
Executive Summary

Background

Children younger than three years of age are the most likely of all children to become involved with child welfare services (Wulczyn, Barth, Yuan, Harden, & Landsverk, 2005). Those with medical or developmental conditions experience an even higher level of involvement, including more removals from parental care and longer stays in foster care (Rosenberg & Robinson, 2004).

In 2003, the Federal government amended the Child Abuse and Prevention Treatment Act (CAPTA) to require that infants and toddlers who are substantiated for child maltreatment be referred to early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA). The CAPTA requires each state to develop "...provisions and procedures for referral of a child under the age of three who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Act" (section 106(b)(2)(A)(xxi)) (CAPTA, 2003).

While there is some general agreement that children who experience child abuse/neglect may experience a range of developmental delays across developmental domains, little is known about the true extent of developmental problems of children substantiated for abuse/neglect, and those subsequently removed from parental custody and placed in an alternative living environment. This dearth of information is in part due to the inconsistencies in child welfare practice across jurisdictions; variability in state and jurisdictional eligibility criteria for infants and toddlers for Part C services (Shackelford, 2006); differential policies, procedures, and practice competencies of public child welfare workers; and the differential availability of resources to serve children once identified. Further complicating the issue is the requirement under Part C that states must provide services to children who meet the state criterion for eligibility, but states may also choose to serve children who are "at risk of having substantial developmental delays if early intervention services are not provided." Only five states (CA, HI, MA, NM, & WV) currently serve such at risk children.

This Project

This project is funded by the Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services. Child maltreatment has been shown to have a significant negative impact on children's healthy growth and development. However, national estimates of

the extent and type of need for early intervention services for maltreated infants and toddlers are lacking. The overarching question guiding our analysis is: What are the developmental problems among children receiving Child Welfare Services that suggest a need for Part C early intervention services?

Implementing CAPTA requirements poses a variety of challenges. A key challenge is the lack of information on which to begin considering problems and solutions. Therefore, the Assistant Secretary for Planning and Evaluation has endeavored to achieve maximum benefit from data already collected in the National Early Intervention Longitudinal Study (NEILS) and the National Survey of Child and Adolescent Well-Being (NSCAW) in an effort to provide some information about maltreated children and early intervention.

This study answers several key questions:

1. To what extent do maltreated children have developmental problems or are subject to factors associated with poor developmental outcomes?
2. What services might these maltreated children be eligible for and what services are they receiving through child welfare systems?
3. What child and/or case characteristics (e.g., child welfare setting) influence developmental service receipt by maltreated children?
4. What barriers to service provision and solutions have experts in the field identified?

Data from the National Survey of Child and Adolescent Well-Being was used to describe the developmental characteristics of infants and toddlers in Child Welfare Services nationally. The National Early Intervention Longitudinal Study (NEILS) was used to provide comparative national information on infants and toddlers entering Part C early intervention services. In addition to these two data sources, we conducted a literature review and discussions were held with Part C and Child Welfare Service experts.

Summary of Major Findings

Environmental and Biomedical Risk Affecting Development

1. **Children ages birth to 36 months who have been maltreated are at substantial risk of experiencing subsequent developmental problems.** Fifty-five percent of children under the age of three with substantiated cases of maltreatment are subject to at least five risk factors associated with poorer developmental outcomes.
2. **Compared to classification at the time of initial contact with Child Welfare Services, over time a higher proportion of children are described as having fewer risks or with a low score on a developmental measure while over time a smaller proportion of children are described as having more risks.** By 36 months after involvement with Child Welfare Services, the findings show a large increase (21% to 45%) in children who have shown improvement by having fewer risks and the percentage of children in the highest risk classification declined by more than half from 29% to 13%.
3. **Few infants and toddlers with substantiated cases of maltreatment are reported to have a diagnosed medical condition (an established risk condition) as described in IDEA (e.g., Down syndrome, blindness, cerebral palsy) that would make them automatically eligible for Part C services.** Though not reflected in eligibility distributions, 38% of infants and toddlers entering Part C are reported by caregivers or service providers to have an established risk condition, compared to 3% of infants and toddlers with a substantiated case of maltreatment. A condition of established risk is defined as a “diagnosed physical or mental condition which has a high probability of resulting in developmental delay.” Children with these conditions are eligible for Part C services without documentation of delay.

