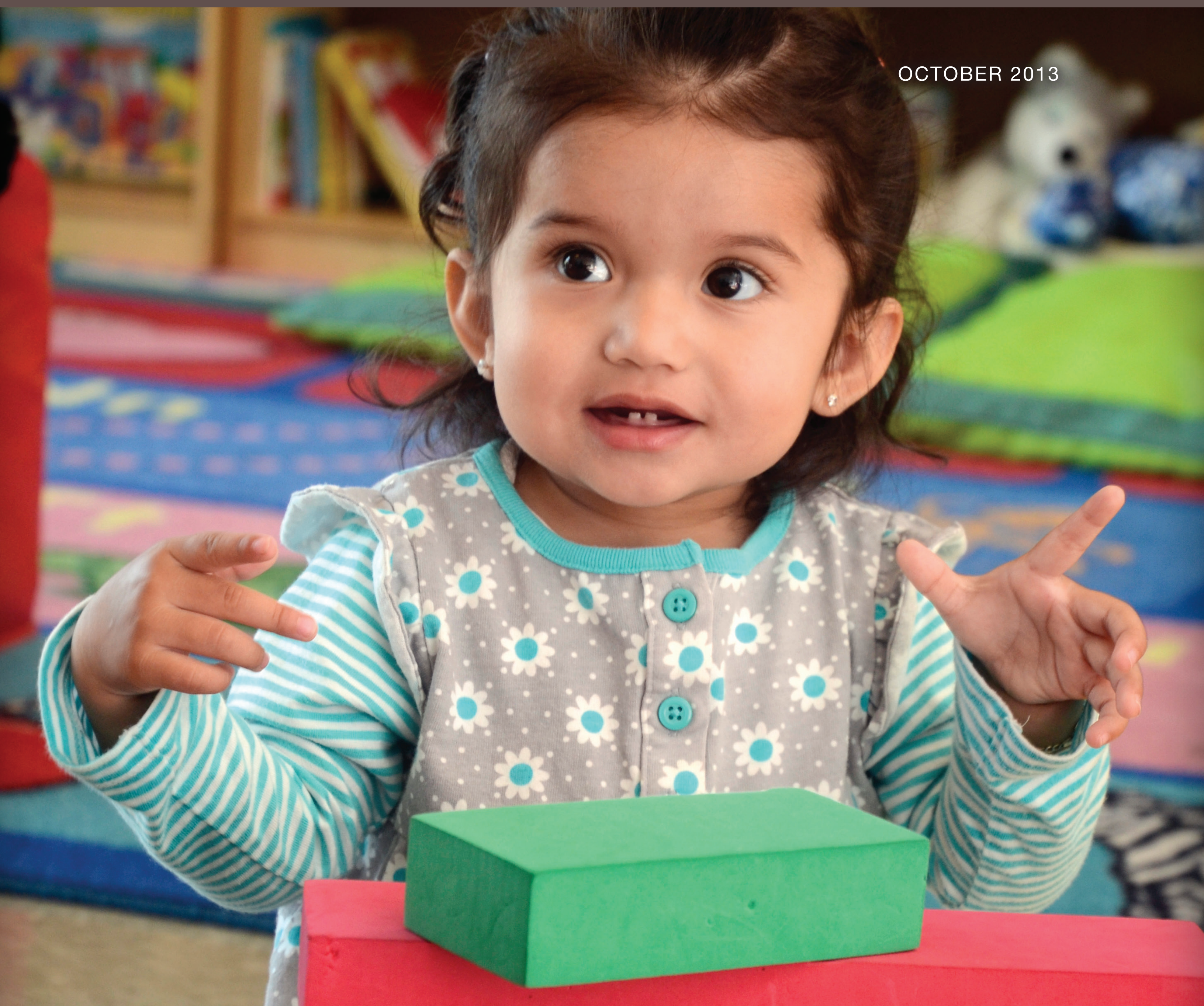
Making the Case for

Early Childhood Intervention

in Child Welfare

A RESEARCH AND PRACTICE BRIEF



