS***

***the most vulnerable group in the child welfare system ...***

***with respect to both their child welfare and developmental trajectories***

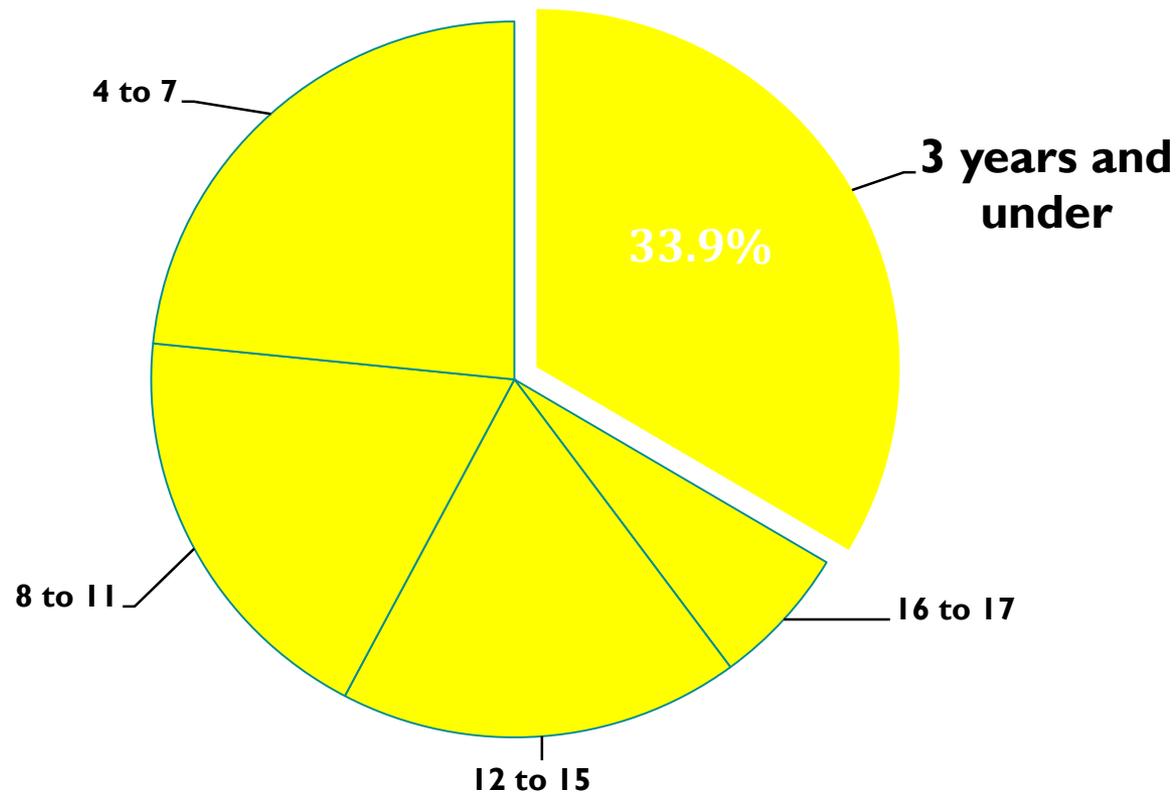
# Child welfare trajectory

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# Young Children and Maltreatment

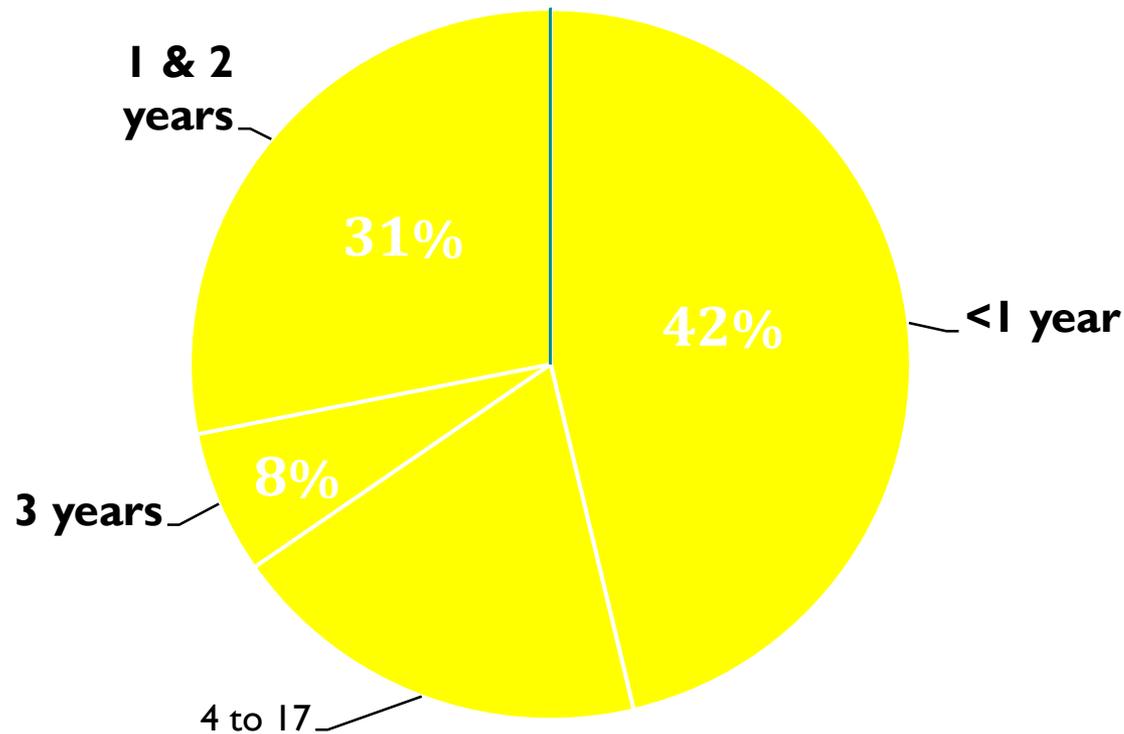
Children  $\leq$  age 3 make up a third of maltreatment victims

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# Young Children and Fatalities

- Over 80% of all child fatalities occur with children age three and under
  - Over 40% of fatalities were infants under 1 year of age
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# Caregivers of Infants

