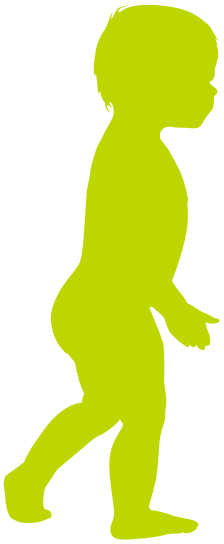
Ensuring Assessments and Services for All Maltreated Infants and Toddlers

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

Why is it important to regularly assess and address the physical health, mental health, and developmental needs of maltreated infants and toddlers?

Rapid development during the first years of life makes very young children extremely vulnerable to the negative and long-lasting impacts of maltreatment. Early and sustained exposure to child abuse and neglect can influence the physical architecture of the brain,[1,2] interfering with healthy development, and can lead to long-term negative effects in social-emotional, physical, and cognitive realms.[3,4] These negative consequences are seen in maltreated young children regardless of whether they have been placed in foster care.[5]



Early identification of developmental delays, followed by appropriate, timely support services can help reduce or alleviate maltreatment's impact.[6] Requiring that all maltreated children receive regular medical care, including the full schedule of immunizations, regular dental exams, and screening for vision and hearing problems and developmental delays, can help ensure children are referred to the services they need. Infant-early childhood mental health services focused on children's social and emotional development must also be provided, to help maltreated infants and toddlers achieve their full potential.[7]

In recognition of the vulnerability of babies in the child welfare system and the importance of detecting developmental problems early, the Child Abuse Prevention and Treatment Act (CAPTA) requires that states have procedures for screening and, if necessary, referring young children to the early intervention evaluation and services mandated by Part C of the federal Individuals with Disabilities Education Act (IDEA).[8] Little is known about implementation of this requirement across the states, but if implemented fully, it has the potential to connect many maltreated infants and toddlers to vital services.

All young children who have been maltreated—not just those in foster care—experience higher rates of developmental delays than their peers.[9]

With appropriate services for young children in place from the start, the negative impacts of maltreatment can be reduced.[10]

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 ensuring all maltreated infants and toddlers receive the assessments and services they need.

Less than a third of states require developmental screenings for all maltreated infants and toddlers, and less than one in five states require mental health screenings for all maltreated infants and toddlers. Nearly every other state has policies that only require developmental screenings or mental health screenings for young children in foster care.

Just over half of responding states (26 out of 46) have policies requiring that referrals to specialists be made within a specific timeframe after a health or developmental concern is identified for a maltreated infant or toddler. Identified timeframes range from two to 60 days. Only nine states require that these referrals occur within one week. Five of the nine states require that referrals be made within two business days or 48 hours.

States sometimes have policies that may support a child's general mental well-being, but few provide the intensive mental health services needed to address the trauma young children experience from maltreatment. Although more than half of responding states reported that they routinely provide guidance to foster parents to help children make the transition before and after visits with birth parents (33 states), and provide children in foster care with a keepsake from their birth parents' home (25 states), far fewer provide more-intensive services to support maltreated infants' and toddlers' mental health, such as child-parent psychotherapy.

Child welfare agencies face barriers in implementing the CAPTA requirement for referring maltreated infants and toddlers to Part C early intervention for screening. The most commonly reported "moderate" or "significant" barriers to children receiving Part C services are: level of need/costs of services exceeding available funding; transportation/access issues; and challenges engaging children and families in the child welfare system.

Examples of state initiatives

Ohio has an Early Childhood Mental Health consultation program and several National Child Traumatic Stress Network sites. These sites are part of a network of centers that provide services and support for children who have experienced trauma.

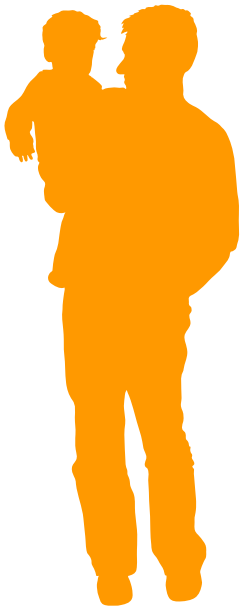
South Dakota's child welfare agency is focusing on the social-emotional well-being of children in the child welfare system by providing training to a variety of stakeholders—including all agency staff, as part of their initial training—and placement resources including kin, foster, group and residential.

Louisiana developed an Infant Mental Health/Behavioral Health Screening Tool for children ages five and under to assist workers in identifying when assessments and treatment may be needed. All children are required by policy to be screened, unless they are already receiving Part C early intervention, Early Childhood Support and Services (ECSS), or other behavioral health services. ECSS provides a coordinated system of screening, evaluation, referral services, and treatment for families of children ages birth through five who are at risk of developing cognitive, behavioral, and relationship difficulties.

What can my state do?

- Require that all maltreated infants and toddlers receive regular health and dental care visits per a standardized visit schedule, such as those published by the American Academy of Pediatrics and American Academy of Pediatric Dentistry. Ensure that visits include regular screenings for developmental, hearing, vision, behavioral, motor, language, social, cognitive, and emotional skills using reliable tools that are age-appropriate and culturally sensitive.

- Require that maltreated infants and toddlers with suspected health or developmental problems are referred to services within one week of identification of the problem. Connecting infants and toddlers to services early can minimize the long-term effects of developmental delays and other health problems.



- Build your state's capacity to provide infant-early childhood mental health services that are high-quality and designed to meet the unique developmental needs of maltreated infants and toddlers, including child-parent psychotherapy and parent-child relationship assessments.

- Assess how well your state is implementing the CAPTA-Part C provisions for referring maltreated infants and toddlers to Part C early intervention services. Take steps to address any barriers that are hindering full implementation and preventing eligible young children from receiving Part C services.

Tools to help

Read more about assessments and services for maltreated infants and toddlers 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 maltreated infants and toddlers 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.

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6 Cohen, J., Oser, C., & Quigley, K.
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8 The Child and Family Services Improvement and Innovation Act, H.R. 2883 Cong. Rec. P.L. 112-134 (2011).
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10 Cohen, J., Oser, C., & Quigley, K.