

The Special Needs of Infants and Toddlers in Foster Care:



The Population of Infants & Toddlers in Foster Care

Largest Age Group Entering Care Nationally

Children go into foster care for different reasons, but most children are placed into the system because of abuse or neglect in their homes.¹ Other children enter foster care when their families are unable to properly care for them due to illness, financial hardship, or homelessness.² What may be surprising is that children in their earliest years of life are the largest age group entering foster care in America.³

Very young children are also the fastest growing group of the foster care population.⁴ There are almost 600,000 children in foster care in the U.S.⁵ Over 39,000 infants enter care each year.⁶ Infants account for one in five of foster care admissions nationally, making up the largest group of young children entering foster care.⁷ The number of young children in foster care under age five has increased 110% during the last ten years.⁸ Based upon a recent study of children going into care in five states, the number of children under five placed in foster care was twice that of those ages five to 17.⁹

In Virginia, 17% of the almost 8,000 children in foster care are under age 5. However, the largest age groups in foster care in Virginia are teens ages 13-15 (24%) and teens ages 16-18 (27%).¹⁰

Physically and Developmentally Challenged

Most of the infants and toddlers that enter foster care come with specific physical and developmental challenges. The fastest-growing population of children in need of foster care is infants and young children with medical complications, physical disabilities, or mental health problems.¹¹ More than half of the infants and toddlers in foster care suffer from serious physical health problems.¹² Almost 80% of infants entering foster care each year have been exposed prenatally to substance abuse.¹³ Nearly 40% of these young children are of low birth weight or premature babies, or both.¹⁴ Many of these young children are victims of neglect, physical abuse, and/or sexual abuse.¹⁵ Virginia provides in its Child Protective Service case reports the opportunity for social workers to include information about prenatal care, gestational age, birth weight, the medical condition of infants and toddlers, and whether the birth mother tested positive for the use of drugs, but collective data on this information is not readily available.¹⁶

Exceptionally vulnerable and challenged, infants and toddlers end up staying longer in foster care than older children. Infants in particular are likely to stay twice as long as older children.¹⁷ Half of the babies who enter foster care under the age of three months will spend 31 months or longer in the system.¹⁸ Once they enter foster care infants and toddlers, as a group, are more likely than older children to be abused and neglected, further complicating their development.¹⁹

Infants & Toddlers Are Particularly Vulnerable

Critical Development Stage

Those infants and toddlers in foster care are extremely vulnerable children. During infancy, children are at a crucial and distinctive developmental period. More brain growth and learning occurs during infancy than any other time during human life.²⁰ Consequently, infancy serves as a time of critical foundation for future development.²¹ At ages 3 to 4 years, brain structures that define personality traits, mechanisms for coping with stress and emotions, and learning processes are created, developed, and made permanent.²²

Infants and toddlers who enter the foster care system and experience multiple placements often do not receive the stable care giving that they most desperately need. It is clear that children will experience healthy development when their many needs are consistently met throughout childhood.²³ Very young children must have a stable, primary caregiver to experience a sense of permanency.²⁴ A child's attachment to a primary caregiver is critical to developing emotional security and social conscience.²⁵ Infants and toddlers must receive consistent nurturing and basic stimulation during this early period for proper development of cognitive, language and social skills.²⁶

Disruption and Attachment

When they are removed from their homes and placed in foster care, very young children experience significant disruption. Taken from their homes, these babies and toddlers are abruptly cut off from their primary caregiver. As a result, the attachment relationships the child has formed are disrupted. When attachment relationships are lost and permanency is disrupted, a child's ability to attach to a primary caregiver is negatively impacted.²⁷

After entering care many young children will then experience multiple foster care placements. Although not evaluating young children specifically, in a recent federal review of Virginia's child welfare system, in 50% of the cases reviewed, foster children experienced more than one placement during the review period.²⁸ Infants and toddlers in foster care who experience frequent disruption may develop mental health disorders. As a result of their early stage of development, infants and toddlers have a more limited supply of responses to stress and trauma.²⁹ Young children in foster care who experience frequent changes in caregivers are more likely to exhibit crying, clinging and oppositional behavior.³⁰ Disruptions, both emotional and cognitive, in the lives of young children may potentially impair brain development.³¹ Over half of young children in foster care experience developmental delays.³² Research has shown that infants and toddlers may experience serious psychiatric disorders, such as attachment disorders, traumatic stress disorders, and depression.³³ Research has also shown that the behavioral and emotional abilities of young children can be strong indicators of the how they will perform academically later on in school.³⁴

