



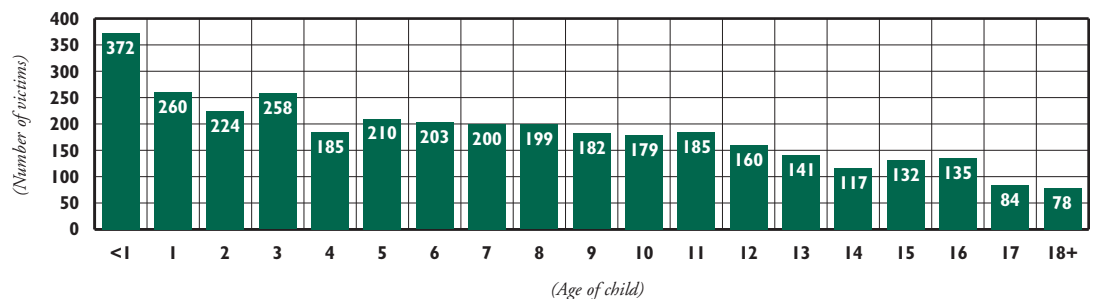
# Issue Brief

## Infants and Toddlers in the Child Welfare System in Rhode Island

The first 1,000 days of life for a child are a time of great opportunity and great vulnerability. During the infant and toddler years, basic architecture of the human brain develops, and by age three a child's brain has grown to 90% of its adult size. Experiences during the first 1,000 days are critical to healthy brain development and positive relationships with parents and caregivers and lay the foundation for social, emotional, cognitive, language, and physical development.<sup>1</sup>

Nationally and in Rhode Island, very young children are more likely to experience abuse and neglect than older children. In Rhode Island in 2018, nearly one in four victims of child abuse and neglect were infants and toddlers under age three.<sup>2,3</sup> Children who experience maltreatment at a very young age can experience challenges forming positive attachments and relationships, which are crucial for comprehensive brain development and emotional security. Children who experience toxic stress during early childhood, including through maltreatment by parents or other caregivers, can experience disruption in the development of their brain and biological systems, which can result in short-term harm and long-term negative outcomes.<sup>4,5,6</sup>

### Child Abuse and Neglect by Age of Victim, Rhode Island, 2018



Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2018

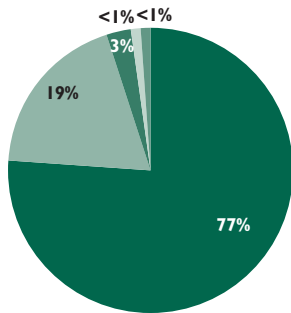
### Infant Mental Health

Babies need a consistent, nurturing, responsive caregiver to develop the basic brain architecture needed for future health, development, and learning. The foundations for emotional health and well-being develop in infancy and early childhood as children learn to form close and secure relationships with other people, manage emotions, explore the environment, and learn. Child abuse and neglect that occurs during the first three years often disrupts the development of trusting, secure relationships. Infants and young children who have been maltreated need special attention and services to get on track for positive development.<sup>7,8</sup>

## Young Children Who Experience Maltreatment

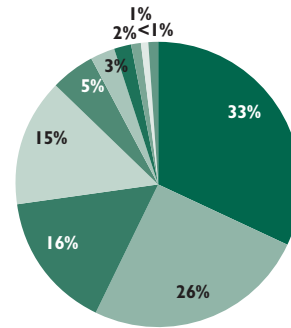
◆ Child maltreatment frequently co-occurs with other adverse childhood experiences (ACEs) such as poverty, homelessness, community violence, parental substance abuse, domestic violence, and/or parental mental illness. Exposure to multiple ACEs as a child can have overwhelming long-term negative consequences.<sup>9</sup>

**Indicated Allegations of Child Abuse/Neglect by Type, Children Under Age 3, Rhode Island, 2018**



77% (994) ■ Neglect  
 19% (251) ■ Physical Abuse  
 3% (40) ■ Physical Neglect\*\*  
 <1% (6) ■ Institutional Abuse & Neglect  
 <1% (1) ■ Sexual Abuse  
*n=1,292\**

