

August 2017

Protecting Infants and Toddlers: A Five-Year Review



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In 2012, Advocates for Children of New Jersey (ACNJ) published *The Littlest Victims*, a brief examining policy and practice for young children under the care of the state child protection system. Infants and toddlers, from birth to age 3, represent a significant percentage of children under the supervision of the Division of Child Protection and Permanency (CP&P) and an even higher percentage of children in foster care. Their young age makes them particularly vulnerable - very young children cannot take care of themselves, defend themselves or tell on their abusers.

Despite the increased risk of harm, ACNJ's 2012 report found that New Jersey's policy and practice guidelines were inadequate to address the special needs of infants and toddlers. Caseworkers did not receive special training in early child development. Safety assessments and decisions about placement, visitation and reunification had little guidance as to how the age of the child should be considered. Furthermore, data about children from birth to age 3 were not routinely available.

It was clear that despite significant ongoing reform efforts, policy and practice did not yet distinguish the special needs of infants and toddlers.

ACNJ's review five years later finds that much has changed. Training has improved and some new, promising initiatives are now in place to support parents and their babies. Child deaths due to abuse and neglect, particularly of infants and toddlers, are receiving greater scrutiny. And, with the launch of the New Jersey Child Welfare Data Hub, data for this age group is now more readily available, helping to better inform policy development.

This update will examine those new developments and make recommendations for continued improvements to better protect young children at risk of abuse and neglect. We know that despite positive progress, infants and toddlers remain



New Jersey Children Age 3 and Younger ...

- Represent nearly a quarter of all child abuse and neglect reports.
- Have higher rates of substantiated/established findings of abuse/neglect than other age groups.
- Make up one-third of children in foster care.
- Are more likely to remain in foster care longer than older children and re-enter foster care after reunification.
- Represent the majority of child fatalities over the past five years.

Source: As reported by the New Jersey Department of Children and Families, Child Protection and Permanency, 2016.

especially vulnerable and need special efforts to protect them. The effects of maltreatment can impact on healthy development with consequences that last a lifetime. We can and should do more.

Infants and Toddlers Served by Child Protection and Permanency

In New Jersey, child abuse or neglect reporting and substantiation rates for this population are higher than any other age group.¹ But our state is not unique. Nationwide, infants and toddlers make up the largest group of confirmed victims of child maltreatment.²

Since we last looked at the data, the total number of children age 3 and younger under the supervision of New Jersey Division of Child Protection and Permanency (CP&P), including both in-home and out-of-home services, has gradually declined. This decline is consistent for all children under state supervision (see Table 1). Still, year after year, nearly a quarter of all child abuse and neglect cases involve babies and toddlers.

Figure 1. Children Receiving Child Protection Services, As of June 30, 2016

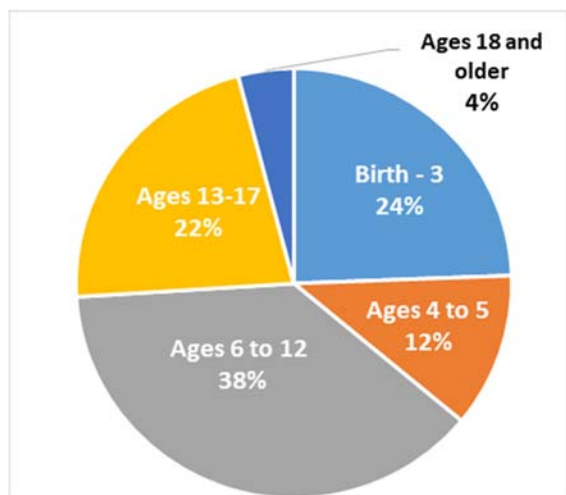
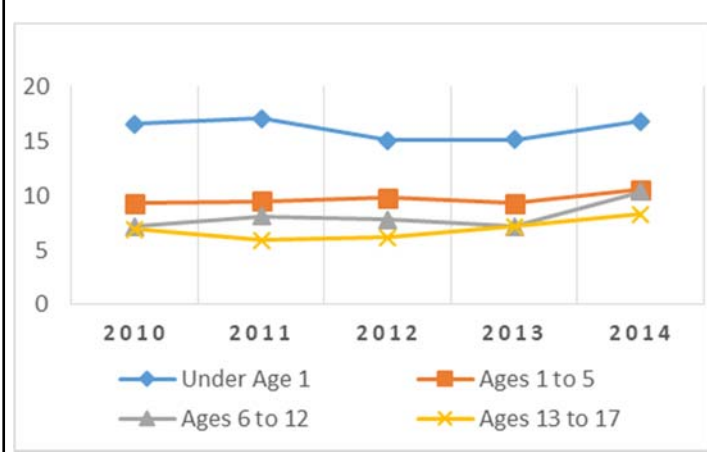


