

Minibibliography

The Impact of Abuse, Neglect and Foster Care Placement on Infants, Toddlers and Young Children: Selected Resources

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Under the *Individuals with Disabilities Education Improvement Act of 2004*, states must have policies and procedures in place that require the referral for early intervention services of a child under the age of 3 who: (a) is involved in a substantiated case of child abuse or neglect; or (b) is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure. This minibibliography contains a selection of resources related specifically to the incidence and impact of abuse or neglect on very young children, and related policy issues.

Children with disabilities are at higher risk for maltreatment than children without disabilities (Goldson, 2001). Conversely, research shows that children who have experienced abuse or neglect are at high risk for a variety of developmental problems, including for example, attachment disorders, social and emotional disturbances, cognitive deficits, neurobiological changes in the brain, and failure to thrive. Infants and very young children are especially vulnerable to abuse and neglect. Data show that in 2003, children aged birth to 3 had the highest rates of victimization, at 16.4 per 1,000 children of the same age group, and 78.7 per cent of the estimated 1,500 children who died as a result of child abuse or neglect were younger than 4 years of age (U. S. Department of Health and Human Services, 2005).

Additionally, infants and toddlers are the fastest growing age group of children being removed from their homes as a result of abuse or neglect and placed in foster care in the United States (ZERO TO THREE Policy Center, 2004). A separate section of this minibibliography contains resources that describe the unique developmental risks that these vulnerable young children face, and implications for intervention.

Most of the abstracts included come from the source, unless edited by the compilers for brevity or to comply with copyright. The rest were written by the compilers or taken from the ERIC database, <http://www.eric.ed.gov/>. Databases searched include ERIC, PsycINFO, and CINAHL. Some of the search terms used include: “child abuse,” “child neglect,” “violence,” “early intervention,” “early identification,” “child development,” “child welfare,” “foster care.”

American Academy of Pediatrics, Committee on Child Abuse and Neglect and Committee on Children With Disabilities. (2001). Assessment of maltreatment of children with disabilities. *Pediatrics*, 108(2), 508-512. Retrieved April 27, 2005, from <http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics;108/2/508>

Abstract: The purpose of this policy statement is to increase public awareness and educate pediatricians about the risk factors of child abuse and neglect. It highlights the fact that children with disabilities are a population that is at risk for maltreatment. The importance of early recognition and intervention in cases of child abuse and neglect in this population is discussed, and the role of a medical home in facilitating the prevention and early detection of child maltreatment is described.

Chaffin, M., & Friedrich, B. (2004). Evidence-based treatments in child abuse and neglect. *Children and Youth Services Review*, 26(11), 1097-1113.

Abstract: This article reviews the application of evidence-based practice (EBP) to the field of child abuse and neglect and discusses recommendations of best practice workgroups related to issues such as prevention, treatment and foster care settings. It describes a number of promising EBP models covering the following: (1) prevention of physical abuse and neglect; (2) prevention of sexual abuse; (3) child neglect; (4) physically abusive parents and physically abused children; (5) sexual abusers, sexually abused children, and children with sexual behavior problems; and (6) children in foster care. Barriers to the implementation of EBPs in child abuse and neglect services and suggestions for overcoming these barriers are discussed.

Chalk, R., Gibbons, A., & Scarupa, H. J. (2002). The multiple dimensions of child abuse and neglect: New insights into an old problem. *Child Trends Research Brief*, May 2002. Retrieved January 27, 2005, from http://www.ddcf.org/doris_duke_files/download_files/ChildAbuseRB.pdf

Abstract: This Research Brief summarizes what is known about the outcomes of child abuse and neglect in the following areas – physical and mental health; cognitive and educational attainment; and social and behavioral development. The dimensions and severity of child maltreatment and the demographic characteristics of its victims are also reviewed. Finally, the brief discusses the need to develop reliable indicators to assess and monitor the outcomes of children reported for abuse and neglect.

Dombrowski, S. C., Timmer, S. G., Blacker, D. M., & Urquiza, A. J. (2005). A positive behavioural intervention for toddlers: Parent-child attunement therapy. *Child-Abuse-Review*, 14(2), 132-151.

Abstract: Parent-child attunement therapy (PCAT) is an adaptation of parent-child interaction therapy (PCIT), which has been shown to improve behavioral adjustment and enhance caregiver-child relationships in preschool and early elementary children. PCAT has two overall purposes: (1) to strengthen caregiver-child relationships; and (2) to teach caregivers appropriate child management techniques. It is a promising intervention for toddlers (aged 12-30 months) who have experienced maltreatment, as this is a critical period for enhancing the relationship between caregivers and children and is a stage when young children are at increased risk for abuse or neglect. The purpose of this study was to introduce PCAT and examine its effectiveness through a single case study of a 23-month-old maltreated toddler and his biological mother. The results demonstrated the effectiveness of PCAT in increasing positive caregiver-child interactions and enhancing the quality of the caregiver-child relationship.