Developmental Outcomes

4. **Among children who have substantiated maltreatment, the proportion with a low score on a developmental measure does not differ markedly from those of children investigated but not found to have substantiated maltreatment.** Children with substantiated maltreatment have been found to be quite similar to those children with unsubstantiated maltreatment (Drake, 1995), but different in that unsubstantiated cases receive fewer services (Drake et al., 2003). This has recently been reconfirmed in the NSCAW data (NSCAW Research Group, 2002), for the general population of children and, now, again for very young children in this study. The current study adds important information in showing that developmental outcomes do not differ by substantiation status. This evidence suggests that children involved in

child welfare—even those who have not had their maltreatment substantiated—have an increased likelihood of being Part C eligible.

5. **Maltreated children between 24 to 36 months of age have relatively high levels of behavior problems reported by their caregivers.** These behavior problems are quite constant. About 70% of children who were reported by caregivers as having behavior problems at baseline were still having behavior problems at the 36-month follow-up. It is not clear whether maltreating caregivers experience their children's age-expected behavior as more problematic or whether the children have, in fact, more problematic behavior. Recent evidence that compares the ratings of maltreating parents to those of independent observers suggests that maltreating parents are more harsh raters of their children's behavior (Lau, Valeri, McCarty, & Weisz, 2006).

Service Receipt

6. **A sizeable proportion of infants and toddlers with substantiated maltreatment were reported to have an Individualized Family Service Plan (IFSP), reflecting eligibility for Part C services.** About 12 months after the investigation of maltreatment, 28% of children still younger than 36 months of age were reported by caseworkers to have an IFSP.
7. **Families are receiving parent training and family counseling services through Child Welfare Services or by referral. It is unclear the extent to which these services provide interventions focused on enhancing child development.** Approximately 39% to 67% of the families of infants and toddlers with substantiated cases of maltreatment received parent training or family counseling through child welfare systems in the period of time prior to the 18-month follow-up. Between 18 months and 36 months after baseline, the percentage of families reported to still be receiving parent training or family counseling decreased, ranging from 9% to 31%, suggesting that for some children and families the needs for these services was no longer critical or they may have completed a time-limited or structured intervention.

Considerations for Successful Intervention

8. **Part C providers may not be familiar with the unique challenges associated with providing services to maltreated children and their families.** First, many Part C providers are speech language therapists, occupational therapists and physical therapists. They may not be well prepared to address the special considerations required when working with maltreated children. Second, receipt of Part C services is voluntary, so court-ordered services are not part of the culture for early intervention service providers. Court-ordered involvement may cause parents or caregivers to view a service provider as an intrusion rather than as a source of assistance. They may be suspicious of, or hostile towards,

service providers. Third, the focus of Child Welfare Services is on protecting the child's safety and dealing with the perpetrator and Part C's focus is providing services to children with disabilities and their families.

9. **Increased training and collaboration of Child Welfare and Part C service providers may be a useful approach to facilitate CAPTA compliance and enhance developmental outcomes for children.** Experts we spoke with were concerned about service providers being able to manage high-risk families in the Part C service environment. According to the experts, very few Part C providers have both early intervention and social work training and knowledge. The experts suggest cross-training, better developmental education for Child Welfare workers, and specialized case coordination.

Areas for Future Research

The new and reviewed findings presented suggest several potentially important directions for future research. New research can help inform how service providers for Child Welfare and Part C early intervention interact with clients as well as each other. Some areas are:

- **Intervention research.** Matching level of service with the needs of children and their families is important only if the services are effective. Intervention research to demonstrate methods, test the impact of variation of the intensity and duration of service, and present results to the field is needed. Very little information is available to show which methods have the greatest impact on the development of maltreated children or on the development of children served under Part C.
- **Characteristics of families.** Research is needed to better understand certain sub-groups of families who receive Child Welfare and Part C Services. One expert mentioned that we should improve our understanding of effective services for older mothers who often have several children, a history of domestic violence, substance abuse, or repeatedly have children entering into Child Welfare Services. Another sub-group of interest is caregivers with disabilities.
- **Substantiation as a criterion for CAPTA-mandated referrals.** Another area requiring further investigation is the extent to which substantiation status is the optimal indicator of which children reported to Child Welfare Services may need developmental assistance. Taken in combination with prior findings (e.g., Hussey et al., 2005), this research suggests children who are not substantiated for maltreatment are at similar developmental risk as those who are. This study provides information suggesting that the count of environmental and biomedical risk factors may be a robust indicator of future developmental delay and may be a useful indicator of which children should be referred for Part C

early intervention services. A more precise calculation of which risks and what count of risks are the best indicators of poorer developmental outcomes would likely result in referrals with a more empirical basis than the current reliance on substantiation status.