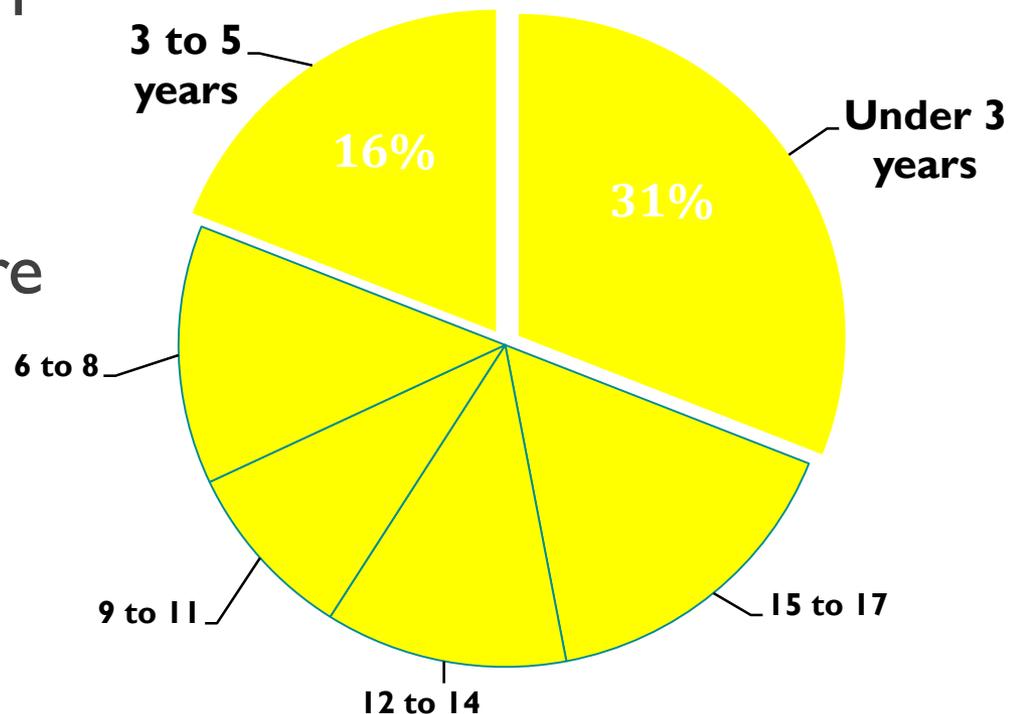
More likely to:

- Abuse drugs or alcohol
- Have prior or active domestic violence
- Have serious mental health problem
- Have a history of child abuse/neglect
- Have high stress in family
- Been recently arrested



# Infants in Foster Care

- Infancy largest age group entering foster care
- Infants 4 times more likely to be placed in care than children over age 1
- Almost half of all children entering care were under 6



# Racial/Ethnic Disparities in Placement of Infants



- Infants entering foster care most likely to be African American (39%)
  - older children are most likely to be white (48%)
- African American infants nearly 5 times as likely as white or Hispanic infants to be placed in care
- 60% of infants who are placed are minorities compared with 46% of older children

Wulczyn et al., The Foster Care Baby Boom Revisited

# Placement of youngest infants

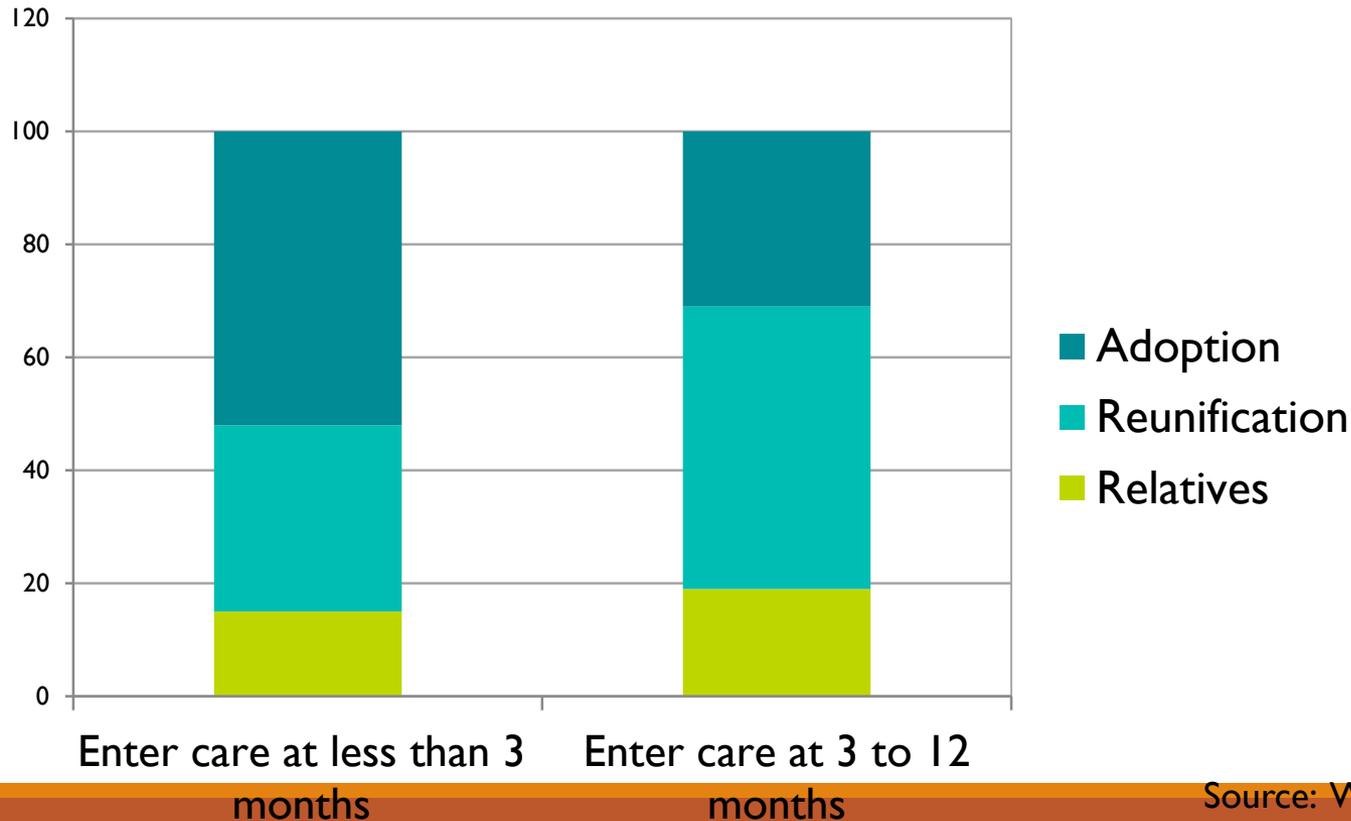
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- Infants who entered before age 3 months stay the longest:
  - Median stay of 17.3 months
  - 33% longer than other infants (14.2 months)
  - 50% longer than older children (11.2 months)



# Infants and Permanency

- Infants entering care at less than 3 months more likely to be adopted
- Older infants more likely to be reunified