Fox, K. E. (2003). Collecting data on the abuse and neglect of American Indian children. *Child Welfare, 82*(6):707-26.

Abstract: This article reports on the results of a survey of American Indian tribes, which indicate that national data systems receive reports of approximately 61% of data on the abuse or neglect of American Indian children. The author makes the following recommendations for improving the collection and reporting of abuse and neglect data for this population: (1) American Indian tribes should develop culturally sound definitions of child abuse and neglect; and (2) the government should provide resources and assistance to help develop data tracking and reporting systems on the abuse and neglect of American Indian children.

Goldson, E. (2001). Maltreatment among children with disabilities. *Infants and Young Children, 13*(4), 44-54.

Abstract: This article highlights the fact that children with disabilities are at higher risk for maltreatment than children without disabilities. Factors are identified that contribute to maltreatment. An ecological perspective is considered as an approach to prevention of maltreatment that uses the medical home model and links it with ongoing monitoring and support for families.

Grantmakers in Health. (2005). *In harm's way: Aiding children exposed to trauma*. Retrieved November 18, 2005 from http://www.gih.org/usr_doc/GIH_IssueBrief23pdf.pdf

Abstract: Trauma can have profound and lasting effects on brain development and the physical and emotional health of children. This issue brief examines the extent to which children are exposed to trauma; the effects of this exposure; and proven and promising approaches for identifying and serving traumatized children. It is intended to highlight the work of grantmakers and others working to meet the mental health needs of children and ameliorate the effects of childhood trauma. An executive summary is available at http://www.gih.org/usr_doc/Exec_Summary.pdf

Henry, J., & Purcell, R. (2000). Exploring the tensions: Being family-centered with parents who abuse/neglect their children. *Infant-Toddler Intervention: The Transdisciplinary Journal, 10*(4), 275-85.

Abstract: This article explores components of family-centered care and challenges professionals encounter as they work with families in which abuse/neglect is suspected or is occurring. Strategies for working with families in a family-centered manner that promotes a sense of empowerment in family members, while ensuring the safety of children, are offered.

Herschell, A. D. (2005). Theoretical and empirical underpinnings of parent-child interaction therapy with child physical abuse populations. *Education and Treatment of Children, 28*(2), 142-162.

Abstract: Children who experience physical abuse often suffer numerous negative short- and long-term difficulties in comparison to non-abused children. Considerable effort has been invested in developing and identifying treatment interventions to attenuate these negative outcomes. Parent-Child Interaction Therapy (PCIT), originally developed for the treatment of externalizing behavior problems in children aged two to seven years, has also been used to treat child physical abuse populations. The results of emerging treatment outcome studies indicate that PCIT is a promising treatment approach for child physical abuse. This article reviews the theoretical rationale for applying PCIT to physically abusive parent-child dyads. It also provides details on the clinical modifications made to PCIT for this population. Emerging treatment outcome studies are critiqued and future research directions are highlighted.

Hildyard, K. L., & Wolfe, D. A. (2002). Child neglect: Developmental issues and outcomes. *Child Abuse & Neglect: The International Journal*, 26(6-7), 679-695.

Abstract: This article reviews the effects of child neglect on three developmental periods: infancy/preschool, school-aged and younger adolescents, and older adolescents and adults. The severe cognitive and academic deficits, the social withdrawal and limited peer interactions, and the internalizing problems of neglected children relative to physically abused children are discussed.

Kendall-Tackett, K., Lyon, T., Taliaferro, G., & Little, L. (2005). Why child maltreatment researchers should include children's disability status in their maltreatment studies. *Child Abuse & Neglect*, 29(2), 147-151.

Abstract: Research has consistently shown that children with disabilities are more likely to be abused or neglected than their non-disabled peers. However, a great deal of work still needs to be done to understand the full scope of the problem and what can be done to address it. The authors of this article summarize what the research has found thus far and encourage researchers in the child maltreatment field to include children's disability status in future studies.

Mackner, L. M., & et al. (1997). The cumulative effect of neglect and failure to thrive on cognitive functioning. *Child Abuse & Neglect: The International Journal*, 21(7), 691-700.

Abstract: A study of 177 low-income children (ages 3-30 months) investigated the relationship of neglect, failure to thrive (FTT), and cognitive functioning. The cognitive performance of children who had been neglected and were FTT was significantly below that of children who had only one of the variables and typical children.

National Clearinghouse on Child Abuse and Neglect Information. (2004). *Child neglect demonstration projects: A synthesis of lessons learned*. Retrieved June 6, 2005, from <http://nccanch.acf.hhs.gov/pubs/candemo/candemo.pdf>

Abstract: In 1996 and 1997, the Children's Bureau funded 10 demonstration projects to address the prevention, intervention, and treatment needs of neglected children and their families. These projects implemented and evaluated a wide variety of service strategies with large numbers of children and families. Programs varied considerably in terms of theoretical model, target population, location, duration, and intensity. Despite their many differences, grantees experienced a number of similar challenges. The strategies they used to overcome them may help future programs avoid these common pitfalls. In addition, the shared lessons these grantees learned about staffing, service delivery, and collaboration with community partners can inform future efforts and improve outcomes for families at risk for neglect and for neglected children.