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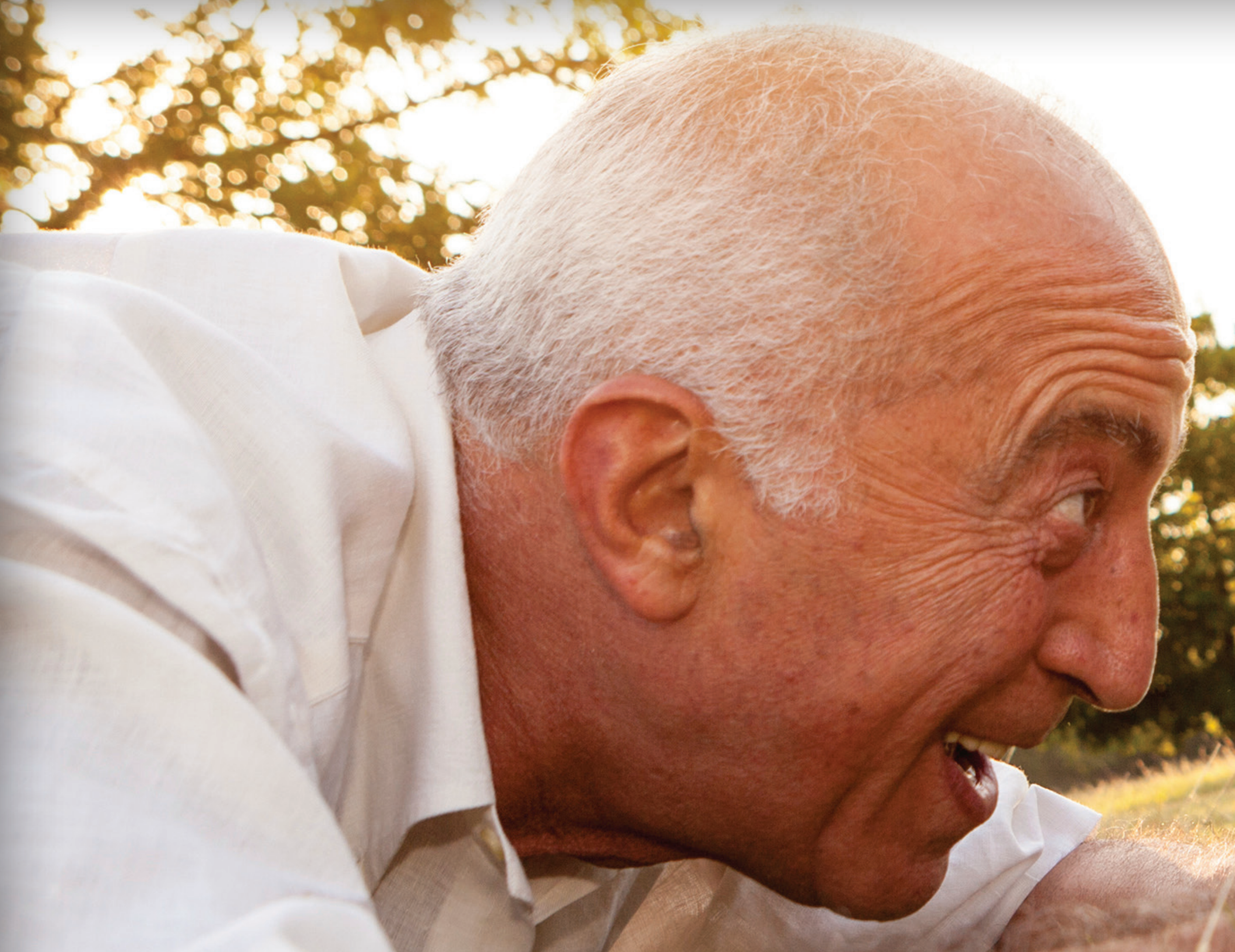
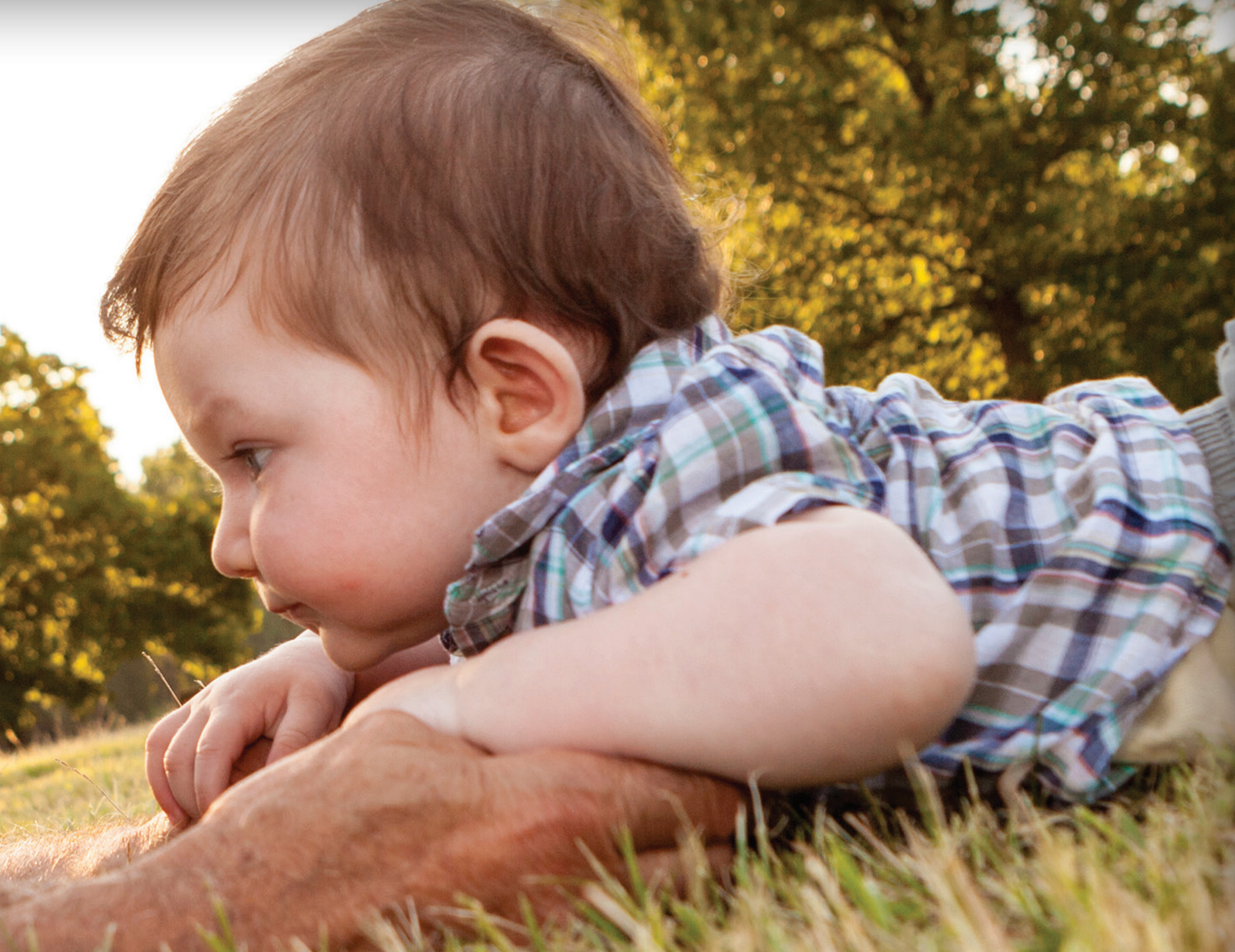


