

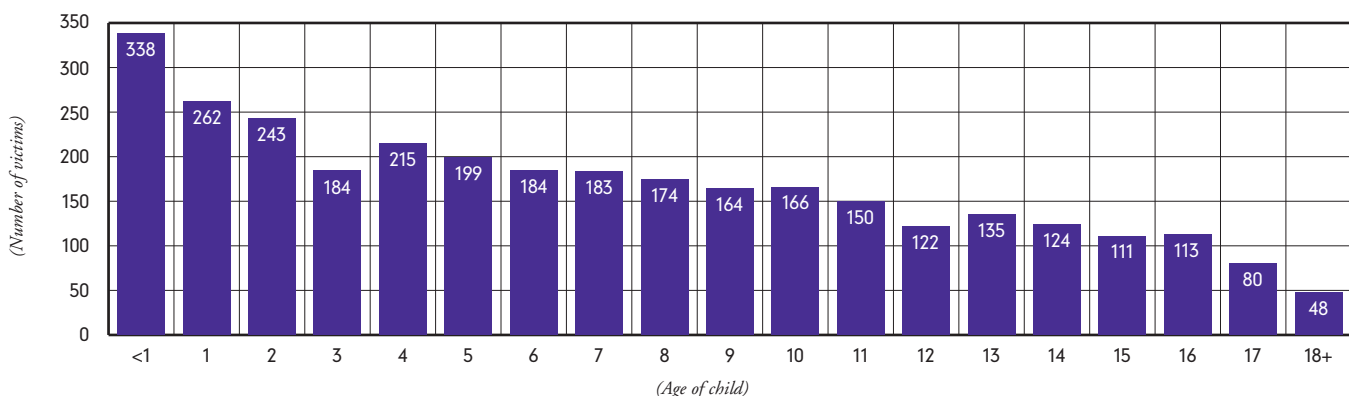
CHILD WELFARE FACT SHEET

September 2016 Update

FOCUS ON YOUNG CHILDREN IN THE CHILD WELFARE SYSTEM

Nationally and in Rhode Island, young children are at an increased risk for child maltreatment compared with older children. In Rhode Island in 2015, children under age 6 represented 45% of all victims of child abuse and neglect.^{1,2} Nationally, infants and toddlers represent the largest age group entering foster care each year.³ Since 2002, the U.S. child welfare system has seen a one-third reduction in the numbers of children ages 6 to 15 entering foster care, while the numbers of infants and toddlers entering foster care has stayed the same or increased slightly.⁴ Infants and young children are victims of all types of abuse, but are more likely to experience neglect than physical, sexual, or emotional abuse.⁵

CHILD ABUSE AND NEGLECT BY AGE OF VICTIM, RHODE ISLAND, 2015



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2015. Data represent an unduplicated count of child victims. The number of victims is higher than the number of indicated investigations. One indicated investigation can involve more than one child victim.

POSITIVE EARLY EXPERIENCES ARE CRITICAL TO HEALTHY DEVELOPMENT

An expanding body of research shows that young children are especially vulnerable to the negative impacts of abuse and neglect.⁶ During the first years of life, children's brains develop rapidly as they acquire the abilities to think, speak, learn, and reason. The brain is highly malleable during this period and easily shaped by its environment. Early childhood

experiences, both positive and negative, have a profound influence on the brain's physical development.^{7,8,9}

Secure, trusting relationships with caregivers beginning in infancy and continuing through early childhood are critical for healthy social, emotional, and cognitive development.^{10,11,12} Young children who do not form healthy attachments to parents or caregivers are

at an increased risk for a host of negative outcomes including delays in learning, relationship dysfunction, and difficulty regulating emotions.

The sudden separation from parents that occurs when a child is placed into foster care and multiple placements while in foster care can compound developmental problems.¹³

EVIDENCE-BASED HOME VISITING

Federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding facilitates the implementation and expansion of evidence-based home visiting programs to improve health and development outcomes for vulnerable children. MIECHV funds proven home-visiting programs that

demonstrate measurable improvements in child and family well-being, including the prevention of child abuse and neglect.¹⁴ Several high-quality, intensive home visiting programs have shown documented results in improving parenting practices, families' home environment, and child

development, and reducing child abuse and neglect.¹⁵ Rhode Island has received competitive funding from MIECHV to support three evidence-based programs: Healthy Families America (850 slots), Nurse-Family Partnership (200 slots), and Parents as Teachers (350 slots).¹⁶

Recommendations:

- Work to prevent child abuse and neglect by strengthening conditions that promote the healthy development of young children including providing economic support to families, improving early learning opportunities, and increasing access to health care including prenatal care.
- Ensure access to evidence-based home visiting programs proven to reduce child maltreatment, improve parenting practices, and promote the healthy development of young children.
- Provide effective, high-quality home-based family support services when children under the supervision of the Rhode Island Department of Children, Youth and Families (DCYF) can be safely maintained in their homes.
- Continue collaboration among the Rhode Island Department of Health, Rhode Island Department of Children, Youth and Families and Rhode Island Department of Human Services to identify families as early as possible who could benefit from evidence-based home visiting.
- Ensure implementation of the *Getting to Kindergarten* initiative connecting maltreated children ages birth to five to a continuum of early childhood services, including Early Intervention, Family Home Visiting, Early Head Start, and high-quality child care.
- Minimize the number of placements experienced by infants and toddlers in DCYF care to support healthy attachment to caregivers.
- Ensure that young children in foster care whose permanency plan includes reunification have frequent, quality contact with their birth parents.
- Ensure all victims of child abuse and neglect under age three are referred to Early Intervention as required under federal law. Early Intervention provides services to children under age three who are developmentally delayed or have a diagnosed condition that is associated with a developmental delay. Infants and toddlers who have been maltreated are six times more likely to have a developmental delay than the general population.¹⁷

References:

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^{2,5} DeVooght, K., McCoy-Roth, M., & Freundlich, M. (2011) Young and vulnerable: Children five and under experience high maltreatment rates. *Early Childhood Highlights*, 2(2). Washington DC: Child Trends.

^{3,7,12,13} American Humane Association, Center for the Study of Social Policy, Child Welfare League of America, Children's Defense Fund, & Zero to Three. (2011). *A call to action on behalf of maltreated infants and toddlers*. Retrieved October 1, 2014, from www.zerotothree.org

⁴ *Ensuring safe, nurturing and permanent families for children: Foster care reductions and child safety*. (2011). Seattle, WA: Casey Family Programs.

^{6,11} Child Welfare Information Gateway. (2015). *Understanding the effects of maltreatment on brain development*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

^{8,10} *InBrief: The impact of early adversity on children's development*. (n.d.). Cambridge, MA: Center on the Developing Child, Harvard University. Retrieved October 1, 2014, from www.developingchild.harvard.edu

⁹ *Making the case for early childhood intervention in child welfare*. (2013). Seattle, WA: Casey Family Programs.

¹⁴ Health Resources and Services Administration. (n.d.). *Maternal, Infant, and Early Childhood Home Visiting Program*. Washington, DC: U.S. Department of Health and Human Services. Retrieved October 1, 2014, from mchb.hrsa.gov

¹⁵ Zimmerman, F. & Mercy, J. A. (2010). *A better start: Child maltreatment prevention as a public health priority*. Washington, DC: Zero to Three.

¹⁶ Rhode Island Department of Health, August 29, 2016.

¹⁷ Gebhard, B. (2009). *Early experiences matter: A guide to improved policies for infants and toddlers*. Washington, DC: Zero to Three.



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