

# ASPE RESEARCH BRIEF

OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION  
OFFICE OF HUMAN SERVICES POLICY - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

## DEVELOPMENTAL STATUS AND EARLY INTERVENTION SERVICE NEEDS OF MALTREATED CHILDREN

*Children younger than three years of age are the most likely of all children to become involved with Child Welfare Services.<sup>1</sup> Among young children most at risk of developmental problems are those who experience child neglect and abuse. A major opportunity to minimize or avoid developmental problems is missed when maltreated children do not receive services that could ameliorate these negative experiences.*

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 provided under Part C of the Individuals with Disabilities Education Act (IDEA).

Little is known about the true extent of developmental problems of children substantiated for abuse or neglect, and those children 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.

National estimates of the extent and type of need for early intervention services for maltreated infants and toddlers are lacking. The purpose of this study is to provide such information. 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?

ISED coordinated a team of researchers to conduct this study from:

- School of Social Work, University of North Carolina – Chapel Hill
- Frank Porter Graham Child Development Institute, University of North Carolina – Chapel Hill
- School of Social Work, University of Maryland
- ZERO TO THREE, Washington, DC

### ABOUT THIS RESEARCH BRIEF

*This Research Brief presents key findings from an analysis of the National Early Intervention Longitudinal Study (NEILS) and the National Survey of Child and Adolescent Well-Being (NSCAW) to provide information about the developmental status and early intervention service needs of children under age three who are substantiated for maltreatment. The analysis described here was conducted by a team of researchers coordinated by the Institute for Social and Economic Development (ISED) under contract to ASPE.*

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<sup>1</sup> Wulczyn, F., Barth, R.P., Yuan, Y.Y., Jones-Harden, B., & Landsverk, J. (2005). Evidence for child welfare policy reform. New York: Transaction De Gruyter.

This Research Brief presents key findings from an analysis of the National Early Intervention Longitudinal Study (NEILS) and the National Survey of Child and Adolescent Well-Being (NSCAW) to provide information about the developmental status and early intervention service needs of children under age three who are substantiated for maltreatment. In addition to these two data sources, a literature review was conducted and discussions were held with Part C and Child Welfare Service experts.

**Nine Key Findings.** This study produced nine key findings that are grouped into four areas—environmental and biomedical risks that may affect development, developmental outcomes, service receipt, and considerations for successful interventions.

**Environmental and Biomedical Risk Affecting Development.** Environmental risk refers to children whose caregiving circumstances place them at greater risk for poorer developmental outcomes. Biomedical risk refers to children with medical or other biologically-based problems associated with poorer developmental outcomes.

1. *Children birth to 36 months of age who have been maltreated are at substantial risk of experiencing subsequent developmental problems.* In addition to maltreatment, the 10 risk factors listed in Exhibit 1 were selected based on our review of classic works on the impact of cumulative risk on developmental outcomes. 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.

Individually any of these factors may not be predictive of poor developmental outcomes, but the exposure to multiple risk factors increases the likelihood. It has been demonstrated that a single risk factor such as poverty (Duncan, Brooks-Gunn, Klebanov, 1994) or maternal mental health (Laucht, Esser, & Schmidt, 2001) can be associated with poorer developmental outcomes for infants and toddlers. The least positive developmental outcomes are, however, associated with the cumulative effect of a range of multiple risk factors (Rutter, 1979; Sameroff, Seifer, Zax, & Barocas, 1987; Sameroff, 1998).

Information was available to compare some of the demographic characteristics of substantiated infants and toddlers with children the same age entering Part C, and those in the general population (see Exhibit 2).

**Exhibit 2. Percentages of Infants and Toddlers with Selected Risk Factors**

Risk Factor	Substantiated Maltreatment (NSCAW) 1999-2000	Part C (NEILS) 1997-1998	General Population (NHES) 1999
Minority status	58%	47%	39%
Single caregiver	48%	15%	15%
Poverty	46%	32%	24%
Less than high school education	29%	16%	17%
Four or more children in the home	14%	8%	8%

Source: NSCAW; Hebbeler et al., 2003 for NEILS & National Household Education Survey (NHES).

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<sup>2</sup>) as described in IDEA (e.g., Down syndrome,*

**Exhibit 1. Percentage of Maltreated Infants & Toddlers with Selected Risk Factors**

100%	Child Maltreatment
58%	Minority Status
48%	Single Caregiver
46%	Poverty
40%	Domestic Violence
39%	Caregiver Substance Abuse
30%	Caregiver Mental Health Problem
29%	Low Caregiver Education
22%	Biomedical Risk Condition
19%	Teen-aged Caregiver
14%	4 or More Children in Home

Source: NSCAW.

<sup>2</sup> Established risk conditions include, but are not limited to, chromosomal abnormalities; genetic or congenital disorders; severe sensory impairments, including hearing and vision; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; disorders secondary to exposure to toxic substances, including fetal alcohol syndrome; and severe attachment disorders.

*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.** Study findings support reason to be concerned about the developmental status of maltreated children regardless of substantiation status. Likewise, problems in the caregiving relationship with the potential to affect developmental outcomes are also indicated in the increased rate of behavioral problems reported by caregivers of young maltreated children.

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. *Despite their young age, 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.** In the NSCAW we examined the proportion of substantiated infants and toddlers reported to have an Individualized Family Service Plan (IFSP), a formal document indicating eligibility for Part C services and an agreement between service providers and caregivers regarding the type and amount of services to be provided.

6. *Even though this study looked at children served before the CAPTA mandates were instituted, 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.

Receipt of Child Welfare Services suggests that as children get older there may be less perceived need for parent training. The proportion of families reported to receive family counseling also declines in this time period. Receipt of services appears to be related temporally to the time of initial investigation. This reduction in services may be associated with the effectiveness of services in reducing risk factors, particularly those associated with conditions in the home directly associated with substantiation of maltreatment. Alternatively, this reduction may indicate a declining ability of services to engage families.

**Considerations for Successful Intervention.** Discussions with Part C and Child Welfare Service experts revealed concerns that Part C providers may be unprepared to provide effective services to maltreated children and their

families. Successful implementation of CAPTA may require structured collaboration between Child Welfare and Part C service providers.

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 tends to be on the perpetrator and contributing family members rather than Part C early intervention's focus on child disability.
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.

**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 implementation of successful services for maltreated infants is clearly complicated and, according to experts, unfulfilled. Both of these programs—Child Welfare Services and Part C Services—must now meet the requirements of their governing legislation, with no explicit authorization of funds to support implementation. 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.

A copy of the full report is at: <http://aspe.hhs.gov/hsp/08/devneeds/index.htm>

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