Over the past decade, the number of youth in foster care has declined dramatically. Yet a similar decline for young children has not occurred. Children under age six make up a disproportionate percentage of foster care entries. Infants and toddlers are more likely to experience maltreatment reoccurrence than children of other ages and have longer stays in out-of-home care.



We know that early childhood is a foundational period of development. And we know that missed opportunities during this critical development period can have long-term, negative consequences. With this understanding, it's clear that effective interventions – and the earlier they occur the better – can both prevent and mitigate long-term harm.

Effective child welfare-focused interventions targeted specifically to the needs of families with young children are essential for safe reduction of the foster care population and for preventing ongoing involvement of child welfare in families' lives. Interventions need to address the caregiving relationship, the therapeutic and developmental needs of children, parents' mental health and substance abuse issues, domestic violence, and poverty.

To engage in those areas, system change is needed, including flexible funding for prevention and community supports. Additionally, cross-system engagement is needed. Evaluations to establish an evidence base for accountability, sustainability, and replication are critical.

Addressing the unique needs of this population could produce tremendous opportunities to improve child welfare systems and the health and well-being of young children.

Introduction

When families with children ages birth to five come to the attention of child welfare agencies, a unique opportunity presents itself. By offering assistance during these critical early years, we can support nurturing parenting skills, mitigate stressful family conditions, and repair the impact of trauma on young children's development. Timely, effective, and trauma-informed interventions in the first years of childhood can prevent the costly and ongoing involvement of the child welfare system in families' lives and put an end to intergenerational child maltreatment. The federal emphasis on child well-being in child welfare; the growing use of family-centered strategies; increased awareness around infant mental health and development; and, a growing importance of prevention as part of a comprehensive child welfare finance reform movement all provide a timely opportunity for highlighting early, developmentally-informed interventions in child welfare. This brief outlines why targeted interventions to this population are critically needed and briefly describes the types of programs and associated evaluation studies in the field. It sets the stage for a forthcoming more detailed look at intervention strategies and outcomes.

Child well-being is one of three interrelated goals of child welfare policy, along with safety and permanency.[1] In addition, federal reauthorization of Title IV-B of the Social Security Act added two new subpart 1 requirements: (a) agencies must describe activities that decrease time to permanency for children under five and (b) developmental needs of children served under titles IV-B and IV-E must be addressed.[2] This emphasis is informed by emerging and irrefutable evidence from neuroscience and a range of other scientific disciplines demonstrating that the early years of life represent critical developmental periods, are strongly influenced by the relational and physical environment, and have a lasting influence on health and well-being across the life span. Furthermore, the field's understanding of the prevalence and consequences of exposure to traumatic events, particularly complex trauma, where children are both exposed to and suffer from inadequate caregiving, is helping to shape how child welfare systems need to work with families to improve child well-being

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and family functioning. In other words, early prevention of child maltreatment and other adversities and mitigation of the impact of trauma on healthy development is now a national priority.[3]

In support of these federal priorities, several national organizations have called attention to the needs of young children in child welfare. These organizations include, but are not limited to: the National Center for Children in Poverty, Center on the Developing Child, National Council of Juvenile and Family Court Judges, Center for the Study of Social Policy, Child Welfare League of America, American Bar Association, Children's Defense Fund, Child Trends, National Conference of State Legislatures, and ZERO TO THREE.

Young Children in Child Welfare

Infants and toddlers are a growing segment of child welfare services, and estimates suggest they comprise as much as one-fourth to one-third of abused and neglected children who come to the attention of public child welfare agencies.[4,5] They are the largest group of children entering out-of-home care.[6,7] Similarly, children under six make up one third of the child population, but constitute a disproportionate percentage (47%) of foster care entries.[8,9]

Despite large reductions in out-of-home care during the past decade, the population of children ages birth to five has not experienced similar reductions. In fact, children age three to eight are the only group of children with an increase in the number of children in out-of-home care in recent years.[10] In addition, infants and toddlers are more likely to experience recurrent maltreatment and remain in out-of-home care longer than older children.[11]

While evidence is growing about what strategies work to prevent maltreatment among families with young children, it is still limited. Many families do not receive the services they need, services are not effective, or child welfare agencies lack confidence about how to successfully and safely serve young children in homes where parents are struggling with some combination of mental health disorders, poverty, substance abuse, and domestic violence.[12] Until there is more widespread use of interventions demonstrated to be effective in protecting very young children in high risk families, it will be difficult, if not impossible, to reduce the use of foster care for young children.