Source: Wulczyn, et al., *The Foster Care Baby Boom Revisited*

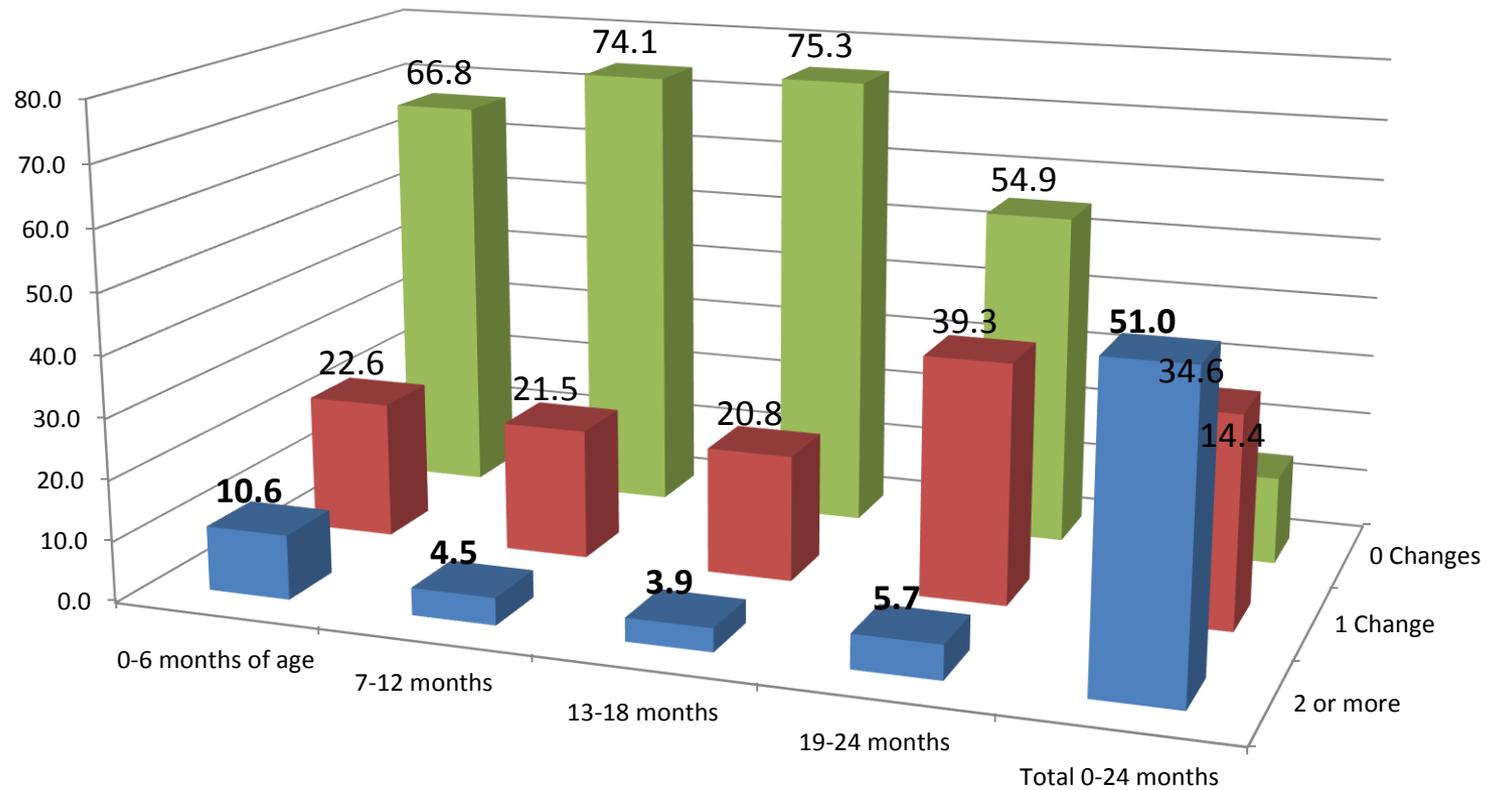
# Reentry of Infants into Foster Care

- Nearly 1 in 3 infants who were reunified with their parents returned to foster care
- Reentry rate generally higher than for older children
- For infants who were placed with relatives, nearly 1 in 7 returned to foster care



# Placement changes 0-2

(Casanueva et al., 2012)



# Factors related to Instability

## INCREASE IN PLACEMENT CHANGE

Number of family risks

Children having a chronic health condition

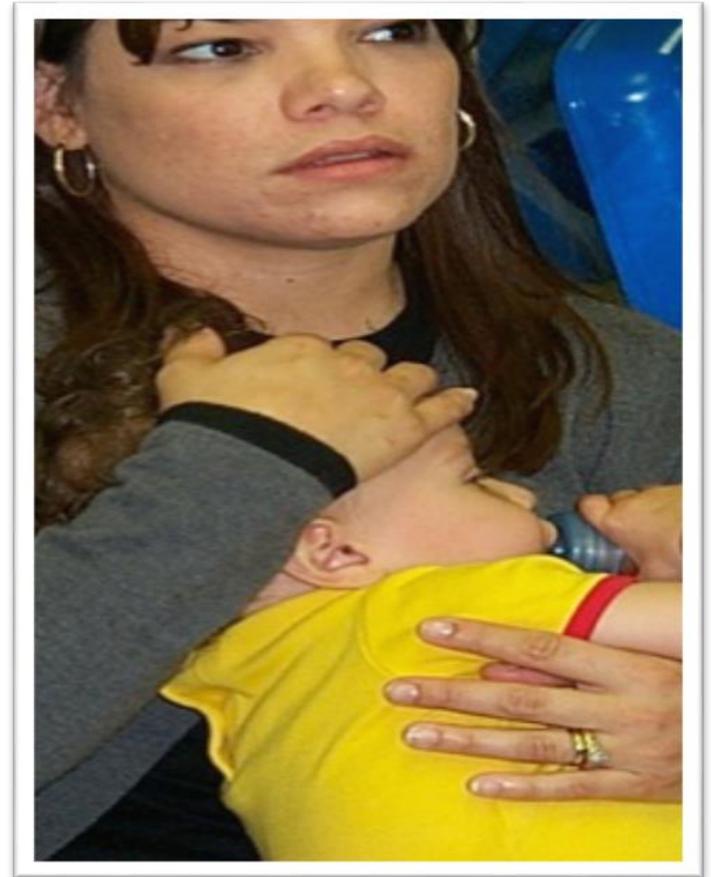
Children with a caregiver older than 40 years

## DECREASE IN PLACEMENT CHANGE

Children who had their first change of caregiver between 0-3 months (compared to >4 months)

Higher levels of caregiver education

(Casanueva et al., 2012)



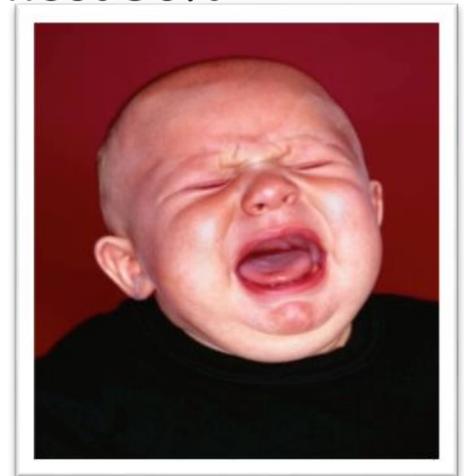
# AZ's Child Welfare Challenge

- 44% increase in reports from 2010-2014
  - Average in comparison to other states
- Increase in substantiation rates
  - Lower in comparison to other states
- Distinctions by maltreatment type
  - Decrease in abuse
  - Increase in neglect
- Increased rates of child poverty
- Scaled back services for vulnerable families
  - Decrease in child welfare workforce (current increase in funding)
  - Decrease in funding for child care subsidies