National Clearinghouse on Child Abuse and Neglect Information. (2003). *Major federal legislation concerned with child protection, child welfare, and adoption*. Retrieved January 19, 2005, from http://naic.acf.hhs.gov/pubs/1_fedlegis.cfm

Abstract: This publication provides a chart that summarizes the major Federal legislation that has had a significant impact on child protection and child welfare services in the United States since the passage of the Child Abuse and Prevention and Treatment Act (CAPTA) in 1974. The chart provides an overview of each legislative act, including reasons a particular bill was initiated, the objectives and goals of the legislation, and the major provisions of each act. In addition, a notation has been made when a particular piece of legislation has amended the Social Security Act. The chart also provides Web addresses to a summary or the full text of each Act, as well as links to

other online resources.

National Clearinghouse on Child Abuse and Neglect Information. (2001a). *Acts of omission: An overview of child neglect*. Retrieved June 6, 2005, from <http://nccanch.acf.hhs.gov/pubs/focus/acts/index.cfm>

Abstract: More children suffer from neglect in the United States than from physical and sexual abuse combined. In spite of this, neglect has received significantly less attention than physical and sexual abuse by practitioners, researchers, and the media. One explanation may be that neglect is so difficult to identify. Neglect often is an act of omission, the absence of an action. But neglecting children's needs can be just as injurious as striking out at them. Understanding more about neglect-what it is, who is affected, what the consequences are, and what can be done about it-is an important step in addressing the problem.

National Clearinghouse on Child Abuse and Neglect Information. (2001b). *Understanding the Effects of Maltreatment on Early Brain Development*. Retrieved April 27, 2005, from <http://nccanch.acf.hhs.gov/pubs/focus/earlybrain/earlybrain.pdf>

Abstract: This report provides an overview of early brain development and examines how child abuse can impair cognitive and emotional functioning. The specific effects of stress, persistent fear response, hyperarousal, dissociation, disrupted attachment process, and neglect are discussed. The briefing reviews the implications of research findings for the child welfare system, practitioners, and caregivers. Early intervention and prevention strategies are suggested.

National Clearinghouse on Child Abuse and Neglect Information, & National Adoption Information Clearinghouse. (2005). *Definitions of child abuse and neglect: State statutes series 2005*. Retrieved June 7, 2005, from <http://nccanch.acf.hhs.gov/general/legal/statutes/define.pdf>

Abstract: This publication provides general information on State statutes regarding definitions of child abuse and neglect, types of abuse, standards for reporting, persons responsible for the child, and exceptions to reporting laws.

Pardeck, J. T. (2005). An exploration of child maltreatment among homeless families: Implications for family policy. *Early Child Development and Care*, 175(4), 335-342.

Abstract: This research article explores the incidence of child maltreatment among homeless families. The maltreatment explored in the study includes physical, emotional and sexual abuse. The data reported a high incidence of child maltreatment in the lives of the homeless. The policy implications for these findings are discussed.

Perry, B. D. (2001). Bonding and attachment in maltreated children: Consequences of emotional neglect in childhood. *ChildTrauma Academy Parent and Caregiver Education Series*, 1(4). Retrieved January 27, 2005, from http://www.childtrauma.org/CTAMATERIALS/Attach_ca.asp

Abstract: One of the many functions of the human brain is to shape and sustain emotional relationships. For most individuals, these relationships develop during infancy and the first years of life. Throughout this vulnerable time period, important core attachment capabilities such as empathy, caring, sharing, inhibition of aggression, and the capacity to love are nurtured. These capacities are the cornerstones of intimate and emotionally healthy relationships. This monograph from the *ChildTrauma Academy Parent and Caregiver Education Serie*, answers frequently asked questions about early attachment and relationship experiences and suggests ways in which

caregivers, clinicians, and parents can help young children who experience problems in these areas.

Robinson, C., Rosenberg, S., Teele, M. K., Stainback-Tracy, K., Swope, S., & Conrad, D. (2003). *Interagency collaboration: A guidebook for child welfare and Part C agencies*. Denver, CO: JFK Partners, University of Colorado Health Sciences Center. Retrieved January 31, 2005, from <http://jfkpartners.org/Content/PDF/InteragencyGuidebook.pdf>

Abstract: This guidebook provides information about Part C early intervention services, child welfare services, and how these two programs, along with other community partners, can work together to improve the early identification of Part C eligible children within the child welfare system. The goal is to empower readers to identify strategies and develop interagency plans that will enhance the early identification and referral of infants and toddlers in child welfare to Part C early intervention services.

Robinson, C. C., & Rosenberg, S. A. (2004). Child welfare referrals to Part C. *Journal of Early Intervention, 26*(4), 284-291.

