



# WELL-BEING

## ASSESSING THE NEEDS OF YOUNG CHILDREN IMPACTED BY ABUSE AND NEGLECT



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### WHY IT MATTERS

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Early childhood is a foundational period of development. When that development is derailed by trauma, abuse and/or neglect, it can have long-term, negative consequences for the child. Intervening as early as possible to prevent and support healthy development is key. Unfortunately, infants and toddlers comprise a disproportionate number of children who are abused and neglected and removed from their families. Some estimates suggest that this group makes up as much as one-fourth to one-third of the foster care population.<sup>1</sup> Infants and toddlers are also more likely to experience recurrent maltreatment and remain in out-of-home care longer than older children.<sup>2</sup>

Many young children and their 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 struggle with mental health

issues, domestic violence, poverty, substance abuse or a combination of any of these issues. What is known is that when

**Ensuring that young children receive the most effective interventions begins with assessing them early.**

quality early intervention is provided to young children in need, the return on investment is significant. A recent economic analysis estimates the national lifetime costs of maltreatment as \$124 billion for maltreatment occurrences in a one-year period.<sup>3</sup> Ensuring that young children receive the most effective interventions begins with assessing them early and often.

The *Keeping Children and Families Safe Act of 2003* (P.L. 108-36), required States to develop “provisions and procedures for referral of a child under age three

who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the *Individuals with Disabilities Education Improvement Act*.<sup>4</sup> Although it varies from state to state, the following are the basic steps in the early intervention process:<sup>5</sup>

1. **Referral:** A child under the age of three is referred to Part C because of a possible developmental delay or disability. Many states require that all infants and toddlers in foster care be referred due to the known impact of abuse and/or neglect on early development.
2. **Eligibility determination:** The lead agency (the agency administering the assessments) has 45 days to make eligibility determinations and to hold the initial Individualized Family Service Plan (IFSP) meeting. It is during this stage that a screening, evaluation or assessment will be conducted. States have the option to screen a child to determine if the child is suspected of having a developmental delay before moving on to evaluation. If the child has a known disability (e.g., Down syndrome) they will be automatically eligible for services. For those children without a known disability who were NOT screened out in the earlier step, they receive a complete evaluation. If the evaluation determines the child is eligible, two assessments are conducted: 1) a multidisciplinary assessment to determine the child's unique strengths and needs and which services may be appropriate and 2) a family-directed assessment that focuses on supports and services the family may require to meet the developmental needs of the child.
3. **Initial Individual Family Service Plan (IFSP):** The IFSP is a written plan that lays out the functional

outcomes for the child and family and describes the services that will be provided to the child and family. If possible, caregivers for the child as well as birth parents should attend this meeting together.

4. **Services:** Early learning services are provided that meet the identified functional child outcomes and the family's identified concerns and priorities. For a complete list and description of early intervention see the Part C regulations<sup>6</sup> and *Early Interventions Issue Brief*.<sup>7</sup>
5. **IFSP review and renewal.** At least every six months, the IFSP team reviews the plan to determine the degree of progress that has been made and whether any revisions are necessary.
6. **Transition plan and exit:** A transition plan must be included in the child's IFSP not fewer than 90 days and, at the discretion of all parties, not more than nine months before the child's third birthday. If the child is still eligible for services past age three, they will move away from Part C of the IDEA to Part B. If the child is assessed to no longer have need for services, they are exited from the program.

The benefits of Part C for young children who are child welfare involved are primarily in the State's capacity to provide IFSP services; help States provide family-centered services that safely maintain children in their own homes, and in turn promote prevention of removal, reunification and stabilize placements. Most jurisdictions now recognize the importance of early interventions and have put in place policies to ensure that young children who come to the attention of child welfare and/or are placed in foster care, are appropriately assessed. For a listing of specific assessments, see "Selected Resources."