Figure 2. Average Time in Out-of-home Placement 2010 to 2014



Why Babies and Toddlers Are At Greater Risk

Abuse and neglect at such a young age is associated with a number of serious, lifelong consequences. Maltreatment during these formative years interferes with healthy brain development, harming intellectual functioning and social and emotional development and well-being. Early childhood trauma can also cause developmental delays, aggression, lower IQ scores, diminished language abilities, attention and attachment disorders, anxieties, fears, sleep problems and a reduced ability to empathize with others.

Source: 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*.

Out-of- Home Placement

More than one-third of children in out-of-home placement are age three or younger, a trend that has remained consistent over time. While the duration of a child's stay in foster care is dependent on many factors, babies and toddlers are more likely to remain in placement longer than older children; children under the age of 1 spend an average of 16 months in foster care, while children ages 1 to 5 spend an average of 10 months in foster care.³

Babies and toddlers are also more likely to re-enter foster care within 12 months of reunification than older children. Most recent data indicates that an average of 44 percent of the children that return to foster care within 12 months of reunification are age 3 and younger.

Child Fatalities

While the total number of child fatalities due to abuse and neglect in New Jersey has decreased since 2011, infants and toddlers still represent the majority of those deaths. In the last three years that data was available, at least 41 percent of the children that died as a result of abuse or neglect were known to the state's child protection system.⁴

Table 1. Number of Children Age 3 or Younger Under State Supervision, 2012 - 2016

(As of June 30 th)	2012	2013	2014	2015	2016	% change
All children (0-21) under state supervision	52,873	51,864	51,412	50,792	48,169	-9%
All children (0-3) under state supervision	13,179	12,652	12,428	12,213	11,762	-11%
Children (0-21) receiving in-home services	45,389	44,234	43,752	43,291	41,044	-10%
Children (0-3) receiving in-home services	10,626	10,099	9,888	9,761	9,404	-12%
Children (0-21) in out-of-home placement	7,484	7,630	7,660	7,501	7,125	-10%
Children (0-3) in out-of-home placement	2,553	2,553	2,540	2,452	2,358	-8%

Table 2. Children with Substantiated/Established Findings of Abuse or Neglect , 2012 - 2014

	2012		2013		2014	
	#	% Substantiated	#	% Substantiated	#	% Substantiated
Children 3 years old and younger	3,262	14	3,834	17	3,649	17
All children < age 18	9,240	10	11,967	13	11,552	13

Table 3. Timely Permanency: Percent of Children Discharged to Permanency Within 12 months of placement in foster care

	2012	2013	2014
Total Entries into Out- of Home Placement	4,704	4,617	4,378
% Children 3 years old and younger discharged to permanency within 12 Months	18%	17%	17%
% of All children < age 18 discharged to permanency within 12 Months	44%	42%	41%

Table 4. Number of children who re-enter foster care within 12 months of reunification

	2010	2011	2012	2013
Children 3 years old and younger	47%	38%	47%	45%
All children < age 18	165	193	201	185

Table 5. Child Fatalities Due to Abuse and Neglect from 2011 to 2015

(as of Dec 31 st)	Total Child Deaths Age 0-18	Child Deaths Age 3 and Under		
		Number	Percent of Total Child Deaths	Percent Known to Child Protective Services
2011	25	20	80	55
2012	14	13	93	23
2013	9	7	77	43
2014	18	11	61	45
2015	17	17	100	41
Total/Average	83	68	82	41

Source: Data in Table 1 - 5 as reported by the NJ Department of Children and Families, Division of Child Protection and Permanency (2016)

STEPS TO PROTECT YOUNG CHILDREN

As the data suggests, babies and toddlers are disproportionately represented in the child protection system, thus warranting specialized policies, practices and programs to address their unique needs. Since the release of the 2012 *The Littlest Victims* report, New Jersey has begun a number of promising initiatives designed to improve services to very young children involved in the child protection system.