If further progress toward the safe reduction of children in foster care is to occur, *child welfare funds must also be spent on prevention and community supports for families* with young children during this critical developmental period.

Moreover, positive child development occurs in the context of nurturing relationships. Both the child's experience of maltreatment and changes in the primary caregiver that sometimes result from CPS interventions are serious disruptions to healthy development. Such disruptions can alter the physical development of the brain and have serious negative consequences on children's cognitive, emotional, and social development.

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The State of Programming and Evaluation for Young Children in Child Welfare

Casey Family Programs set out to examine the types and availability of intervention approaches for families with young children who are involved with child welfare. We excluded primary prevention home-visiting models from our scan, as these have been well-researched and summarized elsewhere. Through Casey Family Programs' network of strategic consultants, expert consultation, evidence-based clearinghouses, and published resources, we identified 53 different intervention approaches focused on young children that met the following criteria: (a) address risk factors for abuse and neglect (i.e., substance abuse, domestic violence, poverty, mental health); (b) demonstrate an emphasis on healthy child development and well-being as well as safety; and, (c) have been in operation for at least three to five years as an indicator of sustainability.

The intervention approaches we identified are grouped into one or more of the following categories:

- **Caregiving:** encompassing those interventions with a focus on the child-caregiver relationship (includes attachment repair between parent and child, teaching caregivers how to nurture, parenting techniques, caregiving education, [re-]building relationships, and emotional-social competence for parents and children);
- **Substance abuse:** including interventions that address parental substance abuse and developmental impacts on children; assist clients in improving their parenting; and support the recovery process for the parent;
- **Early childhood systems of care:** comprising interventions with multiple components and cross-discipline engagement designed to reduce the occurrence of child abuse and neglect and simultaneously address some of the root causes and effects of maltreatment by providing related supports and services;
- **Court-driven collaborations:** including problem-solving courts specializing in addressing cases with infant and toddlers referred by child welfare agencies through developmentally-appropriate services for children and supports for their parents; and,
- **Therapeutic:** involving interventions for children who have experienced child abuse and neglect, which may include counseling for parents; therapy; treatment of children's social, emotional and behavioral problems due to trauma and specialized child care.

The most recent economic analyses estimate the *national lifetime costs of maltreatment events occurring in one year as $124 billion.* Thus, the prevention of maltreatment, especially early in a child's life when maltreatment may become chronic and can result in long-term damage to physical and mental health, has great potential for societal benefits and savings.

Given increased public emphasis on accountability and evidence-based programming, we also closely examined and categorized the extent and type of outcome data available for these programs and intervention models. Forty-four (83%) had some outcome data. Some programs have more than one outcome study. The designs of the outcome studies ranged from randomized controlled trials (RCTs) to cross-sectional (single point-in-time) descriptive findings. Thirty-two percent (32%) of the programs had at least one randomized controlled trial, though many were more than a decade old or involved small samples, 25% had used some type of experimental design, 19% used pre-test/post-test designs without a comparison group, and 8% used single-point in time descriptive data. Just over half (53%) measured child welfare outcomes (i.e., measures of safety, permanency, referrals) in their evaluations, and 15% examined these outcomes in the context of a RCT.

Parenting skills and attitudes were also commonly measured, and assessments of child, family, and parent well-being were frequently used. The outcomes measured are diverse and reflect the breadth of program types and their particular focus. And, while the availability of well-researched, evidence-based programs in child welfare is often viewed as lagging behind that of other fields,[13] the results of our review of the availability and type of outcome studies are mildly encouraging.

The program and outcome matrices, along with a more detailed summary of their content, will be available for release in the next twelve months. Our goal is to increase the awareness of these interventions in child welfare agencies and to provide policymakers and practitioners with practical information for state and local planning. In a similar effort, ZERO TO THREE and Child Trends have conducted a survey of state child welfare policies and practices related to infants and toddlers.[14] The broader jurisdiction and policy-level focus of this report complements our program and evaluation-focused scan.

