

# National Survey of Child and Adolescent Well-Being

No. 4: Infants and Toddlers in the Child Welfare System



Findings from the NSCAW Study

research brief

Approximately 3 million children were investigated for child abuse or neglect in 2002, and rates of substantiation for maltreatment were highest for infants and toddlers.<sup>1</sup> This brief provides an introduction to the developmental tasks of infancy and describes the experiences of infants and toddlers in contact with the child welfare system. The findings are drawn from the National Survey of Child and Adolescent Well-Being (NSCAW), a unique study that provides detailed information about the well-being and experiences of children and families in the child welfare system. Whereas existing research on this population comes primarily from administrative data or smaller studies, the NSCAW is the first comprehensive, nationally representative, longitudinal study to examine the well-being of children and families in the child welfare system.

This research brief discusses the experiences of children ages 2 and younger who are involved in the child welfare system, describing characteristics of their home environment, their wellbeing, and the services that they receive through the child welfare and other systems. It answers the following questions:

- What are the demographic characteristics of children ages 2 and younger who are involved with the child welfare system?
- What types of maltreatment have been alleged for these children?
- What are the characteristics of the living environments of these children?
- How are the children faring?
- What type of services are these children receiving?

## Research Methodology

The National Survey of Child and Adolescent Well-Being (NSCAW) is a national longitudinal study of the well-being of more than 6,200 children who had contact with the child welfare system within a 15-month period starting in October 1999. These children—ages 14 and younger—were selected from two groups: 5,501 from among those entering the child protective system in that

period, and 727 from among children who had been in out-of-home placement for about 12 months. Children entering the child welfare system included those who received ongoing services and those who did not receive services, either because their cases were not substantiated or because it was determined that services were not required.

In order to collect NSCAW data, three rounds of face-to-face interviews or assessments are being conducted with children, their caregivers, teachers, and child welfare workers. Both children who continue to receive child welfare services and those who leave the system will be tracked for the full study period of 36 months after case investigation.

The sample for this research brief includes 1,701 children ages birth to 2 who entered the system through investigation. The data presented here are drawn from baseline interviews and assessments with the children, their caregivers, and their caseworkers, which occurred an average of 4 months after the close of the investigation. In some instances, the available data include children who are between 2 and 3 years of age. When these data are presented, it is noted in the text.

## Introduction to Infancy and Toddlerhood

The years from birth to 2 are extremely sensitive years in a child's development. Children in this age group are completely dependent on their caregivers for nutrition and comfort.<sup>2</sup> This is also a time of rapid brain growth and development. The synapses that communicate information through neural pathways within the brain are formed at an extraordinarily high rate in infancy. These pathways help the brain reorganize to accommodate new skills or new information as an individual learns.

By the age of 3, the brain has reached a substantial portion of its adult size, and it begins to “prune” weaker neural pathways to concentrate more efficiently on the strongest pathways. Thus, pathways that have not been used regularly may be discarded in this pruning process, making it harder for the brain to reorganize to accommodate new information.<sup>3</sup> Learning certainly

does not stop in infancy (adolescence is another period of rapid brain transformation), but infancy has come to be viewed as a “sensitive period” when children’s life experiences can have a large impact on their development.

Infancy is also a period of rapid physical and social development. Infants typically triple their birth weight by the age of 1.<sup>4</sup> Additionally, advances in motor skills, verbal communication, and social interactions are particularly important during this period and can affect children’s functioning later in life.<sup>5</sup>

### Developmental Tasks

Certain developmental tasks are inherent in the period of infancy and toddlerhood. Children are developing the physical, social, and cognitive faculties needed to walk and talk and are developing the motor skills that enable them to pick up objects and to feed themselves.<sup>6</sup> At this age, children are also beginning to solve simple problems using their cognitive and motor skills and are developing their short- and long-term memory.<sup>7</sup>

A secure attachment with the primary caregiver plays a key role in the child’s future relationships and development of interpersonal skills,<sup>4</sup> so stable, predictable, and positive relationships with caregivers are thought to be an important element in social and emotional development. Caregivers also are central in providing adequate levels of stimulation, communication, and opportunities for enriching activities in a child’s environment, which are key to the promotion of cognitive and language development.

Given the unique developmental tasks of infancy and toddlerhood, children’s experiences at home and in the child welfare system likely have a disproportionately large impact during this developmental stage. Indeed, studies supporting the idea of a “sensitive period” show that maltreated infants suffer from greater developmental disabilities than those who are maltreated later in childhood.<sup>8</sup> Likewise, research suggests that family income and economic deprivation have their greatest effects during children’s early years.<sup>9</sup> As a result, child welfare agencies have the opportunity to intervene early in the lives of infants and toddlers coming to their attention, potentially providing lasting benefits, such as successful child development and child safety and permanency.