## ADVOCATES IN ACTION

*Research has consistently found a high need for early intervention and early childhood education services among young children in foster care as a result of their developmental, emotional and behavioral problems.*

### ACTIONS

- **Learn how your State and local child welfare system ensures that appropriate early intervention services are available to all eligible infants and toddlers** including those who are in foster care, in the custody of a public child welfare agency, or otherwise considered a ward of the State.
- **Inquire how Part C services are being administered and utilized for all eligible children.** Learn how Child Find systems are being used to identify, locate, and evaluate children needing early intervention services. A lead agency (usually associated with the Department of Education but may vary State to State) must coordinate Child Find activities with other programs, including child protection and foster care.
- **For children zero to three, review all assessment results to understand their developmental strengths and gaps.** If they are eligible based on assessment results, ensure that their needs are being met through the Part C steps identified in this brief.
- **Find out who the Early Intervention (EI) coordinator is** as this person is generally responsible for helping families and child welfare professionals navigate the eligibility process, design an IFSP and ensure needed services are provided.
- **Attend trainings on child development, referring children to the Early Intervention Program (EIP), and working with the EIP** especially if a majority of children you work with are zero-to-three years of age. Many of your child welfare and court colleagues may have limited training in identifying the developmental needs of children in foster care and Part C services. You can provide important advocacy and education to this issue with a better understanding through training opportunities.
- **Find out whether there is a State Interagency Coordinating Council (ICC) to advise and assist the lead agency in implementing the Part C program.** The ICCs generally include representatives from various State agencies including the State child welfare agency. At least 20 percent of the members of ICCs must be parents of children with disabilities. Advocate that at least some of these parents be caregivers, birth parents and/or kinship providers of children placed in foster care.
- **Participate in meetings and/or encourage meetings** with your child welfare colleagues to determine if caregivers (birth and foster parents) would benefit from early intervention services that help them manage the stress of parenting. See the Issue Brief, *Early Intervention Services in Child Welfare*.

## BRIGHT SPOT

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### EARLY CHILDHOOD PROJECT

#### ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS) AND ERIKSON INSTITUTE

The *Early Childhood Project*, is a collaboration between the Illinois Department of Children and Family Services (DCFS) and the Erikson Institute which serves children, most of whom are younger than five and have become involved with the child-welfare system because of abuse and neglect. The Erikson Institute's developmental specialists focus on interrupting patterns of abuse and are experts in understanding the needs of young children who have experienced significant trauma. They also support DCFS in making crucial decisions that affect the lives of young children and their families.

One of the goals of the project is to ensure that all children in care, birth to four, receive developmental and social-emotional screenings to identify at-risk behaviors and refer them to Early Intervention and mental health services as soon as possible. The project also works to support child welfare professionals by offering training and consultation around the needs of young children.

A companion piece to the *Early Childhood Project* is the DCFS School Readiness Initiative which ensures that children in care aged three to five are enrolled in a quality early childhood education program so that they enter kindergarten ready to learn. The School Readiness team:

- Works with caseworkers to reduce or eliminate barriers to enrollment;
- Provides caseworkers with early education options;
- Assesses and identifies children receiving early intervention services;
- Assists with transition into an education program, and...
- Tracks early childhood education enrollment data Statewide.

To learn more:

<https://www.erikson.edu/services/early-childhood-project-illinois-department-children-family-services/>

## SELECTED RESOURCES

### AMERICAN ACADEMY OF PEDIATRICS, *EARLY CHILDHOOD SCREENING TOOLS*

The American Academy of Pediatrics has identified three valid, reliable, and specific early childhood screening tools for assessing the developmental progress of young children. They are:

Name	Description
<a href="#">Ages and Stages Questionnaire<sup>8</sup></a>	<p>The ASQ-3 is a series of 21 parent-completed questionnaires designed to screen the developmental performance of children in the areas of communication, gross motor skills, fine motor skills, problem solving, and personal-social skills. The age-appropriate questionnaire is completed by the parent or caregiver.</p>
<a href="#">Child Development Inventories<sup>9</sup></a>	<p>The Child Development Inventory (CDI), completed by parents at home, assesses the development of social, self-help, motor, language, letter and number skills, and presence of symptoms and behavior problems of children between the ages of 15 months and five years.</p>
<a href="#">Parents' Evaluation of Developmental Status (PEDS)<sup>10</sup></a>	<p>Parents' Evaluation of Developmental Status (PEDS) is an evidence-based method for detecting and addressing developmental and behavioral problems in children aged from birth to seven years and 11 months. PEDS is a 10-item questionnaire that is completed by the parent and/or caregiver.</p>

## OTHER RESOURCES

Name	Description
<p><a href="#">Department of Health and Human Services, ACF, Children’s Bureau, CAPTA, Assurances and Requirements, Referrals to IDEA, Part C</a><sup>11</sup></p>	<p>This site provides the policies and provisions around Part C services with particular attention to infants and toddlers who have been placed in out-of-home care and/or referred to CPS.</p>
<p><a href="#">Department of Health and Human Services, ACF, Office of Planning, Research &amp; Evaluation, Services for Families of Infants and Toddlers Experiencing Trauma</a><sup>12</sup></p>	<p>This “research to practice brief” discusses what is known about the impact of trauma on infants and toddlers, and the intervention strategies that could potentially protect them from the adverse consequences of traumatic experiences.</p>
<p><a href="#">Research on Social Work Practice, Systematic Review of Systematic Review of Social–Emotional Screening Instruments for Young Children in Child Welfare</a><sup>13</sup></p>	<p>This study reviews the substantive and psychometric properties of screening instruments designed for children ages ten and younger in child welfare. Twenty-four instruments met review criteria, and eight show above-average measurement properties and testing, tap children’s strengths and concerns, and have evidence of validity with families similar to child welfare–involved families.</p>
<p><a href="#">State and territories definitions for IDEA, part C eligibility</a><sup>14</sup></p>	<p>States are able to develop their own criteria for determining the presence of developmental delays and what physical or mental conditions qualify a child for eligibility. To view a summary of State definitions including links to State websites, visit this resource.</p>

## ENDNOTES

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- 1 U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, [www.acf.hhs.gov/cb](http://www.acf.hhs.gov/cb) Preliminary Estimates for FY 2016 as of Oct 20, 2017 (24), p 4.
- 2 Ibid.
- 3 Fang, X., Brown, D.S., Florence, C.S. & Mercy, J.A. (2012). *The economic burden of child maltreatment in the United States and implications for prevention*. *Child Abuse & Neglect*, 36, 156-165.
- 4 <http://ectacenter.org/topics/earlyid/capta.asp>
- 5 Adapted from Child Welfare Information Gateway, *Assessing the Needs of Young Children in Child Welfare: Part C – Early Intervention Services*. Available online at: <http://www.childwelfare.gov/pubs/partc.cfm>
- 6 Part C regulations: <http://www.gpo.gov/fdsys/pkg/CFR-2012-title34-vol2/xml/CFR-2012-title34-vol2-sec303-13.xml>.
- 7 Issue Brief, "Early intervention programs and child welfare."
- 8 <https://agesandstages.com/resource/systematic-review-social-emotional-screening-instruments-young-children-child-welfare/>
- 9 <https://www.ncbi.nlm.nih.gov/pubmed/7543037>
- 10 <https://www.rch.org.au/ccch/peds/>
- 11 [https://www.acf.hhs.gov/cwpm/public\\_html/programs/cb/laws\\_policies/laws/cwpm/policy\\_dsp.jsp?citID=354](https://www.acf.hhs.gov/cwpm/public_html/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=354)
- 12 [https://www.acf.hhs.gov/sites/default/files/opre/opre\\_nitr\\_brief\\_v07\\_508\\_2.pdf](https://www.acf.hhs.gov/sites/default/files/opre/opre_nitr_brief_v07_508_2.pdf)
- 13 <http://journals.sagepub.com/doi/pdf/10.1177/1049731516686691>
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