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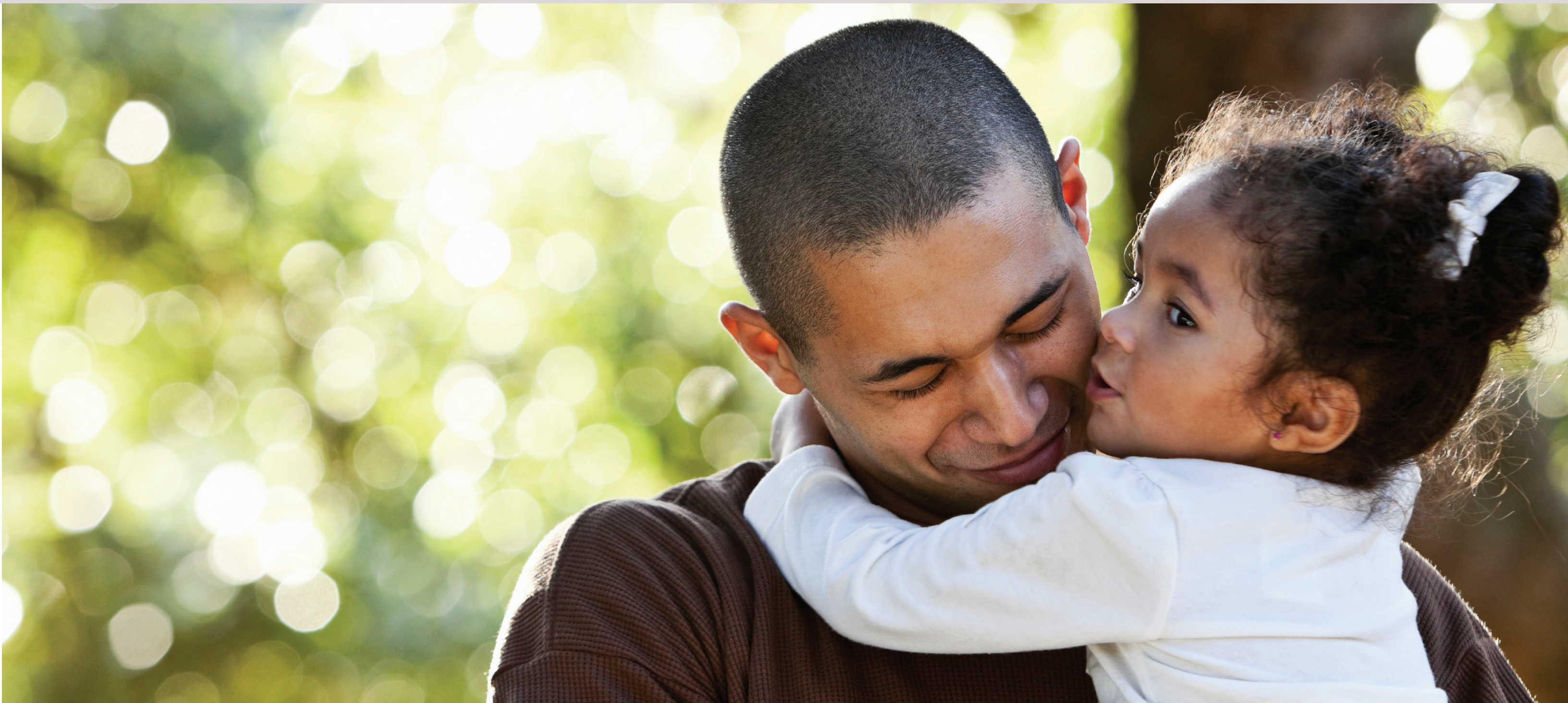
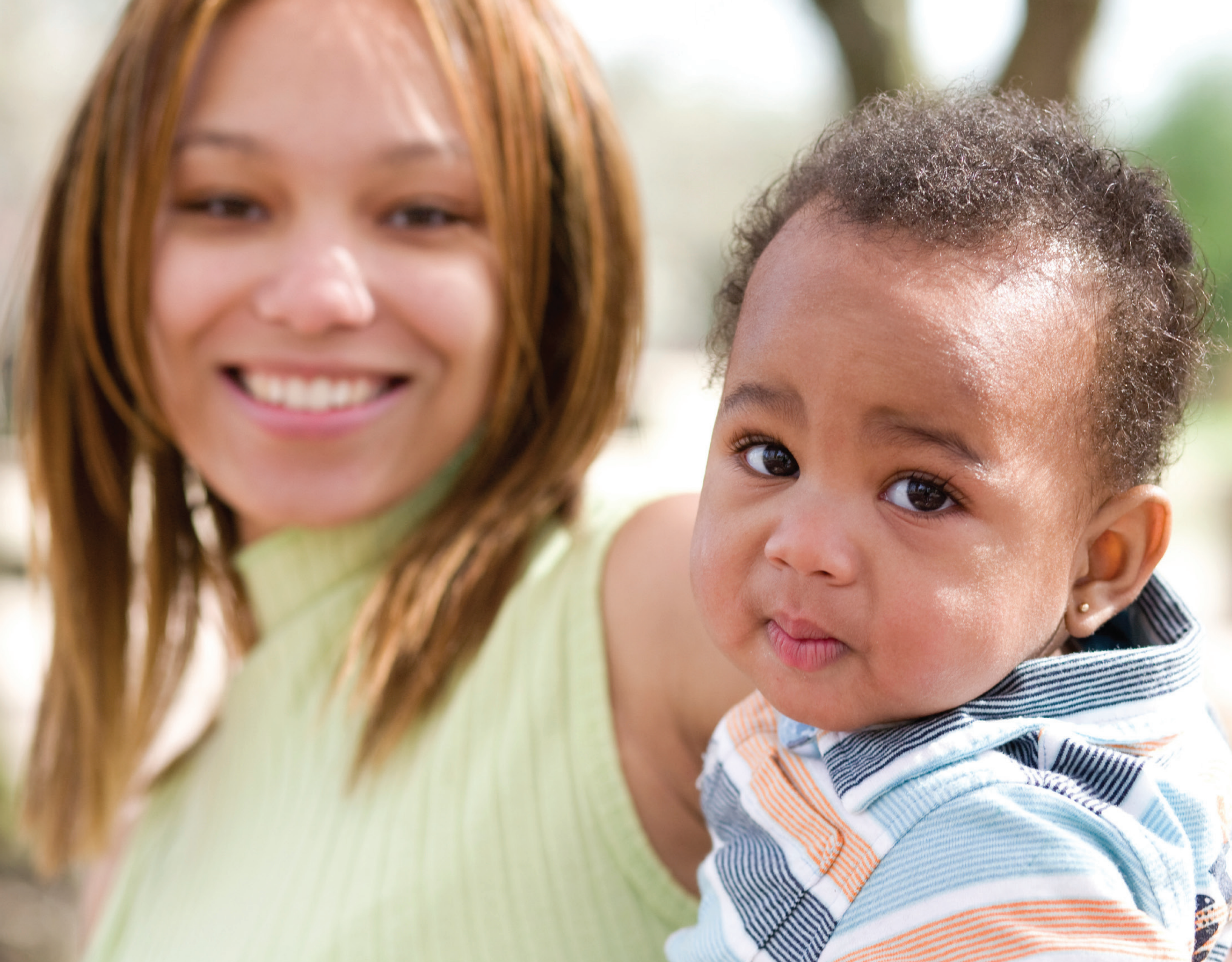
Return on Investment