Taking a Deeper Look at Child Deaths

In September 2016, the New Jersey Department of Children and Families (DCF) established a special advisory committee, chaired by the Deputy Commissioner, to conduct a five-year review of child fatalities resulting from child abuse or neglect. This committee stemmed from, The National Commission to Eliminate Child Abuse and Neglect Fatalities recommendation that states undertake a retrospective review of child abuse and neglect fatalities to identify family and systemic circumstances that led to child maltreatment deaths, identify children at highest risk, and develop a fatality prevention plan to prevent similar deaths.⁵

In another New Jersey effort to better understand the circumstances leading to child fatalities, starting in 2014, the Child Fatality Review Board began including a special section in their reports on infant deaths due to SIDS.

Improving Parent-Child Visitation

For children in foster care, maintaining relationships with parents is critically important. Frequent visitation has many benefits. It can help shorten the time a child spends in placement, strengthen family reunification and promote healthy parent-child attachment. This is even more important for infants. Each additional visit per week increases the odds of achieving permanency within a year.⁶ Research shows that visitation for infants and toddlers should be as frequent as possible (daily or multiple times per week) and the setting should be in a homelike location familiar to the child.⁷

In 2012, the federal court monitor's report⁸ showed that only 35 percent of all children in placement had weekly documented visits with their parents. The good news is according to the most recent federal court monitor's July 2017 report, New Jersey is meeting the standard in 82 to 87 percent

New Jersey First State to Initiate Baby Box Program

In January 2017, New Jersey became the first state to launch a universal baby box program in the hopes of reducing infant mortality rates. The initiative, funded by the Centers of Disease Control and Prevention, is a collaboration between the NJ Child Fatality and Near Fatality Review Board and The Baby Box Company. The box provides a safe sleeping space for the infant as well as approximately \$150 worth of newborn essentials. To receive the Baby Box, expecting parents or those with children younger than 3 months must register for free at babyboxuniversity.com and complete a 15-20 minute online course on safe sleep practices and other well baby care topics. The Baby Boxes are being distributed by Cooper University Healthcare and the Southern New Jersey Perinatal Cooperative. It is anticipated that 105,000 free boxes will be distributed throughout the state in 2017. A similar Baby Box model has been utilized in Finland since the 1930's, helping the country achieve one of the lowest infant mortality rates in the world. Finland has successfully reduced their infant mortality rate from 65 deaths per 1,000 births in 1938 to 3 deaths per 1,000 births in 2013.

Source: CNN (January 26, 2017) <http://www.cnn.com/2017/01/26/health/new-jersey-baby-boxes-safe-sleep/index.html>
Baby Box University (2016) <http://babyboxuniversity.com/>

of the cases. The state is not, however, meeting the standard for monthly visits between siblings who are not placed into the same foster home.⁹

As of the fall 2015, the NJ Division of Child Protection and Permanency (CP&P) began collecting data on the frequency of visitation by age. Based on the data collected thus far, approximately 88 percent of children under 3 years of age with the goal of reunification had at least one weekly visit with their parent(s).

In addition, to improve understanding of the need for routine visitation, Advocates for Children of New Jersey, as a member of the NJ Children in Court Improvement Committee, helped to develop a visitation benchcard. The benchcard includes a summary of regulations and a decision tree to alert judges, attorneys, and case workers to key questions to ask, or information to obtain, in cases involving an infant or toddler. This benchcard was endorsed by the presiding family court judges across New Jersey.