# AZ's Child Welfare Challenge

- More children in foster care currently than any time in last 15 years
  - 41% of children in child welfare system are under age of five
  - Children under 1 year enter foster care at 3 times the rate of all other ages
  - Median duration of foster care increased by almost 50%
  - Placement rate higher than 18/19 states
  - More children adopted than reunified



# Developmental trajectory

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# Guiding Principles

Early development is critical to later functioning

- perinatal insult, trauma, instability

Early experiences matter

- permanent, nurturing relationships
- Stimulating environments





***Developmental vulnerabilities exist across domains for infants and toddlers in the child welfare system***

Evidence from the National Survey of Child and Adolescent Well-Being

(NSCAW; Administration for Children and Families; Webb et al.; Haskins et al.)

# Early Experiences Shape Brain Development



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# Brain Development

Exponential growth of brain during infancy

Infancy is sensitive period for many processes

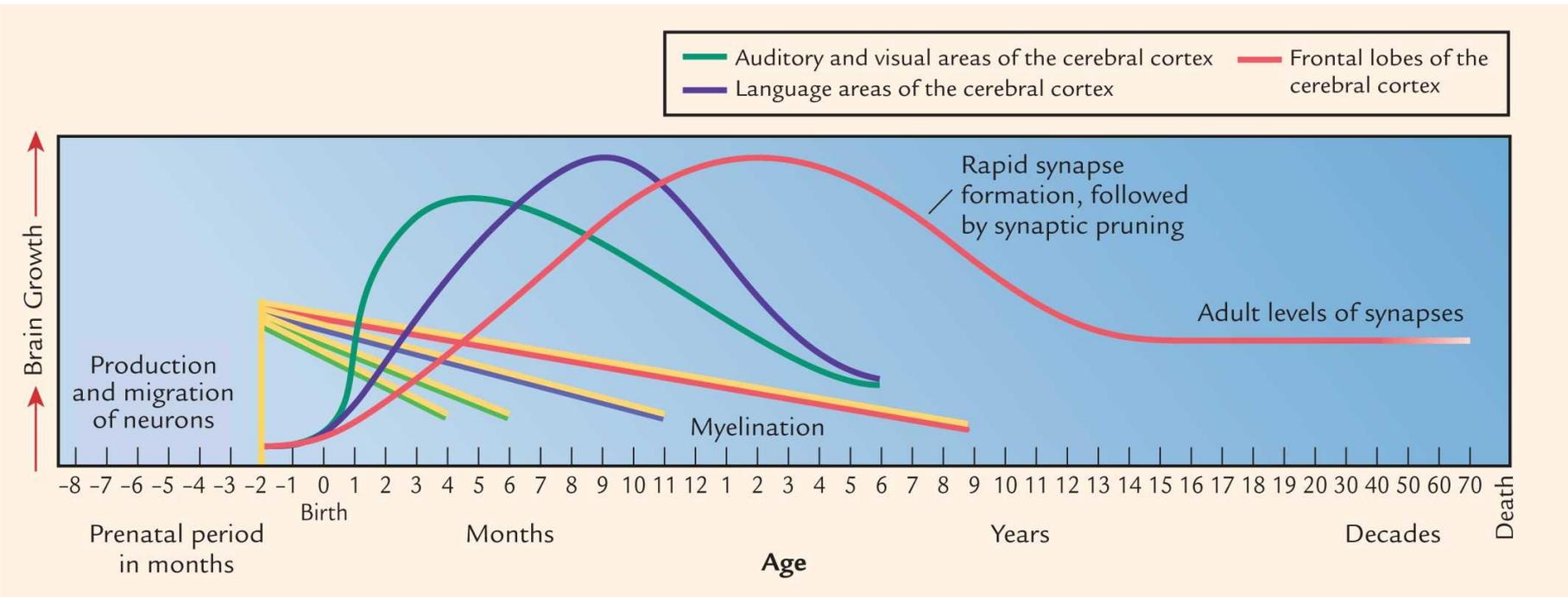
Human brain has capacity to change, especially in infancy

Experience affects brain at structure and process levels

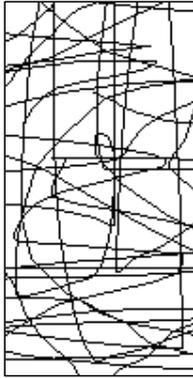
Compromised brain development in children experiencing maltreatment