Unfortunately, cost-benefit studies in child welfare are rare,[15,16] and this is particularly the case for early childhood interventions in this field. However, extrapolating from the return on investment research from high-quality early care and education studies, we can reasonably expect long-term returns on investments to be similar or greater for high-quality, evidence-informed or evidence-based early childhood interventions for a child welfare population. This population is one in which child and family needs are extensive, and when left unaddressed, have high long-term societal costs. The most recent economic analyses estimate the national lifetime costs of maltreatment as $124 billion for maltreatment occurrences in a one year period.[17] Thus, the prevention of maltreatment, especially early in a child's life when maltreatment may become chronic and can result in long-term damage to physical and mental health, has great potential for societal benefits and savings.

> Aligning federal funding with the goals of child well-being through reform of current federal financing regulations, if enacted, would allow states to *reinvest the resources from reductions in foster care in a more flexible array of services,* including prevention, family support, and developmentally-appropriate early childhood interventions.





Early childhood is a foundational period of development. With this understanding, there is both opportunity and cause for concern. Effective interventions during this early childhood period — and the earlier they occur the better — can both prevent and mitigate long-term harm.

Smarter Investments to Improve Child Outcomes

Preventing maltreatment and its reoccurrence among families with young children has great potential to safely reduce the number of children in foster care allowing funds to be reinvested on targeted, effective interventions that promote well-being. Aligning federal funding with the goals of child well-being through reform of current federal financing regulations, if enacted, would allow states to reinvest the resources from reductions in foster care in a more flexible array of services, including prevention, family support, and developmentally-appropriate early childhood interventions. Across the country, Title IV-E Child Welfare Demonstration Projects, which allow states to spend foster care resources more flexibly, are expected to document the benefits of a more balanced array of child welfare services. Several of these Child Welfare Demonstration Projects are focusing on families with children birth to five as a way to reduce child welfare involvement and improve the well-being of children and their families over time.

Policy, Practice, and Research Opportunities

As a result of our review of intervention approaches several practical recommendations emerge.

1. **Closely follow the documented outcomes of the Title IV-E Child Welfare Demonstration Projects.** The projects, which allow states to invest existing child welfare resources more flexibly and effectively in prevention and community-support activities, have the potential to improve child well-being and safely reduce the number of children who are child-welfare involved or in out-of-home placements.
2. **Employ a cross-systems collaboration approach and develop better linkages with integrated early learning and development systems.** Federal, state, and local governments are moving toward increased coordination of early childhood services and systems to support the healthy and optimal development of all young children in their communities.[18] Child welfare needs to be a partner in these efforts, and with an increased effort on prevention, can be part of a coordinated system ensuring the well-being of all children, particularly those who are most vulnerable. All systems need to have a shared understanding of the unique developmental needs, promising strategies, and policies that support the well-being of young children. In addition, access to high-quality early care and education can be an important protective factor and source of stability for young children who are child welfare-involved.
3. **Integrate and coordinate services with federally-funded home visiting programs in states.** Targeted and universal home-visiting initiatives in states provide an opportunity to maximize prevention efforts, share resources, and coordinate the service array that families receive. Making these linkages explicit and developing enhancements to the home-visiting model to most effectively serve the child welfare population could have a large impact on families being served through these separate funding streams.
4. **Educate and engage judicial officers and court personnel.** Judges would benefit from data and information on evidence-based services for this population. Judicial leadership can create teams of attorneys, child development experts, and community providers to ensure young children and their families have access to high-quality, developmentally-appropriate services. Infant and toddler courts are a good example of a cross-systems approach, where judicial expertise in the needs of young children is fostered and supported, in combination with strong community partnerships, to provide developmentally-appropriate multidisciplinary services.