**Indicated Allegations of Neglect by Type, Children Under Age 3, Rhode Island, 2018**



33% (421) ■ Lack of Supervision  
 26% (337) ■ Exposure to Domestic Violence  
 16% (203) ■ Drug/Alcohol Abuse  
 15% (199) ■ Unspecified Other  
 5% (60) ■ Neglect Resulting in Physical Injuries  
 3% (33) ■ Inadequate Shelter  
 2% (20) ■ Excessive Discipline  
 1% (12) ■ Medical Neglect  
 <1% (1) ■ Sexual Abuse  
 <1% (6) ■ Specific Other Small Categories\*\*\*  
*n=1,292\**

Source: Rhode Island Department of Children, Youth, and Families, Rhode Island Children's Information System (RICHIST), 2018. Percentages may not sum to 100% due to rounding. \*The total refers to indicated allegations of neglect. Some children were victims of neglect more than once. Multiple allegations may be involved in each indicated investigation. \*\*Physical Neglect is neglect that results in a physical injury to the child. \*\*\*Specific Other Small Categories include: poisoning/noxious substances (1), tying/close confinement (2), and failure to thrive (3).

- ◆ Maltreatment can include neglect, emotional abuse, physical abuse, medical neglect, or substance abuse, and children can experience more than one type of maltreatment in a single investigation.<sup>10</sup>
- ◆ In 2018, 77% of indicated allegations of maltreatment for children under age three were classified as neglect, 19% were classified as physical abuse, 3% were classified as physical neglect, and less than 1% were classified as institutional abuse/neglect or sexual abuse.<sup>11</sup>
- ◆ In 2018 in Rhode Island, the most common types of child neglect for children under age three were lack of supervision (33%) and exposure to domestic violence (26%).<sup>12</sup>
- ◆ Many parents at risk of child abuse and neglect lack essential parenting skills and are struggling with a combination of social and economic issues. These families can benefit from programs that enhance social supports, parental resilience, and knowledge of parenting and child development. In addition, providing access to child care, early childhood learning programs, and evidence-based home visiting programs to families with multiple risk factors can prevent the occurrence and recurrence of child abuse and neglect.<sup>13,14,15</sup>

## Maltreated Children Under Age Three

- ◆ In Rhode Island in 2018, there were 3,505 children who were victims of child abuse and neglect, 24% (856) of whom were under the age of three.<sup>16</sup>
- ◆ Of the 856 children under the age of three who experienced maltreatment in Rhode Island in 2018, 372 were under age one, 260 were age one, and 224 were age two.<sup>17</sup>

## Infants and Toddlers in Out-of-Home Placement

- ◆ In Rhode Island on December 31, 2018, there were 2,200 children in out-of-home placement, 21% (470) of whom were under age three.<sup>18</sup>
- ◆ Of the 470 children under age three in out-of-home placement, 177 were under age one, 175 were age one, and 118 were age two.<sup>19</sup>

### Child Fatalities and Near Fatalities

- ◆ The effects of child abuse and neglect are serious, and a child fatality is the most devastating outcome. During FFY 2017, an estimated 1,720 children died from abuse and neglect nationally.<sup>20</sup>
- ◆ **DCYF Child Fatality and Near Fatality Reporting:**

In accordance with federal and state law, the Director of the Rhode Island Department of Children, Youth & Families (DCYF) must report the confirmed fatality or near fatality of a child under the supervision of the Department, resulting from abuse or neglect, to the Office of the Child Advocate (OCA) within 48 hours.

