

After Abuse

Early Intervention Services for Infants and Toddlers

Y LAW each state is required to ensure that all substantiated cases of maltreated infants and toddlers are referred to Part C early intervention services. In reality, many children may not be receiving the child development services they need.

The Law

Researchers have known for some time that children who have been abused are at greater risk for developmental delays, even years after the initial abuse occurred. In 2003, Congress acted on these

findings and amended the Child Abuse and Prevention Treatment Act (CAPTA) to require that maltreated infants and toddlers be evaluated for eligibility for early intervention services.

Early intervention services are funded under Part C of the Individuals with Disabilities Education Act (IDEA). IDEA provides broad guidelines for determining a child's eligibility. States have flexibility in determining specific eligibility criteria. IDEA guidelines for Part C eligibility are based on the presence of a developmental delay or a diagnosed physical or mental condition associated with developmental delay. It also allows states to serve children who are 'at risk' of developmental delay if services are not provided, however only five states do so.



Each year,
3.5 million children
are investigated
for abuse with
close to a million
cases being
confirmed. Most of
these children are
younger than four
years of age.

The Rationale

Developmental delays typically are hard to see in infants, but manifest as children fail to attain expected milestones as they age. Given that children who suffer maltreatment are at greater risk for delays, providing screening and intervention services at younger ages could offset later delay and help children be ready for school.



The Challenges

Experts in the field have identified significant challenges to implementing the CAPTA requirements:

- Some child welfare agencies have no formal mechanism in place to refer children for developmental services.
- Child welfare workers often do not recognize developmental problems.
- When children are referred, early interventionists may be unprepared to work with maltreated children, their families, and child welfare systems.

Therefore, the U.S. Department of Health and Human Services commissioned a report by to gather information to address these challenges and propose solutions.

Key Findings

- Abused children are at higher risk for developmental delays. Fifty-five percent of children under the age of three who have suffered abuse have at least five risk factors associated with poorer developmental outcomes. However, few (only 3 percent) had a diagnosed medical condition as described in IDEA (e.g., Down syndrome, blindness, cerebral palsy) that would make them automatically eligible for Part C services.
- Children in the study had the following risk factors that may be associated with poorer developmental outcomes:

All children involved in child welfare have an increased likelihood of being eligible for early intervention services. CAPTA requirements apply only to children whose cases of maltreatment have been substantiated. However, in cases where the investigation did not result in substantiation of maltreatment, children faced many of the same risk factors and low scores on developmental measures as those children with substantiated cases.

- Maltreated children between 2 and 3 years of age have relatively high levels of behavior problems reported by their caregivers. It is not clear whether maltreating caregivers experience their children's age-expected behavior as more problematic or whether the children have, in fact, more problematic behavior. Research suggests that behavior problems are more common in toddlers who have been maltreated compared to the general population. This is important because behavior and development are strongly related. For example, research has shown that more than 40 percent of children between 4 and 18 years of age with mild intellectual disability have an emotional or behavioral disorder.
- Early interventionists—many of whom are speech language therapists, occupational therapists and physical therapists—may not have experience or training in working with children who have been abused. In addition, because early intervention services typically are voluntary, court-ordered services are not part of their culture. On the flipside, court-ordered involvement may cause parents or caregivers to be suspicious of or hostile toward a service provider. Last, early interventionists focus on providing services to children with disabilities and their families, as opposed to Child Welfare Services, which focuses on protecting the child's safety and dealing with the perpetrator.

What's Next

For this report, researchers were asked to answer the question: What are the developmental problems among children receiving Child Welfare Services that suggest a need for early intervention services?

The findings confirm that the level of risk for developmental delay is high for maltreated children and that it remains high, years after the initial maltreatment. To best help children, the researchers recommended several areas that need further exploration.

- **Intervention**. There is very little information about which intervention services have the greatest impact on the development of children who have been maltreated.
- Criteria for CAPTA-mandated referrals. The findings from this study suggest that all children involved with Child Welfare Services, not just those whose cases have been substantiated, might benefit from early intervention services.
- Intervention practices. More information is needed to determine how early intervention practices and child welfare practices may need to be adapted to best help children who work with both providers.

- Collaboration models. Research on "best practices" in collaboration would help identify innovations in referrals, screening, assessment, and communication between early interventionists, child welfare workers, the courts, and down the road school-based services.
- School readiness. Additional research would be helpful in understanding the longer-term developmental implications of early maltreatment and early intervention on children's development.

Much work can be done to better achieve the goals of CAPTA and IDEA. The implementation of successful services for maltreated infants and toddlers is clearly complicated. The findings of this report call for further review of effective strategies and consideration of new efforts to implement these innovative policies.

To Learn More

The Developmental Status and Early Intervention Services Needs of Maltreated Children Final Report is available online at http://aspe.hhs.gov/hsp/08/devneeds/index.htm or by contacting Anita Scarborough, Ph.D. at scarboro@mail.fpg.unc.edu at FPG Child Development Institute.

Data for this report came from four sources.

National Survey of Child and Adolescent Well-Being.

The survey included a nationally representative sample of 5,501 children between birth and 14 years of age who entered the U.S. child welfare system between October 1999 and December 2000. Characteristics of children younger than 36 months of age with substantiated maltreatment were examined for this report.

National Early Intervention Longitudinal Study.

This is the first nationally representative study of Part C early intervention recipients. NEILS participants were children between birth and 31 months of age entering early intervention for the first time in 1997 and 1998. Data was available for 3,200 children.

Discussions with Experts. Experts were selected by the researchers in collaboration with the Department of Health and Human Services, Department of Education, and the Administration for Children and Families.

Review of Previous Research. Researchers completed a literature review to describe the most common problems that abused infants and toddlers experience and to highlight the benefits of early interventions for this population. Available at http://aspe.hhs.gov/hsp/07/Children-CPS/litrey/report.pdf