Infants and Toddlers in the Child Welfare System in Rhode Island

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#ThinkBabies
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A special thank you to

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Child Maltreatment in Rhode Island

- Very young children are more likely to experience abuse and neglect than older children.
- In 2018, there were 856 children under age 3 who were substantiated victims of child maltreatment.
- Nearly 1 in 4 victims of child abuse and neglect (24%) are under age 3.
Infant Mental Health

- Babies need an extended period of time with at least one consistent, nurturing caregiver to develop basic brain architecture.
- Infants and young children who can form close and secure relationships with parents and other people learn to manage their emotions so they can explore the environment.
- Child abuse and neglect in the first 3 years of life often disrupts the development of trusting, secure relationships.
- Infants and toddlers who have experienced abuse or neglect require special attention to get on track for positive development.
Most Maltreatment of Very Young Children is Neglect

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*
Fatalities and Near Fatalities

• Every day, 4 to 8 children in the United States die from abuse or neglect.

• Nationally, most of the children who die are infants or toddlers. Approximately half are under age 1 and three-quarters are under age 3.

• In Rhode Island in 2018, there were 6 near fatalities of children involved in the child welfare system and/or resulting from abuse or neglect – 5 were children under the age of 3.
Substance-Exposed Newborns

• Significant prenatal exposure to alcohol and drugs can be considered maltreatment.

• In 2016, new federal legislation required states to develop Plans of Safe Care for newborns affected by Fetal Alcohol Spectrum Disorder, substance abuse, or symptoms of withdrawal.

• In 2017, Rhode Island passed legislation requiring all health care providers to contact DCYF to report cases involving a newborn affected by prenatal substance exposure to illicit, non-prescribed, or unknown substances. Reports are also encouraged for prescribed medicine if there are concerns about a child’s safety.

• Plans of Safe Care are completed by hospital health care providers to connect families to services and supports.
Infants and Toddlers in Foster Care

• On December 31, 2018, there were 470 children under age 3 in Rhode Island who were in out-of-home placement, **21% of all children in out-of-home placement**.

• Foster parents often become primary attachment figures. **Stable placements** are essential.

• Foster parents should be encouraged and supported to provide love and attention “as if the child were their own.”

• When reunification is planned, **frequent, collaborative, and supportive visits** with biological parent(s) are needed. Emotional needs of both the biological parents and foster parents must be addressed to facilitate collaboration.
National Safe Baby Court Model

• National model developed by Zero to Three in 13 states.
• Led by judges who oversee child maltreatment cases, children 0 to 3 and their families receive focused attention.
• Unlike typical foster cases with hearings every 3 to 6 months, Safe Baby Court meets at least once a month.
• Compared to their peers, children of parents involved are reaching permanency 3 times faster, and two-thirds achieve permanency with a family member.
Rhode Island’s Safe & Secure Baby Court

• Adaption of the national Safe Baby Court model developed by RI Family Court, the RI Association for Infant Mental Health, and the RI Department of Health.

• **Key components:**
  – One Judge and dedicated family court staffing
  – Families participate voluntarily
  – Initial eligibility: parent 18 or older, only one child, child under age 12 months
  – Tailored case plans with use of evidence-based home visiting programs and other resources
  – Frequent visitation between parent and child (minimum of 3 visits per week)
  – Frequent case reviews (every two weeks)
Rhode Island’s Safe & Secure Baby Court: Outcomes and Expansion

• As of November 2018, 17 of the 19 cases (89%) that have closed have not had any further DCYF involvement.

• Expansion in second year to include younger parents (age 17 or older), parents with other children in family as long as they are not open to DCYF, and parents with babies over age 12 months.
Pivot to Prevention

• Rhode Island’s effort to support vulnerable children and families to prevent child maltreatment with a special focus on children and families of color, mental health, family violence, substance abuse, and poverty.

• Cross-agency efforts to support children who are at-risk of child welfare involvement or already involved in the child welfare system by streamlining access to services such as First Connections, Early Intervention, Family Home Visiting, and WIC.
Evidence-Based Home Visiting

- Help prevent and reduce child maltreatment.
- Improve the health of mothers and their children, strengthen parenting skills, and improve school readiness.

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

- 41% (611) Healthy Families America
- 26% (383) Early Head Start
- 23% (332) Parents as Teachers
- 10% (147) Nurse-Family Partnership

n=1,473
Paid Family Leave

- Promotes the development of strong, responsive caregiving and secure attachment.
- Reduces maternal depression, child maltreatment, and infant mortality.
- Improvements to Rhode Island’s paid family leave program are needed to ensure access for low-wage workers and to extend weeks available.
Early Head Start & Child Care

- Stable, consistent nurturing care is needed for all young children.
- DCYF pays for child care for working foster parents through the Child Care Assistance Program.
- The Early Head Start model has been shown to reduce child abuse and neglect.
- Partnerships between Early Head Start and child care programs are promising strategies to improve the quality of infant/toddler child care.
Early Intervention

- Provides coaching to families and connections to resources to promote positive development and address developmental delays and difficulties.
- Rhode Island recognizes maltreatment as a significant circumstance allowing children to be determined eligible for EI even without a diagnosed condition or significant delay.
- Federal law requires all maltreated infants and toddlers to be screened or referred to EI.
Recommendations
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- Prevent and reduce child abuse and neglect among families at risk for involvement in the child welfare system

- Ensure that 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.
  - Promote and expedite permanent placement: support biological parents, facilitate supportive and frequent visitation, concurrent planning (at least 2 good options for permanency)
  - Strong medical care
  - Facilitate participation in high-quality early childhood programs
Recommendations

• Provide **in-depth training on the unique developmental needs of maltreated infants and toddlers** to Family Court judicial leaders and staff, child welfare leaders, supervisors, caseworkers, and direct care providers.

• Routinely provide post-permanency **support to birth, foster, and adoptive families**.

• Ensure that DCYF has **adequate funding**.