Abstract: Interagency coordination on behalf of eligible infants and toddlers and their families is a defining feature of Part C of the Individuals with Disabilities Education Act. In the present study, enrollment data for child welfare services and Part C services were examined to assess the degree of overlap between the two service systems. Results indicated that only a small proportion of young children receiving child welfare services also were enrolled in Part C early intervention services. These findings suggest that more effective procedures are needed for identifying the developmental problems of infants and toddlers enrolled in child welfare services and for enrolling them into Part C early intervention services.

Rosenberg, S., & Robinson, C. (2003). Is Part C ready for substantiated child abuse and neglect? *ZERO TO THREE*, November 2003, 45-47.

Abstract: This article discusses the new requirement under the *Keeping Children Safe Act of 2003* that each state develop “provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of abuse or neglect to early intervention services funded under Part C of the IDEA.” The author provides a rough estimate of the increase in Part C’s service load that may result as a result of this legislation and makes recommendations to ensure that representatives of child welfare and Part C work together to design referral, evaluation, and intervention systems that will meet the needs of these vulnerable young children and their caregivers. Also included is an update from the Massachusetts Early Childhood Linkage Initiative (MECLI), written by John Lippitt.

Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy of Sciences. Retrieved January 26, 2005, from <http://books.nap.edu/books/0309069882/html/index.html>

Abstract: The Committee on Integrating the Science of Early Childhood Development reviewed an extensive, multi-disciplinary, and complex body of research covering the period from before birth to entry into kindergarten to generate an integrated science of early childhood development and the role of early experiences. The result of the committee’s review, this book synthesizes the literature, elaborates on a number of core concepts of development, and offers recommendations

for policy and practice. The committee's conclusions and recommendations are grounded in four overarching themes: (1) all children are born wired for feelings and ready to learn; (2) early environments matter, and nurturing relationships are essential; (3) society is changing, and the needs of young children are not being addressed; and (4) interactions among early childhood science, policy, and practice are problematic and demand dramatic rethinking. Of specific relevance to the topic of this minibibliography are the sections in Chapter 8 entitled "Stress and the Developing Brain" and Chapter 9 entitled "Children Exposed to Abuse and Neglect."

Thomlison, B. (2003). Characteristics of evidence-based child maltreatment interventions. *Child Welfare*, 82(5), 541-69.

Abstract: Treatment protocol review technique was used to summarize characteristics of effective interventions from nine studies of child maltreatment examining recovery from abuse or effects of maltreatment on child and parent outcomes. Findings suggested that stronger effects are yielded by: targeting parents and the parent-child interaction context in home-based settings during early childhood; designing multicomponent interventions delivered by professionals for teaching parenting skills; and targeting families of higher risk children.

Timmer, S. G. (2005). Parent-child interaction therapy: Application to maltreating parent-child dyads. *Child Abuse and Neglect: The International Journal*, 29(7), 825-842.

Abstract: Parent-Child Interaction Training (PCIT) is a dyadic intervention that is designed to alter specific patterns of interaction found in parent-child relationships. The primary focus of this study was to examine the effectiveness of PCIT with maltreating parent-child dyads. It describes the effectiveness of PCIT with 136 biological parent-child dyads in which 91 of the children had been maltreated. Of the 91 maltreated children, 59 of the parents had maltreated their children, and were thus considered to be at high risk of repeating the abuse. Primary outcomes of this study show the following: (1) a decrease in child behavior problems; (2) a decrease in parental stress; and (3) a decrease in abuse risk from pre- to post-treatment for dyads with and without a history of maltreatment. The authors conclude that the results of this study add to the body of research supporting PCIT as a promising intervention and as a means to aid both children and parents in high-risk families for maltreatment.

U. S. Department of Health and Human Services, Children's Bureau. (2005). *Child maltreatment 2003: Reports from the states to the National Child Abuse and Neglect Data Systems - National statistics on child abuse and neglect*. Retrieved April 8, 2005, from <http://www.acf.hhs.gov/programs/cb/publications/cm03/index.htm>

Abstract: The National Child Abuse and Neglect Data System (NCANDS) collects and analyzes annual data on child abuse and neglect submitted voluntarily by the States and the District of Columbia. This report is on data for 2003. An estimated 906,000 children were determined to be victims of child abuse or neglect. Children ages' birth to 3 years had the highest rates of victimization. Girls were slightly more likely to be victims than boys. American Indian or Alaska Native children, and African-American children had the highest rates of victimization when compared to their national population. Child victims who were reported with a disability accounted for 6.5 percent of all victims in the 34 States that reported these data. An estimated 1,500 children died due to child abuse or neglect. 78.7 per cent of children who were killed were younger than 4 years old. [Excerpts from the report summary.]