Effects of Neglect and Abuse

As indicated above, many infants and toddlers enter foster care as victims of abuse and neglect. As they are in a critical development stage, abuse and neglect most profoundly affects infants and toddlers.³⁵ Lack of stimulation and abuse may affect the creation of the networks of nerve connections and neurotransmitters forming during these critical early years of life.³⁶ Young children who have been physically abused show diminished empathy, have difficulty recognizing others emotions, have insecure attachments to their parents, and have deficits in IQ scores and language ability.³⁷ Older toddlers who experience maltreatment may show impulsive or aggressive behavior.³⁸

Recommendations: Ensuring Healthy Development of Infants and Toddlers In Foster Care

The Need for Stable Caregiving

Many young children in foster care experience multiple placements and therefore, do not receive what they need most - stable caregiving. For a young child to develop into a healthy human being, it is essential that they experience a nurturing and protective relationship with an adult that encourages both security and trust.³⁹ What is key to helping and healing many young foster children, many of whom are victims of abuse and neglect, is having at least one adult to love that child unconditionally and provide them proper care over an extended period of time.⁴⁰

To the greatest extent possible, every child should have a stable primary caregiver. In order to reduce the likelihood of mental health and developmental problems, a clear goal in caring for infants and toddlers in foster care should be to reduce the number of foster care placements and thus, the number of attachment disruptions that young children experience. Virginia is taking a step in the right direction in addressing the issue of multiple placements. In response to the federal review mentioned above, the Virginia Department of Social Services has proposed in its Program Improvement Plan or “PIP” to implement statewide mandated training of foster care workers and foster parents.⁴¹ Although the state did not receive full funding from the 2005 Virginia General Assembly to implement the PIP, going forward, statewide mandated training should remain a priority as it should provide foster care workers and parents with better tools to care for the special needs of foster children and should reduce the number of foster care placements.

Specialized Health and Mental Health Services

For healthy development, infants and toddlers in foster care must receive appropriate health and mental health assessments and services. Clear community-based and state policies should be created and implemented to ensure that young children in foster care have access to all necessary health and mental health services.⁴² In response to the federal review mentioned above, Virginia had included in the PIP action steps to increase assessments and provisions of mental health services to foster children.⁴³ In the future, in efforts to ensure that babies and toddlers in foster care get appropriate mental health assessment and services, Virginia should also consider the need for training, continuing education, recruitment, and retention of professionals in infant and early childhood mental health services.⁴⁴

Because infants and toddlers are at a crucial developmental stage, it is important they receive services tailored to their unique needs. To be cared for properly, very young children in foster care should receive specialized services that address their and their caregivers’ specific needs.⁴⁵ Health care should be provided to young foster children that matches their special developmental needs.⁴⁶ Virginia should also look at expanding specialized training in caring for infants and toddlers for child welfare workers, biological and foster parents, and court personnel. Foster parents who care for infants and toddlers should receive extra guidance and/or training to effectively respond to these children’s unique attachment needs.⁴⁷

FEDERAL STUDY OF YOUNG CHILDREN IN FOSTER CARE IN LARGE URBAN AREAS

A federal study of three large urban areas, Los Angeles County, New York City and Philadelphia County analyzed random samples of young children in foster care. The results of the study were:

* 34 % did not receive immunizations

* 32% percent had one unmet health need continue after placement

* Children placed with relatives received fewer health related services of all kinds than children placed with non-relatives

* 12 % did not receive continual health care

* 78 % were at high risk for HIV, but only 9% had been tested

Source: U.S. General Accounting Office (1995), *Foster care: Health needs of many young children are unknown and unmet* (GOA/HEHS 95-114), Washington, D.C.

EARLY CHILDHOOD INITIATIVES

Illinois

The Illinois Department of Child and Family Services (IDCFS) recently initiated the **Birth to Three Services Program**. The program aims to reduce the risks associated with multiple placement changes and to ensure that young children in foster care begin school prepared to succeed. The program started as a partnership between public and private organizations, but it is now fully funded through IDCFS' appropriation. IDCFS also appropriated \$2 million of child care funds to cover the costs of private early childhood programs for children in foster care, which is administered by a new early childhood division in IDCFS. To identify children's needs and provide appropriate services, the state now requires that every young child in foster care receive a developmental screening by a trained developmental specialist. The initiative has led to new partnerships between the child welfare agency and the early childhood community.

