

From Science to Public Policy: Early Intervention for Abused and Neglected Infants and Toddlers

Children who suffer abuse or neglect, or have parents who suffer from mental health problems (especially maternal depression), substance abuse, or family violence have as high a probability of experiencing developmental delays as do children with medical conditions that are automatically eligible for Part C services under the Individuals with Disabilities Education Act (IDEA). The science of early brain development confirms that young children who experience abuse or neglect warrant great concern (Shonkoff & Philips, 2002). Approximately 42% of them are developmentally delayed and many are so delayed that pediatricians consider them developmentally impaired (Stamer, et al., 2005). Nearly 40% of young children in foster care were born at low birth weight, born prematurely, or both—two factors that increase their likelihood of medical problems and developmental delay (Halton, Medonca, & Berkowitz, 1995). Most eligible foster children are still not receiving the early intervention services they need. The majority of children with substantiated cases of abuse or neglect remain at home; only a small portion of them receive Part C services.

Early intervention programs that deliver carefully designed interventions with well-defined goals can positively affect the developmental trajectories of infants and toddlers whose life course is threatened by disrupted parenting. (Shonkoff & Phillips, 2000). A strong connection between the child welfare/child protection system and Part C is therefore needed to ensure access to early intervention services that can provide significant benefits to abused or neglected children. In their landmark report, *From Neurons to Neighborhoods*, the National Research Council and the Institute of Medicine recommend that every infant and toddler referred to a protective services agency for evaluation of suspected abuse or neglect should be automatically referred for developmental-behavioral screening under Part C of IDEA (Shonkoff & Phillips, 2000).

The Child Abuse Prevention and Treatment Act

In June 2003, a provision that requires maltreated infants and toddlers to be referred to early intervention services was included in the Keeping Children and Families Safe Act of 2003 (Pub. L. No. 108–136, 117 Stat. 800, 2003), which reauthorized the Child Abuse Prevention and Treatment Act (CAPTA). Over the course of the next year, advocates of this important referral requirement continued to work with Congress to ensure that a similar provision was included in the December 2004 reauthorization of IDEA (Pub. L. No. 108–446, 118 Stat. 2647, 2004).

Through CAPTA and IDEA, states are now required to have provisions and procedures for referring children under age 3 who are involved in substantiated

cases of child abuse or neglect to early intervention services funded under Part C of IDEA. With these policies in place, states' child welfare and early intervention systems must now put the referrals into practice, a task often complicated by tight budgetary constraints and the fact that child welfare and early intervention systems have different cultures and missions.

Increasing Collaboration Between Child Welfare and Early Intervention Systems

The law mandating referrals between child welfare and Part C is a step in the right direction but states face significant challenges in trying to ensure that their Part C systems are able to respond to these new referrals. There are a variety of policy outcomes to advocate for as states implement these referrals:

- Improved communication and coordination of services between the child welfare and Part C systems;
- Increased cross-system training; and,
- Increased Part C assessments and intervention services for infants and toddlers in the child welfare system.

Several states have developed strategies for implementing these referrals. For example, the Massachusetts Early Childhood Linkage Initiative (MECLI), an initiative designed to establish a formal link between the child welfare system and Early Intervention at three pilot sites, included the following activities (Massachusetts Early Childhood Linkage Initiative, 2002):

- Using local liaisons to facilitate communication and coordination between the local child welfare and Early Intervention agencies;
- Holding regular joint meetings of personnel from the local child welfare and Early Intervention agencies to review referrals;
- Organizing orientation and cross-training sessions to help the child welfare and Early Intervention agencies better understand each other and establish common language; and,
- Creating a "Talking Points about Early Intervention" document to help child welfare personnel effectively offer the Early Intervention referral.

MECLI has reported that of the 540 families who were offered a referral to Early Intervention by the Department of Social Services (Massachusetts' child welfare agency), 70% of them accepted the referral (Institute for Child, Youth, and Family Policy, 2005). Of the MECLI children who were evaluated, 74% were eligible for EI, 49% because they had eligible developmental delays, an additional 17% because they met Massachusetts' at-risk criterion, and 8% because of other or unreported reasons.

Action Steps You Can Take

Infant-toddler professionals can serve as important knowledge brokers or educators in the process of closing the gap between science, practice, and policy. Achieving policy change at the federal level is merely the first step. Now, as states are implementing the mandated referrals, there are opportunities to advocate within your state for practices that improve the services for infants and toddlers involved with the child welfare system. Infant-toddler professionals can seek out

opportunities to talk with key decision makers about these mandated referrals and the desired policy outcomes. Here are a few simple advocacy strategies:

- Set up meetings with your state legislators. If you work in child welfare or early intervention, invite them to meet with you at your place of business so you can show them the effect they can have on meeting the needs of infants and toddlers who have been abused or neglected.
- Write a letter to the editor or an opinion editorial about the importance of effectively implementing the referral mandate in your state. Send it to your local newspaper and free community newspapers or circulars.
- Join a state or local child advocacy organization and encourage them to advocate for a thoughtful and adequately funded implementation plan for the child welfare to early intervention referrals.

Research confirms that the early years present an unparalleled window of opportunity to effectively intervene with children who have developmental delays or who are experiencing medical or environmental conditions that present challenges to healthy development. Our nation's most vulnerable infants and toddlers stand to gain the greatest benefits—or suffer the greatest challenges—if we fail to ensure that abused and neglected children receive the early intervention services they need to overcome adversity early in their lives.

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This article was authored by the ZERO TO THREE Policy Center, with special thanks to John A. Lippitt and Taletha Derrington for their generous help and contributions to the article. It was originally published in the *ZERO TO THREE Journal*, September 2006, Volume 27, No. 1.