  - ◆ DCYF defines a child fatality as the death of any child in which maltreatment is confirmed to be a contributing factor and a near fatality means that a child was placed in serious or critical condition as a result of abuse or neglect.
  - ◆ The Director of DCYF or designee will schedule an administrative meeting to gather all related information and review the incident.
  - ◆ During 2018, DCYF publicly reported six near fatalities. Five of the six children reported were under the age of three. Their ages ranged from two months old to two years old.<sup>21,22</sup>
- ◆ **OCA Child Fatality and Near Fatality Reporting:**

In 2016, the Governor expanded the OCA's review and reporting of child fatalities and near fatalities. The OCA is responsible for convening the Child Fatality Review Panel to review the circumstances of the case and develop recommendations to impact the type of systemic change necessary to ensure all children involved with DCYF are safe.

Criteria for OCA review of any child fatality or near fatality include:

  - ◆ The child was in the care of DCYF or the child's family had recent contact with DCYF;
  - ◆ A sibling, household member, or child care provider has been the subject of a child abuse and neglect investigation within the last 12 months; or
  - ◆ If the fatality or near fatality was found to be the result of abuse or neglect.<sup>23,24</sup>

## Substance-Exposed Newborns

- ◆ The federal *Comprehensive Addiction and Recovery Act (CARA)* of 2016 addressed the issue of opioid addiction in the United States. Included in *CARA*'s provisions is the amendment of the *Child Abuse Prevention and Treatment Act (CAPTA)* regarding provisions around plans of safe care and the creation of a national clearinghouse to provide information on best practices relating to the development of safe care plans. The *Infant Plan of Safe Care Improvement Act* was intended to strengthen state compliance and processes related to the development of a safe care plan for newborns affected by Fetal Alcohol Spectrum Disorder, substance abuse, or symptoms of withdrawal.<sup>25</sup>
- ◆ In response to the *CAPTA* amendment, legislation was signed into law in Rhode Island in 2017 requiring all health care providers to contact the DCYF Child Protective Services Hotline when there is a case involving a newborn affected by prenatal substance exposure to illicit, non-prescribed, or unknown substances. Health care providers should also call the hotline in cases where a newborn is affected by prenatal substance exposure due to prescribed medication and there are concerns about child safety. At the time of discharge from the hospital, a Plan of Safe Care is completed by the hospital health care provider for every newborn affected by exposure to substances to address services and supports necessary for the health and well-being of the newborn and caregivers.<sup>26,27,28</sup>

## National Safe Babies Court Project

- ◆ ZERO TO THREE's national Safe Babies Court Team (SBCT) Project aims to increase awareness among child welfare professionals about the negative impact of abuse and neglect on young children and transform local systems to prevent future court involvement and improve outcomes in the lives of very young children. Safe Babies Court Teams (SBCTs) engage with families and ensure timely access to services to help parents learn how to support the healthy development of their children. Thirteen states have implemented the national SBCT model. The Rhode Island Safe and Secure Baby Court was adapted from this national model.<sup>29</sup>
- ◆ The Safe Babies Court Team Project follows 12 core components to meet the needs of infants and toddlers in the child welfare system.
  1. Judicial leadership
  2. Local community coordinator
  3. Active court team focused on the big picture
  4. Targeting infants and toddlers under the court's jurisdiction
  5. Valuing birth parents
  6. Concurrent planning and limiting placements
  7. Foster parent intervention: mentors and extended family
  8. Pre-removal conferences and monthly family team meetings
  9. Frequent family time (visitation) with birth parents
  10. Continuum of mental health services
  11. Training and technical assistance
  12. Understanding the impact of our work<sup>30</sup>
- ◆ Compared to their peers in the general foster care population, children of parents involved with SBCT's across the nation are reaching permanency three times faster, and two-thirds achieve permanency with a family member.<sup>31</sup>