Birth to Three Services Program

The Circle of Security ⁴⁸

The Circle of Security Research Project has examined interactions between caregivers and pre-school children, using attachment theory to interpret and improve these interactions. It is a 20-week, group-based parent education and psychotherapy intervention designed to shift patterns of attachment - caregiving interactions in high-risk caregiver-child dyads to be more developmentally appropriate. Robert Marvin, PhD, is the principal investigator for this research project based at the University of Virginia. Additionally, research is being duplicated and carried out at Harvard University, University of Minnesota, University of Washington, Tulane University, a university in the Netherlands and in San Francisco. The goal is to create a diagnostic tool that is effective for family interventions and treatment that is proven to effectively improve family interventions.

ENDNOTES

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- ⁵ Dicker and Gordon (2004), p.3.
- ⁶ ZERO TO THREE (2004), *Infant and Early Childhood Mental Health: Promoting Healthy Social and Emotional Development*, p. 1.
- ⁷ Dicker, S. et al. (2002), p. 1.
- ⁸ *Ibid.*
- ⁹ Troutman, B. , Ryan, S., Cardi, M. (2000), University of Iowa Hospitals and Clinics, *The Effects of Foster Care Placement on Young Children's Mental Health*.
- ¹⁰ Virginia Department of Social Services, age groupings of children in foster care as of October 1, 2004..
- ¹¹ National Foster Care Coalition, p. 4
- ¹² Dicker, S. et al. (2002), p. 5.
- ¹³ Dicker and Gordon (2004), p.4.
- ¹⁴ *Ibid.*
- ¹⁵ National Foster Care Coalition, p.4.
- ¹⁶ Virginia Department of Social Services.
- ¹⁷ Dicker, S. et al (2002), p.5.
- ¹⁸ The Future of Children (2004), *Case Plans More Focused on the Individual Needs of Children and Their Families.*, p. 1.
- ¹⁹ ZERO TO THREE (2004), The National Council of Juvenile and Family Court Judges, *Court Teams for Maltreated Infants and Toddlers*.
- ²⁰ American Academy of Pediatrics (2000), Committee on Early Childhood, Adoption and Dependent Care, *Developmental Issues for Young Children in Foster Care*, p. 1145-1150.
- ²¹ *Ibid.*
- ²² *Ibid.*
- ²³ *Ibid.*
- ²⁴ *Ibid.*
- ²⁵ *Ibid.*
- ²⁶ *Ibid.*
- ²⁷ Troutman, B., et al. (2000).
- ²⁸ U.S. Department of Health and Human Services, Administration for Children and Families, Final Report (2004), Virginia Child and Family Services Review at 15. The Virginia CFSR was conducted the week of July 7, 2003 with an additional case review for Item 5 (Foster Care Re-Entries) conducted on March 16 and 17, 2004.
- ²⁹ Dr. Joy D. Osofsky, (2000), *A Statement Before Congress on Infant Mental Health before the subcommittee on Substance Abuse and Mental Health Services Committee on Health, Education, Labor and Pensions*, April 28, 2004.
- ³⁰ Troutman, Beth, et al. (2000).
- ³¹ American Academy of Pediatrics (2000), p. 1145-1150.
- ³² Dicker, S. et al. (2002), p.5.
- ³³ ZERO TO THREE (2004), *Infant and Early Childhood Mental Health: Promoting Healthy Social and Emotional Development*, p. 6.
- ³⁴ *Ibid.*
- ³⁵ *Ibid.*
- ³⁶ American Academy of Pediatrics (2000), p. 1145-1150.
- ³⁷ ZERO TO THREE (2004), *Promoting Healthy Social and Emotional Development* , p. 9.
- ³⁸ Osofsky, (2004).
- ³⁹ American Academy of Pediatrics (2000), p. 1145-1150.
- ⁴⁰ *Ibid.*
- ⁴¹ Virginia Department of Social Services, Child and Family Services Review, Program Improvement Plan (2004), pp. 18-19.
- ⁴² Dicker, S. et al (2002), p. 4, 19, 21.
- ⁴³ U.S. Department of Health and Human Services, Final Report (2004), p. 15.
- ⁴⁴ Osofsky, (2004).
- ⁴⁵ Dicker, S. et al (2002), p. 12.
- ⁴⁶ *Ibid*, p.8.
- ⁴⁷ Troutman, Beth, et al (2000).
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