U. S. Department of Health and Human Services, Children's Bureau. (2003). *School-based child maltreatment programs: Synthesis of lessons learned*. Retrieved January 19, 2004, from <http://nccanch.acf.hhs.gov/pubs/focus/schoolbased/>

Abstract: In Fiscal Year 1997, the Office on Child Abuse and Neglect (OCAN), Children's Bureau, Administration for Children and Families, Department of Health and Human Services, provided 3-year grants to develop and implement demonstration projects that address child maltreatment identification, prevention, and treatment in collaboration with preschool, elementary, and secondary school systems. This synthesis, based on an evaluation of the final reports of 11 grantees, describes the demonstration projects and some of the key lessons learned about how child maltreatment prevention and intervention efforts can be enhanced through the involvement of a school or school system.

Zielinski, D. S. (2005, July). Long-term socioeconomic impact of child abuse and neglect: Implications for public policy. *Policy Matters*. Retrieved December 2, 2005, from <http://www-pps.aas.duke.edu/centers/child/Publications/ImpactofAbuse-DZielinski.pdf>

Abstract: Research indicates that there can be socioeconomic consequences for some adults abused as children. This article discusses the following findings: (1) twenty percent of unemployed adults report having been abused or neglected as children, compared to 13 percent of employed adults; (2) child maltreatment victims are more than twice as likely as their nonmaltreated peers to fall below the Federal poverty level as adults; (3) this group is also more likely to complete less schooling than their peers; (4) female victims of physical and sexual abuse are significantly more likely to use Medicaid than other adults. The costs of child abuse and neglect to society are also discussed. The article suggests that these costs could be reduced by: (1) providing victims with health and mental health care; (2) providing increased educational support; and (3) focusing resources on preventing child abuse and neglect

Infants, Toddlers and Young Children Living in Foster Care

American Academy of Pediatrics, Committee on Early Childhood, Adoption and Dependent Care. (2000). Developmental issues for young children in foster care. *Pediatrics*, 106(5), 1145-1150. Retrieved April 22, 2005, from <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;106/5/1145>

Abstract: This article discusses the following developmental issues that are important for young children in foster care: 1) the implications and consequences of abuse, neglect, and placement in foster care on early brain development; 2) the importance and challenges of establishing a child's attachment to caregivers; 3) the importance of considering a child's changing sense of time in all aspects of the foster care experience; and 4) the child's response to stress. The article also addresses issues related to parental roles and kinship care, parent-child contact, permanency decision-making, and the components of comprehensive assessment and treatment of a child's development and mental health needs.

Clyman, R. B., & Harden, B. J. (Eds.). (2002). Infants in foster and kinship care [Special issue]. *Infant Mental Health Journal*, 23(5).

Abstract: Infants represent a significant and growing proportion of young children entering out-of-home placement. These infants have high rates of medical and developmental difficulties and are at high risk for mental health problems. This special issue contains a collection of articles devoted to infants in out-of-home placement. Four articles describe new research on the subject and

demonstrate a need for public policy discourse about newborns entering foster care. One article describes an infant-parent evaluation program, and others discuss congregate care settings, developmental outcomes, longitudinal administrative data, and clinical programs. The hope is that a multidisciplinary approach to this subject will lead to the improved lives of infants entering foster or kinship care.

Dicker, S., & Gordon, E. (2004). *Ensuring the healthy development of infants in foster care: A guide for judges, advocates and child welfare professionals*. Washington, D.C.: ZERO TO THREE Policy Center. Retrieved April 22, 2005, from <http://www.zerotothree.org/policy/policybriefs/ensuringhealthydev.pdf>

Abstract: Our nation's courts and child welfare systems are at the front line for linking new knowledge about infants with child welfare practice. We would move closer to achieving the goal of healthy development and permanency for every infant in foster care if at least one person involved in the court process would ask basic questions to spotlight that infant's needs and integrate those needs with permanency planning efforts. This handbook discusses key questions to ask and presents resources that can address the special needs of infants in foster care and strengthen their families.

Dicker, S., & Gordon, E. & Knitzer, J. (2002). *Improving the odds for the healthy development of young children in foster care*. New York: National Center for Children in Poverty. Retrieved November 8, 2004, from http://www.nccp.org/pub_pew02b.html

Abstract: This policy paper is intended to challenge communities all over the country to attend to the needs of children in or at risk of foster care placement. It is about what child welfare agencies, courts, and other partners can do to improve the physical, developmental, and emotional health of young children in foster care. It highlights the special risks these children face and identifies strategies that service providers, courts, policymakers, and advocates can use to enhance the healthy development of young children in foster care and promote their prospects for permanency - whether that means reunification with their families or adoption.

Fenichel, E. (Ed.). (2002). Agents of change in foster care for infants and toddlers [Special issue]. *ZERO TO THREE*, 22(5).

Abstract: The foster care system presents multilayered problems that call for multilayered solutions. This special issue highlights individuals, programs, institutions, and systems concerned with the growing number of toddlers and infants in foster care. The authors represent the fields of epidemiology and intervention research, the judiciary, and a variety of clinical specializations. As opportunities to serve infants and toddlers in foster care expand through Early Head Start and other programs, the hope is that a growing number of individuals will be empowered to become agents of positive change in these young children's lives.