The sections below describe the characteristics of children ages 2 and younger in the NSCAW study.

### Characteristics of the Children and Their Environments

Nearly one-fifth (18.8%) of children in the NSCAW sample were 2 years and younger.<sup>10</sup> Thus, this age group is a substantial portion of children served by the child welfare system.

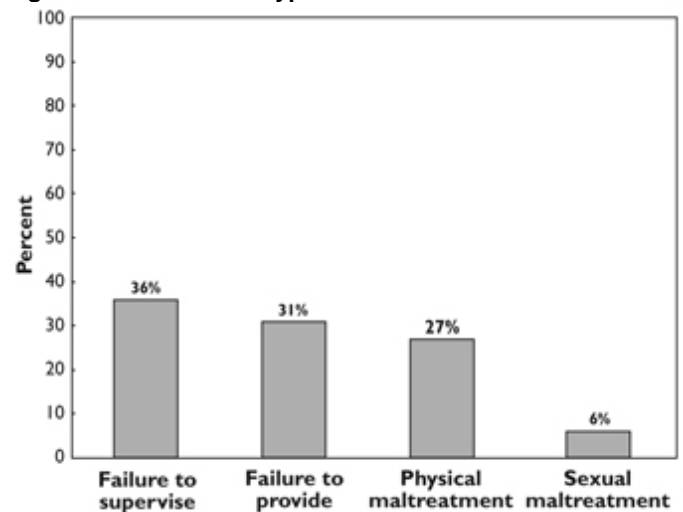
#### Most Serious Type of Maltreatment

Caseworkers in the NSCAW provided information on the most serious types of alleged maltreatment that brought the children and families to the attention of the child welfare system. Three major types of maltreatment are reported:

- Neglect, which encompasses failure to provide (e.g., food, shelter) and failure to supervise (e.g., leaving child alone for inappropriate periods of time)
- Physical maltreatment
- Sexual maltreatment

Focusing on the most serious types of alleged abuse, infants and toddlers are more likely to experience neglect than any other age group. The most common types of alleged maltreatment experienced by infants and toddlers are failure to supervise and failure to provide, which are experienced by 36% and 31% of the population, respectively (Figure 1). Twenty-seven percent experience physical maltreatment, and 6% experience sexual maltreatment as their most serious type of maltreatment. In fact, when children of this age are placed in foster and kinship care, it is most often because of neglect.

Figure 1. Most serious type of maltreatment



#### Prior Child Welfare Involvement

Despite the young age of these children, many have been in prior contact with the child welfare system.

Caseworkers report that one-fifth of the children in this study ages birth to 2 had a prior report to CPS before the current incident. Thirty-nine percent of these reports were substantiated, and 16% were indicated. Three percent of all children in this age range had been placed in out-of-home care prior to the current incident.

### **Living Environments**

A stable and nurturing environment is important for all children but is particularly important for children in this age group due to the enormous amount of growth and development occurring during this time period.

### **Poverty**

Living in poverty can limit families' ability to meet their children's basic needs for food, clothing, and shelter and can have adverse effects on physical health, cognitive outcomes, school achievement, and emotional and behavioral outcomes.<sup>11</sup> Moreover, as noted earlier, economic deprivation has its most serious consequences for young children.

More than half of children ages 2 and younger in the NSCAW study are living in poverty. This rate is higher than for any other age group in the NSCAW and is also far higher than that for children in the general U.S. population. According to the U.S. Census Bureau, in 2003, 17.6% of children under age 18 and 19.8% of children under age 6 lived in poverty.<sup>12</sup>

### **Risk Factors in the Home Environment**

Infants and toddlers in the NSCAW face a number of other risks in their home environments, in addition to economic deprivation. Compared to older children in the NSCAW, children in this age range are most likely to have parents who live below the poverty level, have a history of domestic violence, have a substance abuse problem, or have a serious mental illness. In addition, two-thirds of the caregivers of children under the age of 3 display some type of punitive parenting, as noted in NSCAW field observations. This is important because the way parents nurture and interact with their children can play a large role in their children's development.

### **In-Home Versus Out-of-Home**

Perhaps due to some of the risk factors presented above, infants and toddlers in the NSCAW study are more likely to be placed in out-of-home care than older children. Following the CPS investigation:

- 17% of children ages birth to 2 have been removed from the home.
- 24% remain at home and receive child welfare services.

- 59% remain at home and were determined not to need child welfare services.

### **Well-Being**

In addition to the risks encountered in the living environments of infants and toddlers in the NSCAW, the results of this study indicate that many of these children have developmental and behavioral difficulties. These findings are described in detail below.