5. **Incorporate and maintain a focus on early childhood development, trauma-informed care, young children's mental health, and the importance of secure relationships in child welfare services, programs, and policies.** Child well-being is a goal of equal importance to safety and permanency and requires an understanding of the impact and mitigation of trauma. If expertise in early childhood needs time to develop within systems, jurisdictions can consider the use of early childhood interventionists or mental health specialists to serve in a consultancy role. Best practices for young children in child welfare are built on an understanding of child development. These include concurrent planning, frequent family visitation, fewer placement disruptions, post-permanency supports, and ensuring access to early intervention and mental health services.[19]

6. **Closely manage the use of psychotropic drugs in young children.** Research on the short- and long-term consequences of medication on young children is limited, and no evidence is available on its effectiveness in treating trauma symptoms. Practice guidelines are available for informing the use of pharmacologic interventions for this population.[20]

7. **Address racial disproportionality.** African American, American Indian, and children of multiple ethnicities are disproportionality more likely to be determined victims of maltreatment.[21] Looking specifically at children under six, African American and American Indian children are also disproportionality likely to be victims of maltreatment.[22] Such disparities may result from differences in family needs and/or in differences in reporting, investigation, and substantiation. Regardless, services that effectively address the needs of young children and families need to be culturally-informed to reduce disproportionality and effectively serve this age group. In addition, linkages between compliance with the Indian Child Welfare Act, tribal child welfare services, child welfare financing (including comprehensive finance reform), Medicaid expansion, and early childhood systems to support best practices for young American Indian children need to be increased.

Best practices for young children in child welfare are built on an understanding of child development. These include concurrent planning, frequent family visitation, fewer placement disruptions, post-permanency supports, and ensuring access to early intervention and mental health services.

8 **Ensure compliance with the reauthorized Title IV-B, subpart 1 requirements for documentation of activities addressing the developmental needs of young children served under the Titles IV-B and IV-E of the Social Security Act.** The network of federally-funded National Resource Centers can encourage best practices and provide technical assistance informed by the Quality Improvement Center on Early Childhood (QIC-EC).

9 **Understand and address the parental risk factors for children in out-of-home care to develop, implement, and evaluate programs and strategies to more effectively serve these families.** These often co-occurring factors include mental health disorders, such as maternal depression, substance abuse, poverty, and domestic violence.[23,24] Given the overlap in the large number of families who are child welfare-involved with substance abuse disorders, there is a strong need for increased collaboration between behavioral health and child welfare, in particular.

10 **Continue to evaluate programs and strategies and communicate these results to increase the menu of evidence-informed and evidence-based programs for jurisdictions to draw upon to effectively work with this population.** Outcome measures for evaluation purposes need to reliably and feasibly measure changes in the critical dimensions of early childhood well-being that are sensitive to the interventions being used. Early childhood program data should be linked with child welfare administrative data to track child welfare involvement over time. Easily-used measures that capture changes in the quality of the attachment relationship between caregivers and young children are urgently needed.

> The federal emphasis on child well-being in child welfare; the growing use of family-centered strategies; increased awareness around infant mental health and development; and, a growing importance of prevention as part of a comprehensive child welfare finance reform movement all provide a timely *opportunity for highlighting early, developmentally-informed interventions in child welfare.*

Conclusion

Early childhood is a foundational period of development. With this understanding, there is both opportunity and cause for concern. Effective interventions during this early childhood period—and the earlier they occur the better—can both prevent and mitigate long-term harm.[25] Without such interventions, the negative impact of early adversities is sure to place a great burden on societal resources, on an already overextended child welfare system, and on the health and well-being of young children who may experience devastating and lasting negative impacts to their physical and mental health.

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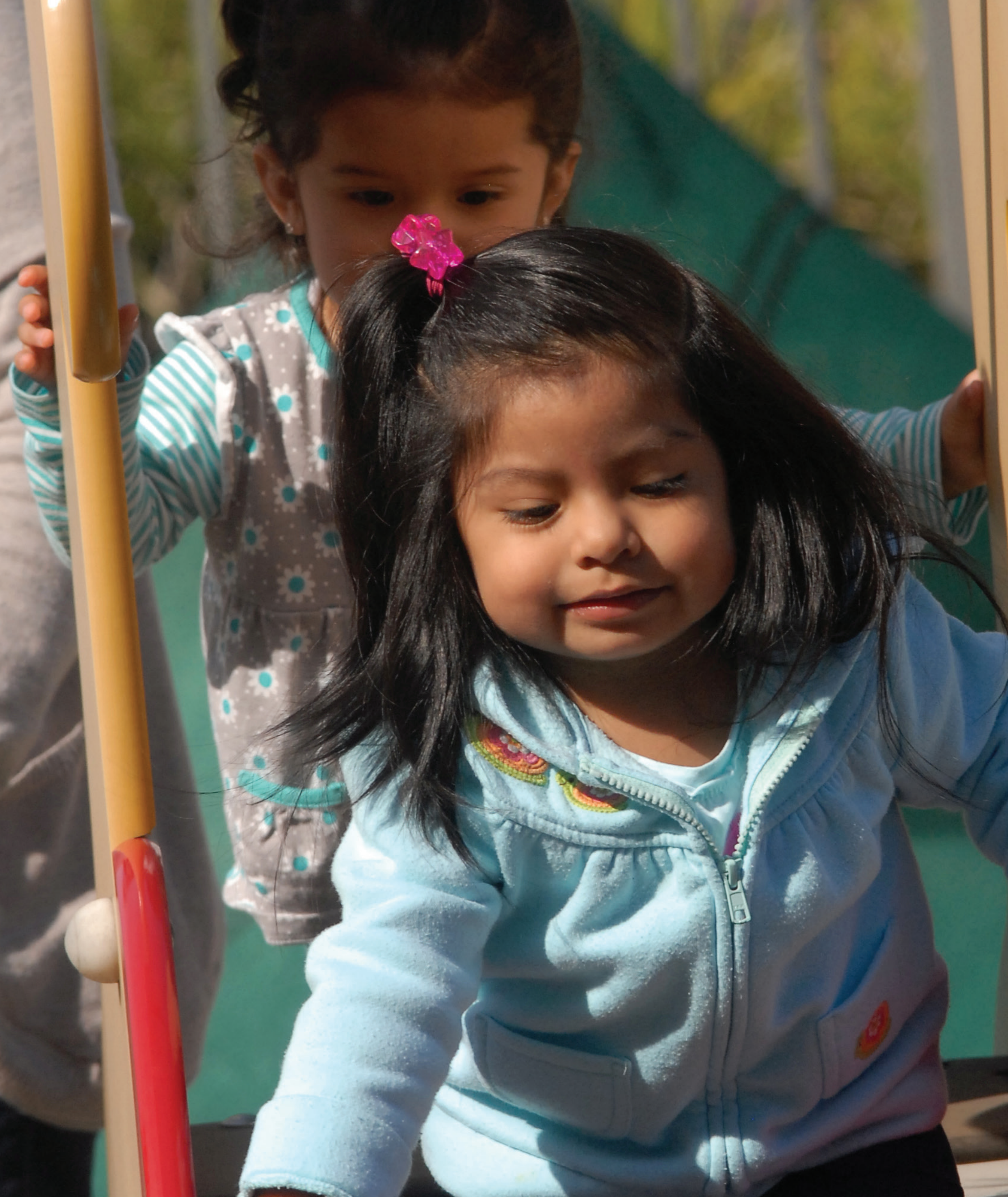