Fisher, P. A., Burraston, B., & Pears, K. (2005). The early intervention foster care program: Permanent placement outcomes from a randomized trial. *Child Maltreatment*, 10, 61-71.

Abstract: The risks that preschool-aged foster children face appear to increase with the number of placement changes experienced. The Early Intervention Foster Care Program (EIFC) uses a team approach delivered in home and community settings to address the challenges these children face. This article reports on the results of a randomized clinical trial of the EIFC program. It demonstrates that children in the EIFC program had significantly fewer failed permanent placements than a comparison group of children in regular foster care. The article can be accessed via a "pay per article" option at <http://cmx.sagepub.com/cgi/reprint/10/1/61>

Fisher, P. A., Gunnar, M. R., Chamberlain, P., & Reid, J. B. (2000). Preventive intervention for maltreated preschool children: Impact on children's behavior, neuroendocrine activity, and foster parent functioning. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39(11), 1356–1364.

Abstract: This article describes the results of a study that looked at the effectiveness of the Early Intervention Foster Care (EIFC) program on young children ages 0-5, immediately following placement in a new foster home. The study involved 10 children in the EIFC program, 10 children in regular foster care, and a comparison group of 10 children with no history of maltreatment, who were living with their birth parents. Results of the study showed that (1) EIFC foster parents had higher positive parenting scores than regular foster care parents; (2) EIFC children showed improved behavioral adjustment, while regular foster care children showed decreased functioning in several areas; and (3) the EIFC children's salivary cortisol measures were closer to those of the nonmaltreated children, while salivary cortisol measures in the regular foster care children were closer to those of children experiencing stress or maltreatment.

Georgetown University Center for Child and Human Development. (2002). *Meeting the health care needs of children in the foster care system*. Retrieved April 27, 2005, from http://gucchd.georgetown.edu/programs/meeting_health_needs/

Abstract: Children who have been separated from their families and placed into the foster care system are more susceptible to chronic medical, mental health, and developmental problems than other children of comparable socioeconomic backgrounds. Although laws and policies mandate appropriate health care for children in foster care, and funding is available through Medicaid and other sources, numerous barriers prevent many of these children from receiving the care they need. In 2002, the Georgetown University Center for Child and Human Development completed a study that identified and analyzed promising approaches from states and communities for addressing these barriers. It is hoped that the findings will be used to enhance the development of comprehensive, systematic strategies for assuring that the health care needs of children in the foster care system are sufficiently met.

Harden, B. J. (2004). Safety and stability for foster children: A developmental perspective. *The Future of Children*, 14(1), 31-47. Retrieved January 19, 2005, from http://www.futureofchildren.org/usr_doc/3-harden.pdf

Abstract: This article discusses the importance of safety and stability to healthy child development and reviews the research on the risks associated with maltreatment and the foster care experience. It finds: (1) family stability is best viewed as a process of care-giving practices that, when present, can greatly facilitate healthy child development; (2) children in foster care, as a result of exposure to risk factors such as poverty, maltreatment, and the foster care experience, face multiple threats to their healthy development, including poor physical health, attachment disorders, compromised brain functioning, inadequate social skills, and mental health difficulties; and (3) providing stable and nurturing families can bolster the resilience of children in care and ameliorate negative impacts on their developmental outcomes. The author concludes that developmentally

sensitive child welfare policies and practices designed to promote the well-being of the whole child, such as ongoing screening and assessment and coordinated systems of care, are needed to facilitate the healthy development of children in foster care.

Jackson, T. L., & Muller, E. (2005). *Foster Care and Children with Disabilities*. Alexandria, VA: Project Forum at NASDSE. Retrieved April 22, 2005, from http://nasdse.org/publications/foster_care.pdf

Abstract: The purpose of this document is to: (1) provide data on the prevalence of children in foster care who are also receiving special education services; (2) summarize federal legislation that addresses the foster care system and children who are in foster care; (3) describe how states are beginning to address the Child Abuse Prevention and Treatment Act (CAPTA); (4) identify some of the barriers to providing appropriate educational services to school-aged children with disabilities in foster care; and (5) suggest some next steps for meeting the educational needs of this population.

Leslie, L. K., Gordon, J. N., Lambros, K., Premji, K., Peoples, J., & Gist, K. (2005). Addressing the developmental and mental health needs of young children in foster care. *Journal of Developmental & Behavioral Pediatrics*, 26(2), 140-151.

Abstract: Research shows that young children entering the child protective services/child welfare system experience high rates of developmental and mental health problems. There is emerging evidence that accurate and appropriate screening and assessment practices can play an important role in ensuring that early intervention services help to improve outcomes for these vulnerable young children. This paper discusses recent federal legislation that addresses the developmental and mental health needs of young children in foster care, and provides a framework for health, developmental and mental health professionals seeking to collaborate with child welfare to develop programs that address these important issues.