# Milestones of Brain Development



# Pruning



**Newborn**

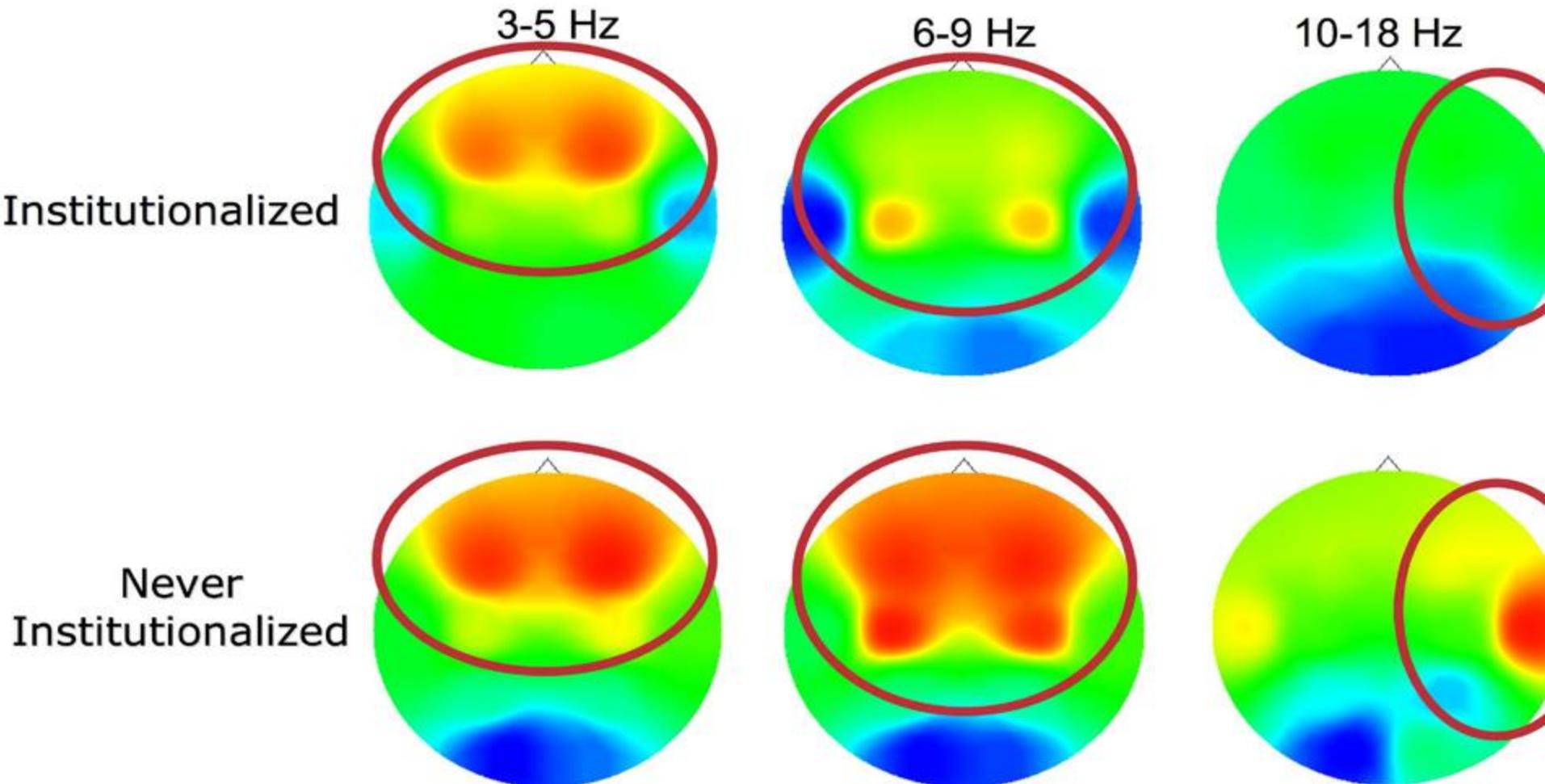


**Early  
Childhood**



**Later  
Childhood**

## Extreme Neglect Diminishes Brain Power



Source: C. A. Nelson (2008); Marshall, Fox, & the BEIP Core Group (2004)

# Physical Developmental Outcomes



Sequelae of prenatal substance exposure

- Prematurity/LBW

Failure to thrive

Shaken baby syndrome

Traumatic brain injury

Injuries/diseases

Increased illnesses

Poorer medical care

- Better for children in foster care

# Psychological Developmental Outcomes



Developmental delays

- 50% in NSCAW

Language delays

Cognitive deficits

- executive function in early childhood

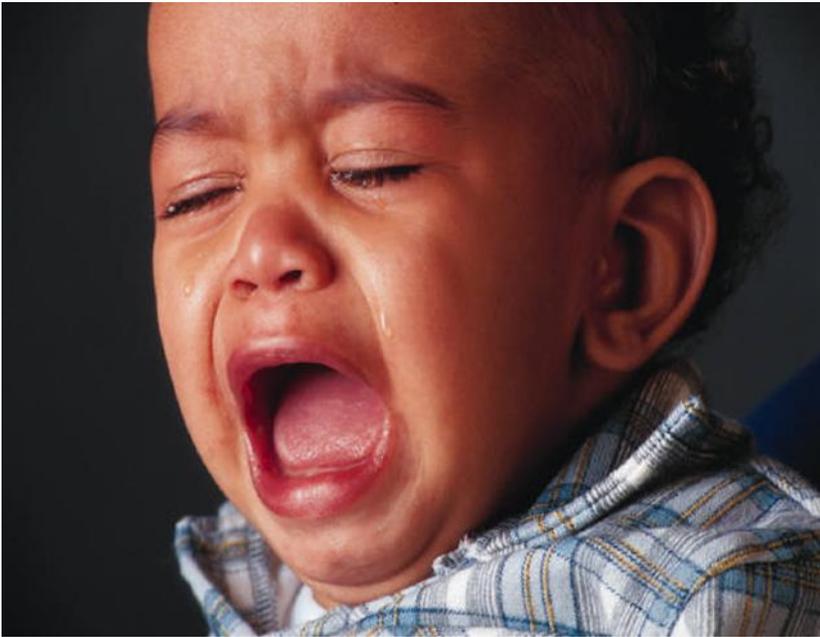
Traumatic stress

Attachment difficulties

Self-regulation difficulties

Behavior problems in early childhood on

# TOXIC STRESS



“Strong, frequent, and/or prolonged activation of the body’s stress-response system in the absence of stable adult support”

Shonkoff, 2010; p. 360

# Toxic Stress



 Center on the Developing Child  
HARVARD UNIVERSITY

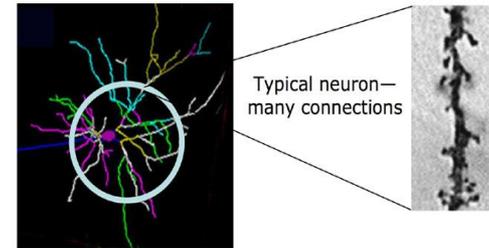
## Persistent Stress Changes Brain Architecture

Three Core Concepts in Early Development

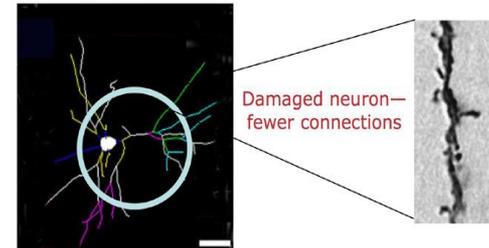
# 3 Toxic Stress Derails Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD  
Center on the Developing Child  HARVARD UNIVERSITY