### **Cognitive Development and Behavioral Problems**

Assessments were made of the children's cognitive skills and neurological and developmental functioning, while caregivers reported on the children's behavior. These sources indicate that cognitive and behavioral problems are pervasive in this age group:

- Nearly one-third of children ages 3 and younger are falling significantly behind in their cognitive and language skills.
- More than half of the children under age 2 are classified as having a high risk for developmental delays or neurological impairment. Between one-quarter and one-half are at risk cognitively.
- 27% of children ages 2 to 3 are reported by caregivers as having clinical/borderline behavior problems, compared with 17% of children the same age in the general population.

### **Physical Development**

Certain segments of infants and toddlers in the NSCAW fall below the average height for children their age. Specifically, children who remain at home and are receiving child welfare services and children living in foster care are below average in height. In addition, 1-year-olds in the NSCAW are below average height compared with the general population, with those in kinship foster care falling the most behind in their height.

In addition, there is wide variability in children's body mass index (an indicator of weight for height). Many children are either at risk for being or are underweight or overweight at the time of the baseline assessment. Two-year-olds who are placed in kinship care are especially likely to have low body mass indexes. This is important, as having a low body mass index may place children at risk for delays in physical development and may indicate that their nutritional needs are not being met.

### Services Received by Children and Their Families

Children at this age are most in need of stable and safe parenting, and parents of infants and toddlers in the NSCAW are often referred for parental skills training. In fact, caseworkers report that 42.9% of in-home caregivers have received parenting training or have had referrals or arrangements for parenting training made for them. This referral appears warranted given the data suggesting that caregivers of children this age may be more likely to employ punitive parenting methods and provide less cognitive and emotional stimulation than caregivers of older children. However, few models of parent training have been shown to be effective at improving the parenting of child welfare-involved parents of young children.<sup>13</sup>

Twenty-one percent of in-home caregivers in the NSCAW have been referred for substance abuse treatment or had such treatment arranged or provided for them, according to their caseworkers.

Children ages birth to 2 in the NSCAW also have lower rates of participation in services compared to children in other age groups. For instance, children in this age group are less likely to receive special education services than children in other age groups, and only about 1% of the children are receiving mental health services. Despite high levels of risk, only one in eight have been tested for special education services, according to their caregivers. Only 3% are receiving early intervention services.

Given the large percentage of children falling behind in their cognitive and neurological development and the prevalence of behavior problems in this population, these low levels of service receipt are noteworthy. Without these services, the children may be at a greater risk for compromised development and for poor future school performance.

### Summary

The NSCAW data indicate that infants and toddlers are most likely to come into contact with the child welfare system due to alleged neglect. These children often come from risky environments. Despite their young age, many of these children have had prior experience with the child welfare system. Further, a number of risk factors are present in their homes of origin.

Not surprisingly, given their home environments, infants and toddlers who have been maltreated are particularly at risk for serious developmental delays. NSCAW data show that many of these children suffer

from cognitive, behavioral, and physical developmental delays. The prevalence of developmental risks among this population is critical, as research has suggested that experiences in the early years are particularly influential for children's later development.

Despite the high level of need, few of the infants and toddlers who encounter the child welfare system receive services to address those needs. In fact, many child welfare agencies have no formal policies for screening and assessing for developmental needs.

Even if children are screened and assessed, services are not always received. As demonstrated in this brief, very few infants are receiving early intervention services, despite the fact that these services are typically targeted to this age group. Children in this age group are also unlikely to be receiving mental health or special educational services.

It is possible that these children are not receiving the services they need because they have not yet come into contact with the school system and are therefore less likely to be identified as having cognitive, behavioral, or physical delays. Since these children are not yet in school, child welfare may be one of the few systems that has contact with them. This presents an opportunity for child welfare to intervene with infants, toddlers, and their families at a young age to provide early intervention that can have lasting benefits.

In order to better meet the developmental needs of children, child welfare agencies must identify resources in the community and create realistic plans for linking children and families to these resources. This will require building strong relationships with other agencies providing early intervention and other services. One such partnership involves pairing with the lead agencies charged with administering Part C of the Individuals with Disabilities Education Act (an early intervention program for infants and toddlers with disabilities). Agencies can also coordinate assessment and screening for Medicaid-eligible children through the early and periodic screening, diagnosis, and treatment (EPSDT) service.

One of the most important factors in the development of all children, and young children in particular, is a positive home environment. Multiple interventions have been developed to enhance children's home environments, mostly by improving parenting practices. Not all of these programs are effective, however, and it is important for child welfare agencies to pay attention to literature identifying evidence-based practices. For



children who are removed from the home, enhancing the “goodness of fit” between the foster home and child’s developmental needs is important. For example, training workers in developmental issues may increase the likelihood that a worker will seek placements for children that match their needs for attention, stimulation, stability, and nurturance.