- **Development of intervention practices.** For many Part C providers, working with children and families involved with Child Welfare Services is an unfamiliar experience. Conversely, for many Child Welfare workers, experience with services designed to address a child's developmental needs may be limited. It is not clear to what extent Child Welfare and Part C practices can be adapted and when new methods will have to be developed. We expect that considerable advances in parent engagement and training approaches employed by Child Welfare Services and Part C will be necessary for the provision of effective services. In particular, this research highlights the need for new expertise and interventions for infants (i.e., the first year of life).
- **Best practices on collaboration models.** Central to identification of eligible children and effective service delivery is collaboration between Child Welfare and Part C professionals. Experts often pointed out that service providers often do not have a basic competency in each other's knowledge base or practice methods. As a consequence, research on "best practices" in collaboration could help to identify innovations in referrals, screening, assessment, communications between Part C and Child Welfare Services and Part C and the courts, and interactions between Child Welfare Services, Early Head Start, and Part C and, later, school-based services. These innovations could help ensure that children had the level of service that was most commensurate with their developmental needs.
- **Funding models and services receipt.** An area which might benefit from additional research is the issue of funding sources for services and types of services provided. State-run children's health insurance programs, Medicaid, Part C, private insurers, and other payment sources have an important role in determining what services will be received. The effects of eligibility criteria, compensation systems, and payment amounts on services should be investigated. The extent to which providers and case coordinators are knowledgeable of these issues may also play a role.
- **School readiness.** Additional NSCAW research would be helpful in understanding the longer-term developmental implications of early maltreatment and early intervention on children's development. Of particular interest would be the school-readiness of the NSCAW sample of children. This research found them to be at-risk and often measurably delayed in one or more developmental domains. Recently, a 66 month follow-up was completed with children in NSCAW who were 0 to 12

months old at baseline (i.e., the infants) Ranging in age from approximately 5 ½ to 6 ½ these children are now entering the educational system through kindergarten or first grade. It remains to be seen if their problems have persisted and what factors might have promoted developmental recovery (e.g., interventions from child welfare or others).

Opportunities for new research exist at all levels of Child Welfare and Part C programming. A better understanding of the effects of maternal age, substance abuse, and other child, family and case characteristics is necessary for the development of new developmental intervention strategies. In addition, further research is needed to help practitioners from both Child Welfare and Part C systems communicate with each other and collaborate more effectively. Finally, new research may help enhance understanding the role that local, state, and federal funding plays in service delivery to maltreated children with developmental needs. Because resources are limited in both Part C and Child Welfare systems, it is important that services be delivered in the most effective and efficient manner possible. Obtaining the knowledge to achieve this goal requires more investigation.

Conclusion

CAPTA and IDEA recognize that child maltreatment signals a substantial risk to the development of children. Their requirements call for action to address the developmental problems of children substantiated for maltreatment. Together, these Acts generate a clear expectation for efforts to mitigate the developmental harms of maltreatment.

This study confirms that the level of risk for developmental delay is high for maltreated children and that it remains high, years after the initial maltreatment. The rates of developmental and behavioral problems are well above those in the general population and the rates of environmental risk and serious problems within the dyadic relationship between child and caregiver are above those of children typically encountered by Part C service providers.

The majority of these infants and toddlers are subject to risk factors known to predict academic difficulties (Lee & Burkam, 2002). These high rates of developmental concern are similar among children judged to have experienced substantiated maltreatment as well as those who have had the child maltreatment investigation closed with no finding of maltreatment. Because these factors are apparent among infants, it is clear they require intervention services as early as possible to avoid developmental problems, rather than waiting for delays to become intractable or trying to remediate academic failure. CAPTA and IDEA reforms offer the opportunity to markedly address and reduce developmental delay among maltreated children.

Much work can be done to better achieve the goals of CAPTA and IDEA. The implementation of successful services for maltreated infants is clearly complicated. The findings of this report call for further review of effective strategies and consideration of new efforts, and related research, to implement these innovative policies. This research should involve rigorously conducted evaluations of best practice models so that the knowledge gained from these evaluations can add measurably to the information provided by the surveys upon which this study was based.