Taking a Special Approach to At-Risk Families

Efforts are underway throughout New Jersey to support and engage with families of babies at risk of abuse or neglect. In 2013, CP&P launched a pilot project, in collaboration with the Division of Family and Community Partnerships that offered a more intensive, collaborative and supportive approach to providing services. The project, Improving Outcomes for Families of Infants and Toddlers, was initially piloted in Burlington County, had three components: 1) enhanced assessment and services for families; 2) better collaboration across state and community agencies; and 3) specialized training for CP&P staff and community partners working with babies and young children and their families. Using a multi-disciplinary case conference approach, monthly roundtable discussions were held with CP&P staff and systems partners to:

- More effectively engage families of babies and young children at risk of abuse/neglect;
- Collaborate to complete more thorough assessments of the family's history and needs;
- Link families of babies and young children to other critical programs, such as home visiting, child care, early intervention and other community services; and
- Reduce risk factors and increase protective factors.

Building on the pilot, DCF made a commitment to “expanding opportunities to integrate early childhood expertise across DCF” as a priority objective in its Strategic Plan in 2014. With support from key stakeholders, the pilot was enhanced and replicated in Newark in 2015 in three CP&P local offices.

In 2016, the Early Childhood Project Expansion was identified by the Department of Children and Families as a case practice priority for Child Protection and Permanency (CP&P). Subsequently, the program was expanded to include the CP&P local offices in suburban Essex County and Cumberland County. It is expected that the project will be expanded in 2017 to include all CP&P local offices by the end of the year.

An evaluation of the replication of the program in Newark is currently being conducted by Rutgers.

Training CP&P Workforce and other Stakeholders

At the time of ACNJ's initial report in 2012, there were few trainings available for CP&P staff that focused specifically on the needs of babies and toddlers. Understanding the developmental needs of young children is critically important to case planning. Since infants and toddlers comprise such a large percentage of child protection cases, specialized training for agency staff is essential.

A recent review of trainings available to CP&P staff found ten offerings that were primarily focused on or contain substantial components focused on children age 3 and under. In addition, the Center for Autism and Early Childhood Mental Health at Montclair State University, offers a Keeping Babies and Children in Mind training series to CP&P staff. This training is focused on the mental health needs of infants, young children and their families. To date, about 10 percent of the CP&P workforce participated in this training.

Over the past five years, ACNJ was also involved in several activities to increase training opportunities and resources for all stakeholders who handle CP&P cases that included:

- A series of webinars as part of a Court Improvement grant. Find these videos on ACNJ's website at <https://acnj.org/issues/child-protection/learn-on-your-own/>.
- An infant-toddler health and wellness checklist for use by all adults involved with children interacting with the child protection system, developed with input from members of the Essex Vicinage Model Court.
- A training for family court judges at the 2013 Judicial Conference for Family Court judges on how to address the needs of babies, toddlers and their families that come to the attention of the courts.

Lastly, the NJ Children in Court Improvement Committee sponsors an annual conference focused on helping children under state supervision. The 2017 conference, “Overcoming Barriers to Permanency,” included workshops on visitation, childhood trauma, child safety, and new practice initiatives.

New Jersey Child Welfare Data Hub

In order to monitor how cases involving infants and toddlers are currently being handled, as well as design training and services to better meet their needs, the 2012 *The Littlest Victims* report recommended that the department collect data specific to infants and toddlers age 2 and younger. In 2016, the Department launched the New Jersey Child Welfare Data Hub in collaboration with the Institute for Families at the Rutgers University School of Social Work. The Data Hub seeks to improve the lives of children and families by making New Jersey child welfare data available to the public. The portal allows users to explore key indicators of child well-being through customizable visualization and query tools. Data is now available for a variety of variables by age groups including ages 0-2, 3-5, 6-9, 10-12, 13 to 17 and over 18.

Federal Monitor Notes Continuing Improvement in New Jersey Although More Work Needed

Despite improvements in the child protection system over the last five years, the July 2017 federal court monitor's report documented continued problems in the quality of case handling. Quality measures are assessed through a document review, a service review and an interview process with different stakeholders in the case including parents, family members, teachers, doctors, resource parents, caseworkers and the children where appropriate. Additionally, the document and service reviews are based on more than just form completion or service delivery. For example, an acceptable quality case plan includes involving key stakeholders in the case planning process, continually developing and accessing the necessary services and interventions for the child and evidence that the child and family's needs are appropriately addressed in the case plan.