Normal



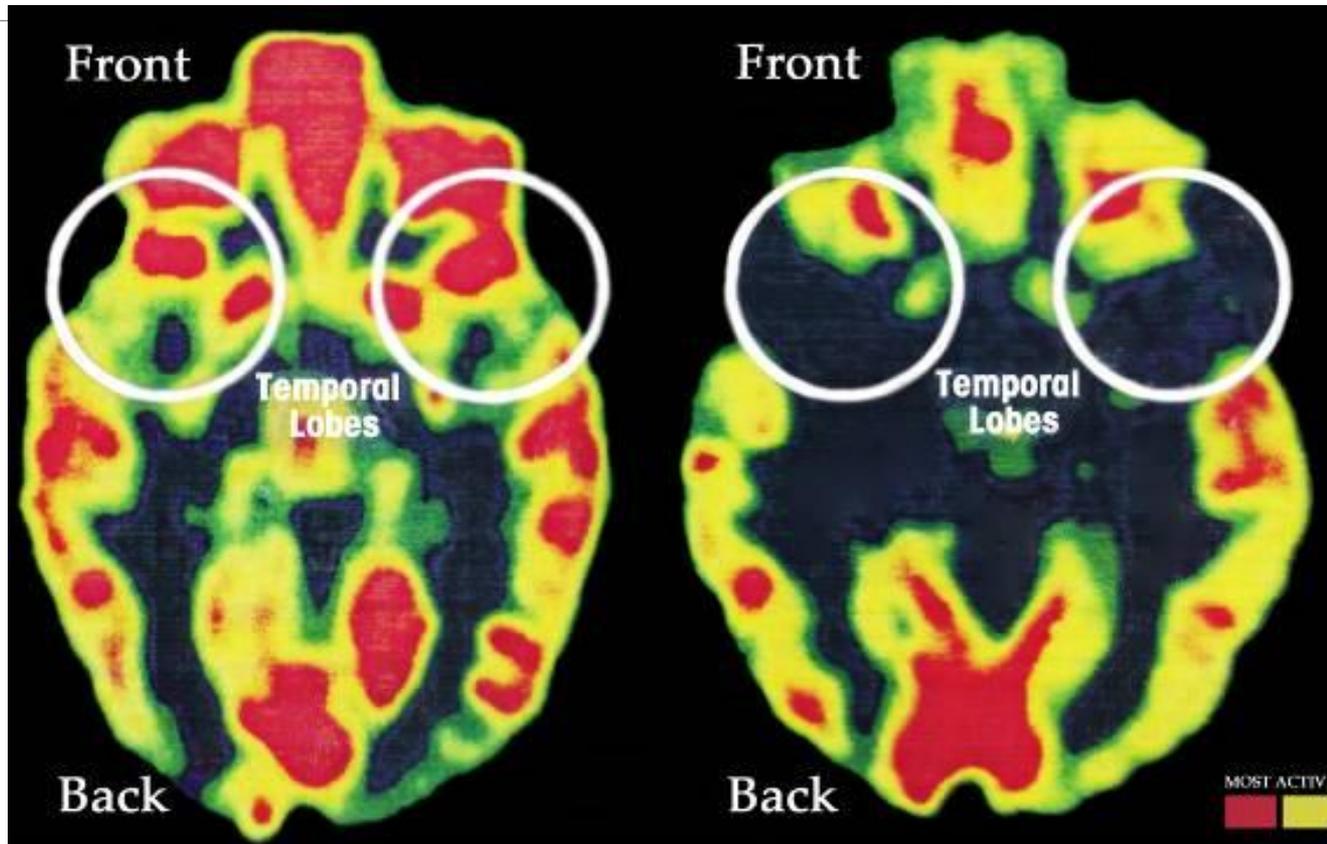
Toxic stress



Prefrontal Cortex and  
Hippocampus

Sources: Radley et al. (2004)  
Bock et al. (2005)

# Effects of Extreme Deprivation



Healthy Child

Neglected Child



Our earliest relationships profoundly shape who we will become.

# Attachment/Early Relationships

(Cassidy & Shaver)

Sensitive period first two years of life

Consolidation during 6-12 months of age

- Process begins prenatally
- Attachment figure internalized after ~30 months

On-going, day-to-day interactions with caregivers

Absence of these interactions affects brain growth and maturation



# Attachment/Early Relationships

(Cicchetti, Carlson, Egeland, Toth)

Core developmental processes emerge in context of early relationships

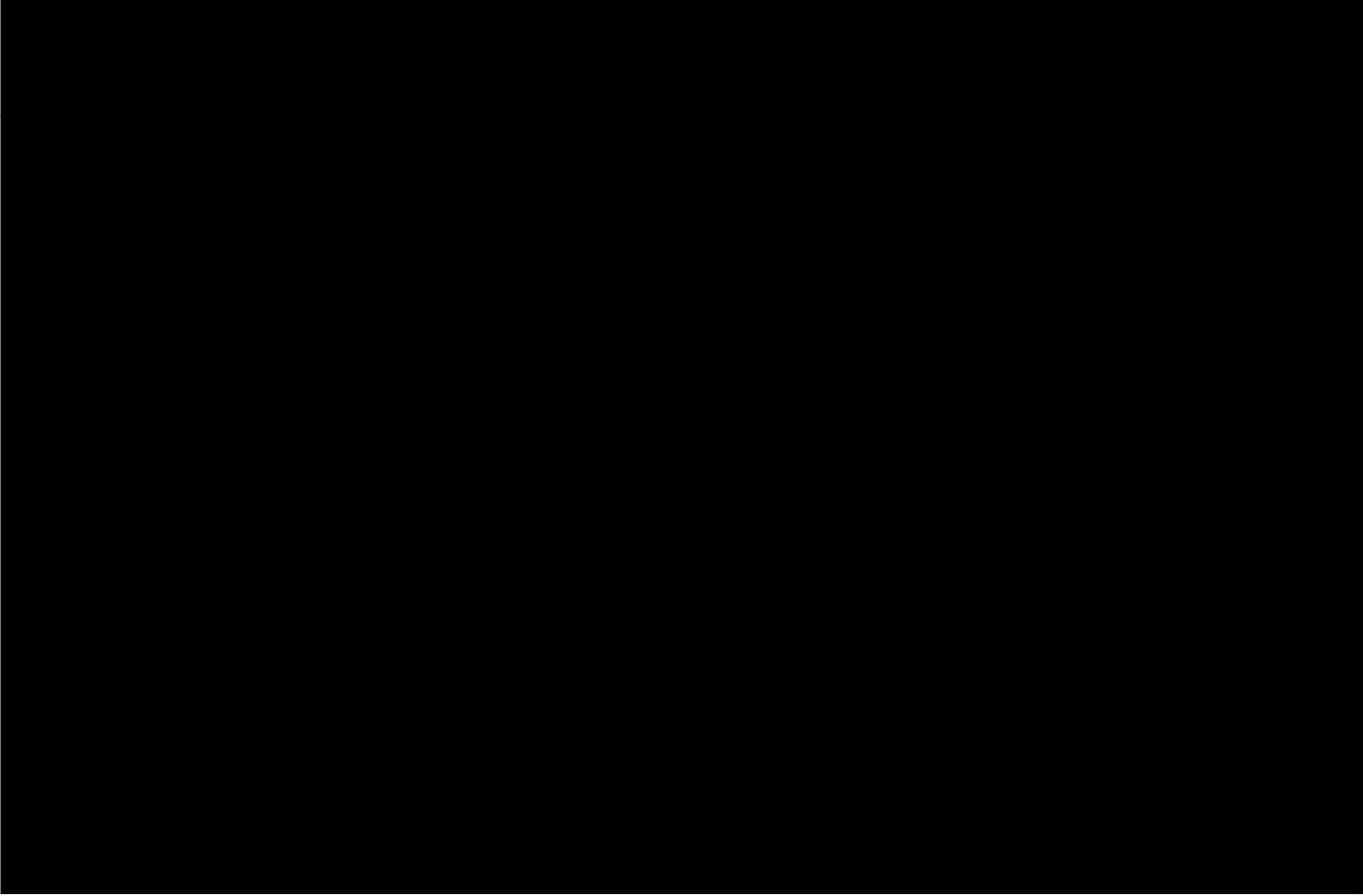
- Cognitive exploration
- Self development
- Emotion regulation