Mitchell, D. B., & Abrams, D. E. (Eds.). (2004). Infants and toddlers in court [Special issue]. *Juvenile and Family Court Journal*, 55(2).

Abstract: Young children often cannot express the pain they experience as a result of abuse or neglect and separation from parents and siblings. Their pain often results in emotional, behavioral, and cognitive harm that remains with them for the rest of their lives. This special issue contains articles by authors of diverse backgrounds (medicine, psychology, education and social work). It presents innovative ideas on working with resource-challenged systems to develop best practices in addressing issues of child neglect and abuse. The overall goal is to spark court and systems improvement that will result in long-term, systemic change and increased safety, permanence, and well being in the lives of young children.

National Clearinghouse on Child Abuse and Neglect Information. (2003). *Foster care national statistics*. Retrieved April 22, 2005, from <http://nccanch.acf.hhs.gov/pubs/factsheets/foster.cfm>

Abstract: This fact sheet provides the most recent national statistical estimates for children in foster care (from fiscal year 2001) and also provides earlier data (from fiscal year 1998) to allow for some estimate of trends over time. Data were obtained from the Adoption and Foster Care Analysis and Reporting System (AFCARS). AFCARS collects case-level information on all children in foster care for whom State child welfare agencies have responsibility for placement,

care, or supervision and on children who are adopted under the auspices of the State's public child welfare agency. States are required to submit AFCARS data semi-annually to the Administration for Children and Families.

National Clearinghouse on Child Abuse and Neglect Information, & National Adoption Information Clearinghouse. (2004). Mental health support for young children at risk. *Children's Bureau Express*, 5(3). Retrieved May 3, 2005, from http://cbexpress.acf.hhs.gov/nonissart.cfm?issue_id=2004-04&disp_art=799

Abstract: This article describes a pilot program to research and improve the mental health of high-risk infants and young children in Florida. The multi-site program, funded in 2000 by the FL State legislature, provided psychotherapy to children and their families to promote attachment and positive interactions between the child and mother (or primary caregiver). The program was designed to serve very young children who were at risk for out-of-home placement or already in foster care due to abuse and neglect. This article provides links to the full final report for this project, as well as links to other promising programs for young children in foster care.

Pew Commission on Children and Foster Care. (2004). *Fostering the future: Safety, permanence and well-being for children in foster care*. Retrieved June 28, 2005 from <http://pewfostercare.org/research/docs/FinalReport.pdf>

Abstract: The Pew Commission on Children and Foster Care began in May 2003 with the goal of developing recommendations for improving the lives of children in the foster care system. Its primary focus was to expedite the transition of children from the foster care system into safe, permanent, nurturing families and to avoid unnecessary placements in foster care. The Commission explored a broad range of issues in child welfare and examined critical problems, as well as promising approaches. This report presents the Commission's final policy recommendations, which evolved from five agreed upon principles expressing what children in the child welfare system need. The goal is to give Congress, federal agencies, states, courts, and communities a framework for enhancing the ability of child welfare agencies and courts to find safe, permanent families for children in the foster care system and those at risk of entering the system.

Price, A. (Ed.). (2004). Helping infants and toddlers through transitions in foster care [Special Issue]. *The Source*, 13(2). Retrieved May 3, 2005, from http://aia.berkeley.edu/media/pdf/source_vol13_no2.pdf

Abstract: This special issue from the National Abandoned Infants Assistance Resource Center contains the following articles: (1) "Creating threads of continuity: Helping infants and toddlers through transitions in foster care," by Laura Frame, Kathryn Orfirer, and Barbara Ivins; (2) "Helping children transition to new caregivers," by Sweets S. Wilson and Dorothy Richards; (3) "Making the transition: Learning to cope through art," by Jess Feury; (4) "Supporting the transition of infants with prenatal substance exposure from foster to adoptive homes," by Lenora Marcellus; and (5) "Transition issues for children of incarcerated parents," by Denise Johnston.

Schmidt, J. (2005). Promising practices in child welfare: Strategic approaches to improving the well-being of children in foster care. *Voices for America's Children Issue Brief, February 2005*. Retrieved May 3, 2005, from http://voicesforamericaschildren.org/Content/ContentGroups/Publications-Voices/Child_Welfare2/Strategic_Approaches_to_Improving_the_Well-Being_of_Children_in_Foster_Care/StrategicApproaches.pdf

Abstract: Many states and communities are committed to the goal of enhancing the well-being of children in the foster care system. Several have implemented new approaches for ensuring that foster care placements are nurturing and protective, that physical and mental health outcomes of the children are improved, and that their educational and developmental needs are met. This issue brief describes a number of promising models that states and communities have implemented to ensure that children will do well in out-of-home care, recover from the situations that placed them there, and be prepared to return home or enter a new family.

Silver, J. A., Amster, B. J., & Haecker, T. (Eds.). (1999). *Young children and foster care: A guide for professionals*. Baltimore, MD: Paul H. Brookes.