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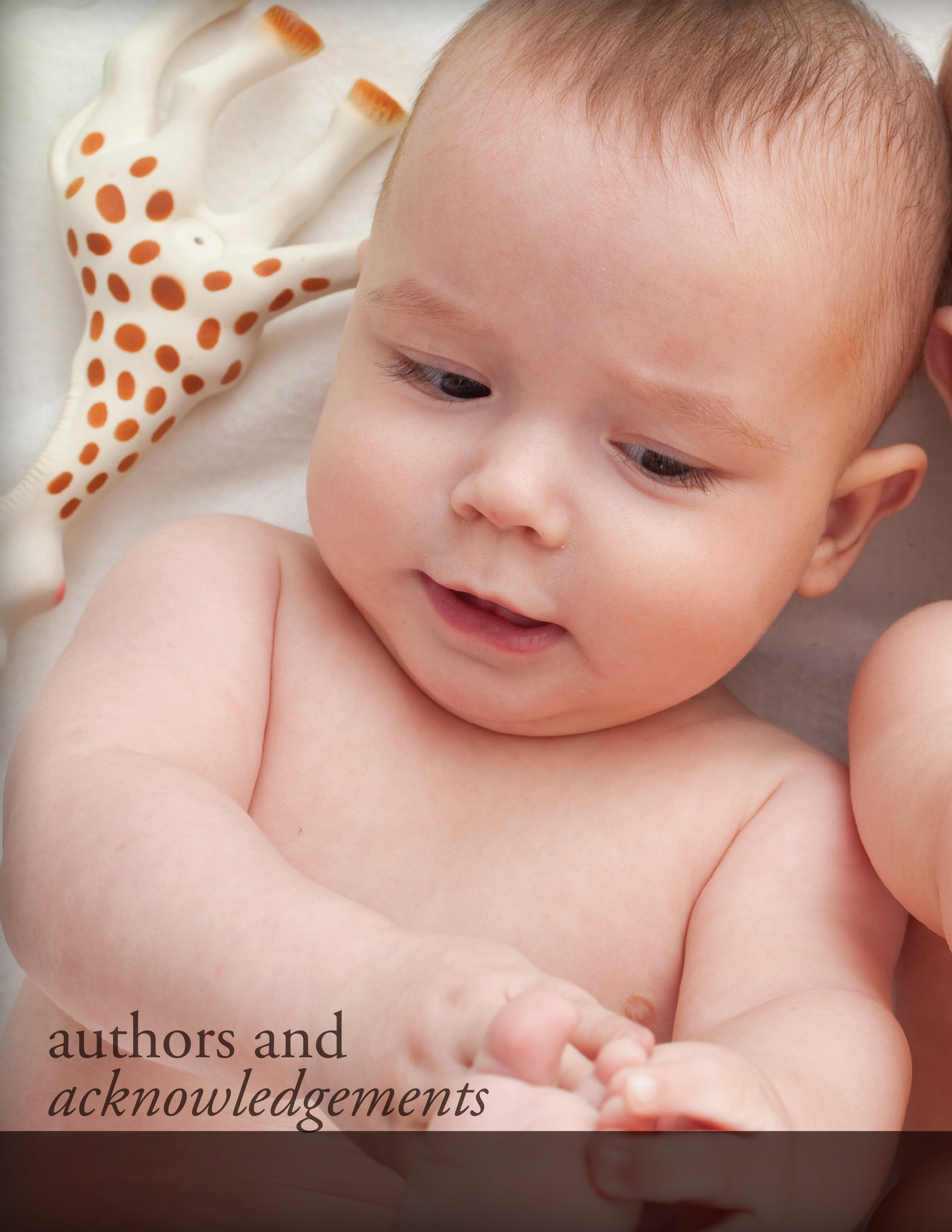

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