Attachment problems linked to later mental health and relationship difficulties

Children with disorganized attachment classifications have worse outcomes

- Maltreated Children
- Children of parents who have mental health & substance use difficulties





# *Infant-centered child welfare practice*

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“.....VERY YOUNG CHILDREN (AGES 0-3) MAY BE ASSIGNED A HIGHER PRIORITY LEVEL THAN CIRCUMSTANCES WOULD WARRANT, SIMPLY BECAUSE OF THEIR AGE” ..... AZ DEPT OF CHILD SAFETY INDEPENDENT REVIEW

# Child Well-Being

Consistent, timely & comprehensive medical care

- Medical home for children in CW

Screening/Assessment

- Developmental delays
- Social-emotional issues

Early intervention

- CAPTA/IDEA required Part C referrals

**Early care/education**

- Early Head Start
- Respite and child care



# Child Well-Being

## Home stimulation

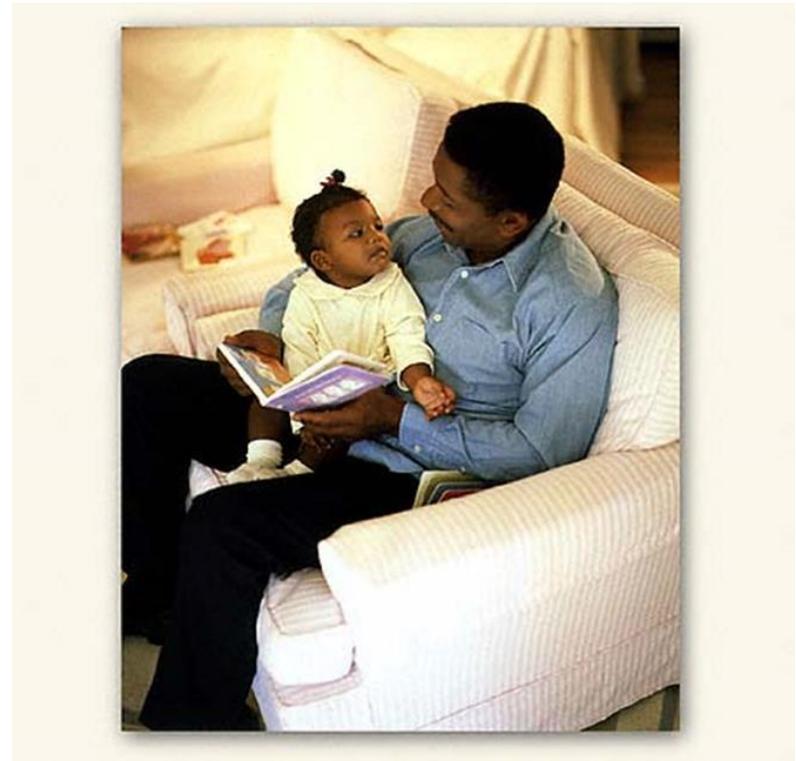
- Child development oriented home visitation

## Opportunity for consolidated attachment experience

- Consistency in caregiving

## Infant mental health intervention

- Parent-child relationship building
- Parenting
  - Responsivity, emotional availability, non-frightening behaviors, secure base



# Child Protection Decisions/Services

## Safe Baby Court Teams

- Infant-centered judicial decision-making (case review, permanency)
  - Infant sense of time
- Connection to infant mental health and early care & education and early intervention programs
- Linkage with community
- AZ BEST FOR BABIES

## Structured decision-making

- Risk Assessment Tool
  - Quantitative and qualitative data
- Questions re: safety/care and development of young children



# Child Protection Decision/Services

## Alternative response

- Interventions specifically for young children
- Early childhood education and care
- Evidence re: improved services/engagement

## Family group-conferencing

- Safety and care plan for young children
- Consistency re: caregiving
- Increased visitation