## Rhode Island Family Court: Safe and Secure Baby Court (SSBC)

- ◆ In March 2017, the Rhode Island Family Court initiated the Safe and Secure Baby Court (SSBC) pilot to support young, first-time parents of infants birth to age 12 months. This project was informed by the collective knowledge and expertise of representatives from the Rhode Island Association for Infant Mental Health, the Department of Health, and court staff about the best strategies for addressing intergenerational child abuse. The supports and services provided to parents through the SSBC help young parents by focusing on safety and attachment between parents and baby. One of the goals of the SSBC is to break the generational cycle of child welfare involvement for young parents with a history of involvement in the child welfare system. The SSBC combines rapid referrals with tailored case plans, frequent visitation between parents and children, and frequent court reviews in order to support, safely reunify, and close cases as efficiently as possible.<sup>32</sup>
- ◆ Special features of the SSBC include: voluntary participation; immediate referral to the Brown Center for Infant/Parent Assessments; incremental and flexible case plans tailored to the family's needs; court reviews every two weeks; a minimum of three visits per week for parents and babies; care coordinators provided by the court to assist with referrals to community resources; foster parent invitations to attend court hearings, host visits, and serve as mentors to new parents; and dedicated staffing, including one judge who hears all cases.<sup>33</sup>
- ◆ The Rhode Island Family Court uses existing resources, including recommending participation in evidence-based home visiting programs that address family challenges and support positive child development to ensure that services continue after case closure. Parents involved in the SSBC also are able to access donated diapers, baby supplies, and books directly from the Family Court on their court dates to assist with the financial costs of a new baby.<sup>34</sup>
- ◆ As of March 21, 2018, 38 cases were referred to the SSBC by Family Court judges, magistrates, attorneys, and DCYF. Of those referrals, 26 intakes were completed and 19 parents were enrolled. On average, parents who successfully completed the SSBC were 26 years old and were involved in the SSBC for an average of 3.2 months before case closure. In addition to tracking outcomes in Family Court, DCYF is tracking subsequent DCYF involvement for three years post-closure. As of November 2018, all cases that successfully closed to the SSBC have not had any further DCYF involvement.<sup>35</sup>
- ◆ In its second year of implementation, the SSBC has expanded the eligibility requirements on a case-by-case basis to include young parents age 17 and older, parents with other children who are not open to DCYF at the time of intake, and parents with babies over the age of 12 months.<sup>36</sup>

### Pivot to Prevention

- ◆ In April of 2018, the Rhode Island Department of Children, Youth & Families (DCYF) announced a new operational direction, Pivot to Prevention focused on prevention efforts to support vulnerable children and families with a special focus on inequities in supports available to children and families of color, mental health, family violence, substance abuse issues, and poverty.
- ◆ In partnership with the Rhode Island Department of Health (RIDOH), DCYF is working to identify all children birth to age three who have been identified as victims in indicated cases of abuse and/or neglect and refer them in a timely manner to Early Intervention or other supportive services as appropriate. DCYF and RIDOH will develop policy and practices that support children who are known or at risk of involvement in the child welfare system to streamline access to programs such as First Connections, Early Intervention, Family Home Visiting, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) services.

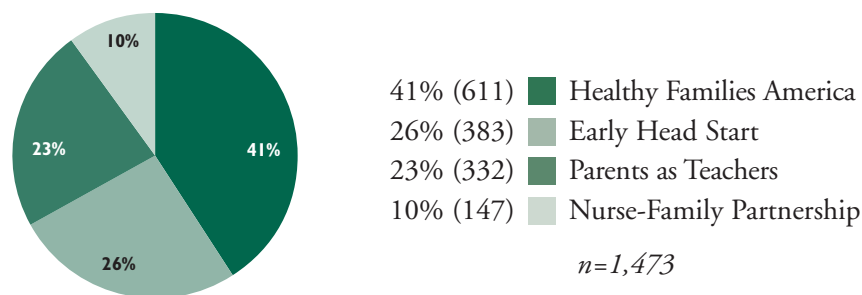
Sources: DCYF slides from *A Family for Every Child Luncheon*, April 30, 2018 and State of Rhode Island and Providence Plantations, Executive Summary, FY 2020.