The findings from the NSCAW study are clear: young children in the child welfare system have many needs yet receive little in the way of services. Child welfare agencies have an enormous opportunity to enhance the development of these children, but only if they are able to identify and treat their developmental needs early. The earlier the needs of these children and families can be addressed, the greater the chances of ensuring their safety, permanency, and well-being as they get older.

## Notes

- <sup>1</sup> Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. (2004). *Child maltreatment 2002: Reports from the states to the National Child Abuse and Neglect Data Reporting System*. Washington, DC: Administration for Children and Families, Children’s Bureau.
- <sup>2</sup> Child Welfare Information Gateway (formerly National Clearinghouse on Child Abuse and Neglect). (n.d.). *Child development and psychopathology: Treatment for abused and neglected children: Infancy to age 18* [Online]. Available: <http://www.childwelfare.gov/pubs/usermanuals/treatmen/treatmenb.cfm>
- <sup>3</sup> Child Welfare Information Gateway (formerly National Clearinghouse on Child Abuse and Neglect). (2001). *In focus: Understanding the effects of maltreatment on early brain development*. [Online]. Available: [www.childwelfare.gov/pubs/focus/earlybrain/index.cfm](http://www.childwelfare.gov/pubs/focus/earlybrain/index.cfm); Shore, R. (1997). *Rethinking the brain*. New York: Families and Work Institute.
- <sup>4</sup> Child Welfare Information Gateway (formerly National Clearinghouse on Child Abuse and Neglect). (n.d.).
- <sup>5</sup> Child Welfare Information Gateway (formerly National Clearinghouse on Child Abuse and Neglect). (2001); Greenbough, W. T., Black, J. E. and Wallace, C. S. (1987). Experience and brain development. *Child Development*, 58, 539-559.
- <sup>6</sup> Spence-Chapin Services to Families and Children. (1992). *How to handle behavior problems. Post-Adoption program: Parent workshop #2*.

- <sup>7</sup> University of Wisconsin-Extension. (2003). *Through the eyes of a child: Grandparents raising grandchildren: Understanding children’s development* [Online]. Available: <http://www.uwex.edu/relationships/pdfs/B3786-1.pdf>
- <sup>8</sup> Gaudin, J. M., Jr. (1999). Child neglect: Short-term and long-term outcomes. In H. Dubowitz (Ed.), *Neglected children: Research, practice, and policy* (pp. 89-108). Thousand Oaks, CA: Sage; Erickson, M. F., Egeland, B., and Pianta, R. (1989). The effects of maltreatment on the development of young children. In D. Cicchetti and V. Carlson (Eds.), *Child maltreatment* (pp. 647-684). New York: Cambridge University Press.
- <sup>9</sup> Brooks-Gunn, J., and Duncan, G. J. (1997). The effects of poverty on children. *The Future of Children: Children and Poverty*, 7(2), 55-71.; McLoyd, V. C. (1998). Socioeconomic disadvantage and child development. *American Psychologist*, 53(2), 185-204.
- <sup>10</sup> Because of oversampling for infants in this study, the sample size for this brief (1,701) does not constitute 18.8% of the full sample (5,504). This percentage is weighted and represents the percent of children investigated by CPS nationally who are 2 years and younger.
- <sup>11</sup> Brooks-Gunn, J. and Duncan, G. J. (1997).
- <sup>12</sup> U. S. Department of Commerce, U. S. Census Bureau. (2004). *Income, poverty, and health insurance in the United States*, Census Bureau reports [Online]. Available: <http://www.census.gov/prod/2004pubs/p60-226.pdf>
- <sup>13</sup> Urquiza, A. J., and McNeil, C. B. (1996). Parent-Child Interaction Therapy: An intensive dyadic intervention for physically abusive families. *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children*, 1, 134-144.

## National Survey of Child and Adolescent Well-Being Research Brief

Available at: National Data Archive on Child Abuse and Neglect (NDACAN), Cornell University, [ndacan@cornell.edu](mailto:ndacan@cornell.edu)

Administration for Children and Families (ACF, OPRE)  
[http://www.acf.hhs.gov/programs/opre/abuse\\_neglect/nscaw/](http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/)

This is the fourth in a series of NSCAW research briefs focused on children who have come in contact with the child welfare system. Additional research briefs focus on the characteristics of children in foster care, the provision of services to children and their families, the prevalence of special health care needs, use of early intervention services, and caseworker judgment in the substantiation process.