However, in 2015, only 53 percent of case plans met the minimum quality level. For the second half of 2016, 49 percent of the case plans met the minimum standard established by the federal court settlement.¹⁰

There are similar concerns about the quality of family team meetings which provide the opportunity for enhanced collaboration and communication as families work to build on their strengths and address the challenges they face. While the monitor revised the initial requirements for the timing and quality of family team meetings, the state still only met the

quality standards in 49 percent of the meetings in the last monitoring period.¹¹

CONCLUSION

It is evident that steps are being taken in New Jersey to place an intentional focus on the needs of babies and toddlers that come to the attention of the child welfare system; data collection and training for CP&P staff has improved and new initiatives to strengthen services for infants and toddlers have been created. While these improvements to New Jersey's child protection system are a step in the right direction, there is still much more that needs to be done to better protect our youngest citizens.

RECOMMENDATIONS FOR FURTHER IMPROVEMENT

- ***Continue to improve training on early development and expand it to all those involved in child protection.*** Given the fact that 24 percent of the children under the supervision of CP&P are age 3 or younger, all CP&P staff should be required to have training on the unique developmental needs of infants and toddlers, the impact of trauma on babies, and recognizing developmental delays to ensure successful outcomes. Training should be extended to judges, law guardians, attorneys, resource parents and court volunteers. They, too, must all be knowledgeable about infant/toddler development in order to make the most informed decisions.
- ***Continue to track and analyze child protection data for infants and toddlers.*** In order to ensure the provision of developmentally appropriate care for infants and toddlers in the child protection system, it is essential to learn more about who they are, what brought them to the attention of the child protection system, and their needs. This information can then be used to shape services, workforce training, and policies to be more responsive to their needs.
- ***Increase the frequency of parent/child visitation so that infants and toddlers receive a minimum of three visits per week with parent(s)/siblings, unless safety is a concern.*** Frequent visitation is one of the best predictors of successful family reunification. A minimum of three visits per week should be the goal, unless safety is a concern. Supportive supervision or therapeutic visitation, provided by a trained professional, can be particularly effective with this age group.

▪ **Take a closer look at services after reunification.** For reunification to be successful, it is critical that ongoing, high-quality, evidence-based services and supports are available for the family. Such services may include access to child care, mental health supports (for both parent and child), substance abuse treatment, domestic violence services, parent support programs, and home visitation.

▪ **Forge a stronger link to early intervention.** As more children interact with both the child protection and early intervention systems, more training and deliberate cooperation are needed between early intervention and child protection stakeholders to ensure that early intervention and child welfare goals are both being met. Data on outcomes of referrals made to early intervention must be collected and shared.

References

¹ As reported by the NJ Department of Children and Families, Division of Child Protection and Permanency (2016).

² US Department Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2017). *Child Maltreatment 2015*.

³ As reported by the NJ Department of Children and Families, Division of Child Protection and Permanency (2016).

⁴ NJ Department of Children and Families (2016). *Public Comprehensive Child Abuse Prevention and Treatment Act Reports 2011 to 2015*. Retrieved from <http://www.nj.gov/dcf/reporting/fatalities/>.

⁵ Commission to Eliminate Child Abuse and Neglect Fatalities. (2016). *Within our reach: A national strategy to eliminate child abuse and neglect fatalities*. Washington, DC: Government Printing Office. Retrieved from <http://www.acf.hhs.gov/programs/cb/resource/cecanf-final-report> at page 13.

⁶ Zero to Three. (2016). *Securing a Bright Future: Maltreated Infants and Toddlers*.

⁷ 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*.

⁸ The Federal Monitoring report is released by the Center for the Study of Social Policy to assess NJ's compliance with the goals, principles and of the Modified Settlement Agreement of the class action litigation aimed at improving the state's child welfare system.

⁹ *Progress of the New Jersey Department of Children and Families Monitoring Period XIX Report for Charlie and Nadine H. v. Christie*. (July 19, 2017).

¹⁰ Ibid.

¹¹ Ibid.

Advocates for Children of New Jersey is the trusted, independent voice putting children's needs first for more than 35 years. Our work results in better laws and policies, more effective funding and stronger services for children and families. And it means that more children are given the chance to grow up safe, healthy and educated.

Acknowledgements

Special thanks to the Turrell Fund for their funding and support of this report.

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