## Placement of parent and child together

- Adolescent parents
- Substance abusers
- Incarcerated parents



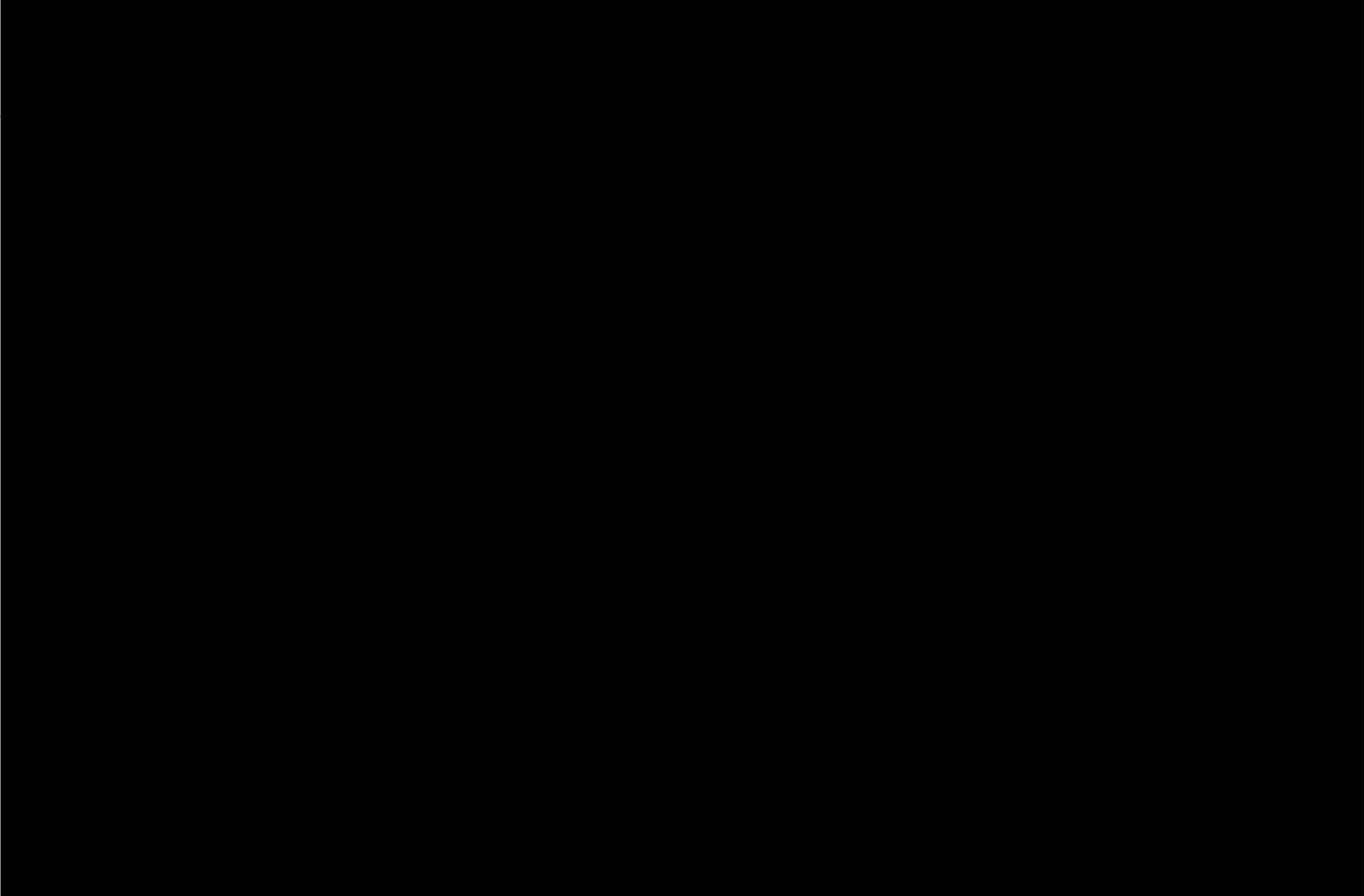
# Birth Parents of Young Children

## Severe concrete and psychosocial needs

(Johnson et al.; Chaffin et al.; Scannapieco & Connell-Carrick)

- Intractability of housing problems
  - “room” for baby
  - Intervention in whatever “home” family has
- Treatment for and Infant-centered approach to:
- Mental illness
- Substance abuse
- Domestic violence (IPV)





# Birth Parents of Young Children

## Parenting

(Azar et al.; Bugenthal et al.; Dozier et al.)

- Most are victims of maltreatment, so have not internalized appropriate parenting behaviors
- Inappropriate expectations of young children
- Specific deficits linked to maltreatment type
- Parenting affected by parental psychological status
  - Improved parenting may lead to reduced parental mental health difficulties (OSLC; Shaw, Dishion et al.)
- Intervention: Parent **coaching**, NOT didactic parent education



# Infant-Centered Preventive Interventions

## Parent-Child Interaction Therapy \* (Chaffin et al.)

- Coaching parent to improve parent-child relationship & parental behavior management skills

## Attachment and Biobehavioral Catch-up\* (Dozier et al.)

- Short-term intervention with specific targets
  - nurturance and responsiveness to infants
  - “overriding” one’s past experience of caregiving



## Parent-Child Psychotherapy (Lieberman et al.; Toth et al.)

- Infant mental health dyadic treatment focused on enhancing parent-child relationship

## Child FIRST (Lowell et al.)\*

- Relationship-based infant mental health approach
- Parent-child psychotherapy and case management



\* tested with child welfare populations

# Infant-Centered Preventive Interventions

## Family Check-Up (Dishion, Shaw et al.)

- Short-term intervention to promote positive parenting and behavior management

## Safe Care (Lutzker et al.)

- Parent-child interaction; safety; maltreatment

## Promoting First Relationships (Spieker et al.)

- Infant mental health approach

## Healthy Families (Duggan, DuMont et al.)

- Child maltreatment prevention over first five years

## The Incredible Years (Webster-Stratton et al.)

- Parent management, group-based intervention

## Nurse Family Partnership (Olds et al.)

- Maternal-child development intervention over first five years

Note: preventing maltreatment/foster care and promoting reunification





# Foster/Kinship Care

Range of developmental deficits linked to:

- Quality of foster/kinship home (Jones Harden; Dozier)
  - Parenting skills; Emotional commitment to child; Environmental stimulation
- Number of placements (Wulczyn )
- Type of placement (Leslie; Jones Harden; Testa)
  - ***Congregate care particularly detrimental***
  - Little difference developmental outcomes for children in relative & non-relative care
- Timing/duration of placement (Wulczyn et al.)
  - Neonatal trajectories
  - ***Infant sense of time***



# Foster Care Placement

One placement goal

- Kinship care
- Concurrent planning

Permanency prior to 6 months of age

Developmentally appropriate settings

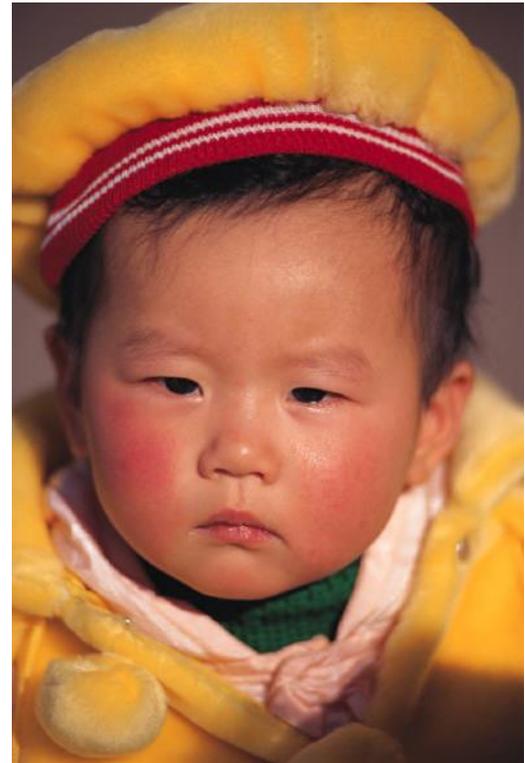
NO group or transitional facilities

Avoid moves between 6 and 24 months

Promote placement stability and brevity

Foster parent capacity for young child care

- Developmental stimulation
- Emotional commitment; mutual regulation



# Infant-Centered Foster Care Interventions

## Attachment & Bio-behavioral Catch-up (Dozier)

- Mutual Regulation and Emotional Commitment

## OSLC Therapeutic Foster Care Program (Fisher)

- Young child behavior problems

## Tulane Infant and Young Child Foster Care Intervention

(Zeanah, Larrieu, et al.)

- Parent-Child Interaction
- Expedited permanency



# Visitation/Transitions

## FREQUENT

- Best predictor of reunification
- Immediate and often
  - Within 24-hours
  - Daily preferred, but at least several times/week

## THERAPEUTIC

- Parent-infant interaction
- Caregiving routines
- Supervisor as coach
- Assessment, observation, coaching



# Visitation/Transitions

## Rethink venues

- NOT CW offices
- Familiar place for infant (e.g., foster home)
- Comfortable, infant-family centered venue
  - Conducive to caregiving routines & infant play
- Community setting (e.g., Early Head Start)

## Infant-centered, planned transitions

- Mementos of past life (e.g., photos, toys)
- Maintenance of routines & experiences
- Caregiver “transfer” of child to new caregiver
- Timing (e.g., infant sense of time, short but with intensive, high frequency visitation)



# *CONCLUSIONS*

Infants have distinct child welfare trajectory

Infants in child welfare are likely to have compromised development

Infancy presents opportunity for righting perturbed developmental trajectories

Infant-centered child welfare practice allows for decision-making and interventions specific to the needs of infants

Addressing needs of infants may alter child welfare system

In the context of AZ's child welfare changes, consider an  
INFANT-CENTERED APPROACH TO CHILD WELFARE PRACTICE