## Policies & Programs for Infants and Toddlers That Prevent & Reduce the Negative Impact of Child Maltreatment

### Evidence-Based Home Visiting

- ◆ Research shows that well-designed and well-implemented home visiting program models help to prevent and reduce child maltreatment and can reduce child fatalities from abuse and neglect. In addition, evidence-based home visiting programs can improve the health of mothers and their children, strengthen parenting skills, and improve school readiness.<sup>37,38</sup>
- ◆ In Rhode Island, there are four major evidence-based home visiting models serving families. Three (Healthy Families America, Nurse-Family Partnership, and Parents as Teachers) are coordinated and funded through the Rhode Island Department of Health and another (Early Head Start) is funded directly by the federal government.<sup>39,40</sup>

### Enrollment in Evidence-Based Home Visiting Programs, Rhode Island 2017



- ◆ Home visiting programs in Rhode Island serve children and families in the child welfare system, including infants and toddlers in foster care and pregnant and parenting mothers with a history of involvement in the child welfare system either as a parent or as a child themselves.<sup>41,42</sup>

### Paid Family Leave

- ◆ Parents need paid time off work to meet the intense caregiving needs and to foster strong, responsive relationships with a new child. These strong relationships are the building blocks of children's brain development. Taking time off work to care for a new child is associated with improved parent-child interactions and secure attachment. Secure attachment to at least one primary caregiver is central to a child's social-emotional development and is a predictor of positive development in childhood.<sup>43,44</sup>
- ◆ Paid family leave also reduces maternal depression, child maltreatment, and infant mortality. A study in California found that implementation of a state paid family leave program reduced hospital admissions for pediatric abusive head trauma among infants and toddlers.<sup>45</sup> Experts recommend that new parents take at least 12 weeks of leave, and some recommend six to 12 months of paid leave to care for an infant, which is common practice in European countries.<sup>46,47,48</sup>
- ◆ Rhode Island's paid family leave program, called Temporary Caregivers Insurance (TCI) and funded through employee contributions, enables new parents (through birth, foster care, or adoption) to take up to four weeks of leave with 60% wage replacement before returning to work. In 2017, 4,968 parents took TCI paid family leave to care for a new child, 98% of which were for a newborn child and 2% were for a foster, adopted, or other child. Data indicates that low-wage workers in Rhode Island are less likely to use TCI than higher wage workers perhaps due to difficulties covering basic living expenses with reduced family income.<sup>49</sup>

## Center-Based Early Head Start & High-Quality Child Care

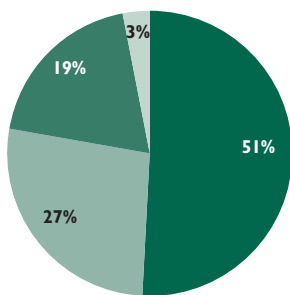
- ◆ High-quality child care and center-based Early Head Start programs provide consistent, nurturing care and enriching learning experiences for infants and toddlers and their families. Evidence indicates that the Early Head Start program, in particular, can reduce the incidence of child abuse and neglect even after the family completes the program. Early Head Start focuses on improving both child development and family development with attention to developing positive parenting practices and addressing family health and well-being.<sup>50</sup> In Rhode Island in 2017, there were 258 infants and toddlers enrolled in center-based Early Head Start programs.<sup>51</sup>
- ◆ Partnerships between Early Head Start and child care providers can increase access to high-quality early learning experiences by providing additional funding, support, and resources not available through state child care subsidy systems.<sup>52</sup>
- ◆ DCYF funds child care subsidies to help working foster parents cover the high costs of child care. As of December 2018, 37% of the children receiving a child care subsidy through DCYF were under age three.<sup>53</sup>