Abstract: This book is intended to provide social services welfare professionals a comprehensive discussion from a multidisciplinary perspective of infants and preschool-age children in the child welfare system. Contributors to the book are specialists in the fields of pediatrics, psychology, child welfare, social policy, legal advocacy, speech-language pathology, physical therapy, theology, and early intervention. The book is divided into five sections, covering developmental and emotional concerns, medical concerns, advocating for children, prevention and early intervention, and training.

Silver, J., DiLorenzo, P., Zukoski, M., Ross, P. E., Amster, B. J., & Schlegel, D. (1999). Starting young: Improving the health and developmental outcomes of infants and toddlers in the child welfare system. *Child Welfare, 78*(1), 148-165.

Abstract: This article describes a collaborative, multidisciplinary developmental follow-up program for infants and toddlers who have been in out-of-home care. The program builds on the community-based family support model described in the Family to Family Foster Care Reform Initiative. The article highlights the children's health and developmental status and program effectiveness.

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*. Retrieved April 22, 2005, from http://www.medicine.uiowa.edu/icmh/archives/reports/Foster_Care.pdf

Abstract: A recent review of the foster care system in several states indicated that the placement rate for children under the age of 5 was double that of children aged 5-17. The review also concluded that young children and infants were kept in the foster care system significantly longer than any other age group. This paper discusses these findings and the potential effects of foster care placement on young children's attachment relationships and mental health outcomes.

Vig, S., Chinitz, S., & Shulman, L. (2005). Young children in foster care: Multiple vulnerabilities and complex service needs. *Infants & Young Children, 18*(2), 147-160.

Abstract: Young children who are separated from their parents at an early age are at considerable risk for poor developmental outcomes. Children under 6 years of age are the largest group entering foster care environments. They also remain in care the longest. This article describes the types of medical conditions, mental health problems, and developmental disabilities often experienced by these vulnerable children, and it investigates rationales for intervention.

van Wingerden, C., Emerson, J. & Ichikawa, D. (2002). *Improving special education for children with disabilities in foster care*. Seattle: Casey Family Programs. Retrieved October 21, 2005 from http://www.fosterclub.org/training/upload/fosterclub_219.pdf

Abstract: This issue brief highlights the special education issues particular to children and youth in foster care. The authors discuss the following issues as being particularly significant for foster children in special education: (1) lack of coordination among the education, child welfare, health, mental health, and judicial systems; (2) inconsistent tracking of foster children in special education and related problems with records transfer and timely implementation of services; (3) inadequate 'child find' implementation, particularly for the infant and toddler population; (4) identification of a knowledgeable, consistent advocate for the child and definition of the roles of birth parents, foster parents, social workers, and court-appointed special advocates (CASAs)/guardians ad litem; (5) lack of coordinated transition planning; (6) insufficient attention to mental health and behavioral needs; (7) insufficient involvement of child welfare and foster parents in state program improvement grants; and (8) insufficient attention to research and innovation to improve services and results for children with disabilities who are also in foster care. Specific strategies to address these issues and opportunities for improvement are discussed.

ZERO TO THREE Policy Center. (2004). *Infants, toddlers and child welfare: Fact sheet*. Retrieved January 24, 2004, 2004, from <http://www.zerotothree.org/policy/factsheets/cw.pdf>

Abstract: This fact sheet provides a list of fast facts about the incidence and impact of child abuse and neglect on very young children and discusses in detail the following nine policy recommendations: (1) Prevent multiple placements for infants and toddlers in foster care; (2) Ensure developmentally appropriate visitation practices for infants and toddlers in foster care; (3) Use evidence based models to prevent child abuse and neglect; (4) Assure comprehensive, developmentally appropriate health care for infants and toddlers in foster care; (5) Ensure access of infants and toddlers referred to child protective services to the early intervention program (Part C) of the federal individuals with disabilities education act (IDEA); (6) Assure early childhood mental health assessment and treatment services for babies and toddlers in foster care, including consultation to child welfare agencies to assure more informed child welfare practice; (7) Ensure that infants and toddlers in foster care have access to quality early care and learning experiences; (8) Assure ongoing post permanency services and supports for adoptive families and families seeking reunification; and (9) Use oversight of the courts to ensure the safety and permanency of babies in foster care.

ZERO TO THREE Policy Center. (2005). Restructuring the federal child welfare system: Assuring the safety, permanence and well-being of infants and toddlers in the child welfare system. Retrieved March 17, 2005, from <http://www.zerotothree.org/policy/factsheets/childwelfare.pdf>

Abstract: This fact sheet provides a list of facts about infants and toddlers in foster care and discusses detailed policy recommendations to ensure that the unique needs of this vulnerable group of children are met. The article also includes a brief overview of each of the following research findings: (1) attachment is one of the most critical developmental tasks of infancy; (2) infants and toddlers in foster care are more likely to have fragile health and less likely to receive developmentally appropriate health care; (3) infants and toddlers in foster care are at risk for mental health disorders; and (4) visitation is one of the best predictors of successful family reunification.

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