## Early Intervention

- ◆ Early Intervention (EI) services are available for infants and toddlers who have developmental delays or a diagnosed condition that is associated with a developmental delay. States may also choose to serve children who are at risk of experiencing a delay. Rhode Island EI eligibility criteria allows children with significant circumstances, including a history of child abuse or neglect, to be determined eligible through informed clinical opinion. Because research has shown that infants and toddlers who have been maltreated are likely to have a developmental delay and many experience attachment disorders or altered brain development, the federal *Child Abuse Prevention and Treatment Act (CAPTA)* requires states to develop procedures to refer children under age three involved in substantiated cases of child abuse or neglect to EI.<sup>54,55,56,57</sup>
- ◆ In 2017 in Rhode Island, there were 902 infants and toddlers under age three who were maltreated. Of these, 461 (51%) were referred to First Connections for screening, 248 (27%) were referred directly to Early Intervention for an eligibility assessment, 167 (19%) refused consent for referral or were not referred, and 26 (3%) were already enrolled in EI or screened previously. Of the 902 victims of maltreatment in 2017, 274 referrals were received by Early Intervention. Of those referred to EI, 169 (62%) were found eligible for EI; this is 19% of all victims of maltreatment under age three.<sup>58,59</sup>

### Maltreated Infants & Toddlers and Early Intervention, Rhode Island 2017

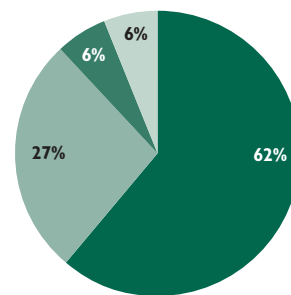
Referrals for Screening or Eligibility



51% (461) ■ First Connections Screening  
 27% (248) ■ Early Intervention Assessment  
 19% (169) ■ Parent Refused/No Referral  
 3% (26) ■ Already Enrolled/Screened

*n*=902

Eligibility Determination



62% (169) ■ Determined Eligible  
 27% (73) ■ In Process  
 6% (16) ■ Determined not Eligible  
 6% (6) ■ Other

*n*=274

Source: Rhode Island Department of Children, Youth, and Families and Rhode Island Executive Office of Health & Human Services, Calendar Year 2017.

## Recommendations

- ◆ **Prevent and reduce child abuse and neglect** by expanding the use of evidence-based and trauma-informed programming for young children and families at risk of becoming involved with the child welfare system.
- ◆ **Through the Safe and Secure Baby Court and other mechanisms at DCYF, ensure infants and toddlers who have been maltreated receive:**
  - ◆ Parent and family services and supports that **address family and parent trauma, mental health, substance abuse, and domestic violence issues**. Parent-child relationship therapy is also an essential service for most young children who have been neglected or abused.
  - ◆ **Expedited permanent placement in a safe, stable, and loving home** with consistent, nurturing parents/caregivers. Policies to promote permanency include: supportive programs for biological parents, frequent visitation with biological parents when in out-of-home placement, and concurrent planning for placement with more than one good choice.
  - ◆ Attention to **medical care** and physical health and participation in **high-quality early childhood programs and services** to promote positive development and learning.
- ◆ Provide in-depth **training on the unique developmental needs of maltreated infants and toddlers** to Family Court judicial leaders and staff, court-appointed advocates, child welfare leaders, supervisors, and caseworkers, and direct service providers
- ◆ **Ensure services and supports are routinely provided to birth, foster, and adoptive families**. When children are reunified with biological parents ongoing services to address the factors that brought the families to the child welfare system in the first place – poverty, homelessness, substance abuse, mental health problems, domestic violence, and/or little or no social support available in times of stress – are usually needed for long-term success.
- ◆ **Ensure that DCYF has adequate funding** to support very young children and their families who enter the child welfare system.

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#### *Rhode Island KIDS COUNT Staff*

*Elizabeth Burke Bryant*, Executive Director  
*Stephanie Geller*, Deputy Director  
*Leanne Barrett*, Senior Policy Analyst  
*Dorene Bloomer*, Finance Director  
*Jennifer Capaldo*, Program Assistant  
*Katy Chu*, Communications Manager  
*Jessy Donaldson*, Fund Development/  
Research Analyst  
*Kara Foley*, Policy Analyst  
*W. Galarza*, Executive Assistant/  
Office Manager  
*Devan Quinn*, Policy Analyst  
*Pamela Stolz*, Intern, Rhode Island College

#### Rhode Island KIDS COUNT

One Union Station  
Providence, RI 02903  
401-351-9400  
rikids@rikidscount.org  
www.rikidscount.org



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