



## Child Well-Being in Minnesota:

Legislative responses to defining  
risk across systems for children 0-5.

A briefing on how risk is defined by  
Minnesota's Early Intervention services  
and their role in the Child Welfare field.  
Overview of Early Head Start, Child  
Protection Screenings, and opportunities  
for Cross System Coordination.

Center for Advanced Studies  
in **Child Welfare**

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## What is the Field of Child Welfare?

The child welfare field includes human services in the areas of child protection, foster care, and adoption. In Minnesota, this work is carried out in a state supervised, county administered system by government as well as non-profit agencies, and is supported by research and evaluation from government, academic institutions and non-profit organizations. The collective goal of child welfare is to promote the safety, permanency, and well-being of children, youth, and families.

## Child Welfare and Early Intervention

This brief highlights how risk is defined by early intervention services in Minnesota and its intersection with the child welfare field. The Center for the Advanced Studies in Child Welfare (CASCW) issues an annual publication called *CW360°*. The Winter 2012 edition, *Using a Developmental Approach in Child Welfare Practice*, examines the importance of applying a developmental framework to the issues faced by the child welfare field, as well as highlighting programs, policies, and partnerships between the fields of early childhood education/intervention and child welfare across the country that are showing positive outcomes for our most vulnerable children.

## Child Welfare and Risk

Assessing risk and ensuring well-being are at the core of child welfare practice. Defining risk is an issue for the field and the early intervention efforts outlined in this brief because the definition both determines who receives services and drives those services' programmatic objectives. Child welfare, early care and education, and early intervention aim to address the needs of children "at-risk," but each defines risk differently, making it difficult to coordinate care for children across these systems.

Further, young children who experience trauma require ongoing progress monitoring of their development due to their resulting vulnerability. The framework of risk, along with the discussion on accessible programming will be used to examine Early Head Start, Child Protection Screening, and opportunities for Cross System Coordination.

## Early Head Start

**Defining Risk:** In Minnesota, Early Head Start provides comprehensive services to pregnant women and children from birth to age 3 living at or below the federal poverty guidelines<sup>1</sup>. They target this population because children living in poverty are considered at risk for low academic achievement and mental, behavioral, and emotional disorders<sup>2</sup>.

**Policy Problem:** While Early Head Start is federally and locally funded to serve children in poverty, as well as those with disabilities and other compromising situations (e.g. being homeless or in an out of home placement), the program falls short on capacity. As of January 15, 2012

## Targeted Services Expanded for At-Risk Children: Minnesota's Race to the Top

In December 2011, Minnesota was awarded a federal Race to the Top grant worth \$45 million over 4+ years. The funding allows Minnesota to expand its early childhood education services. This is a targeted effort aimed at "at-risk" children in high poverty areas around the state, focusing on Minneapolis' Northside Achievement Zone (Promise Neighborhood), St. Paul's Promise Neighborhood, White Earth Reservation, and Itasca County.

The grant also aims to strengthen the State's response to and tracking of early childhood programs through systematized coordinated services for its target population. The focus on this will be in three areas:

- **Accountability & Decision-Making** (improved governance structure, expanded child and provider assessment and data system)
- **A Great Early Childhood Workforce** (supporting professional development)
- **High Quality Accountable Programs** (utilizing QRIS, implementing scholarships for quality programs, utilizing Title I match funds for the expansion of Pre-K programs)

**Source:** Minnesota Department of Education Press Release, December 16, 2011 <http://education.state.mn.us/MDE/Welcomer/News/PressRel/040135>

Minnesota has over 1,600 children on Early Head Start waiting lists alone (and over 4,500 on regular Head Start waiting lists)<sup>3</sup>.

The issue of capacity becomes even more critical for children in out of home placements, arguably some of the most vulnerable children, with a variety of risk factors. Minnesota has approximately 5,500 children in out of home placement on any given day.

Young children in the child welfare system, like those in out of home placements, automatically qualify for Early Head Start because of their high level of risk. Throughout 2010, a total of 11,239 children were served in out of home placements<sup>4</sup>. Of those, 2,959 (26%) were under the age of five<sup>5</sup>, but less than 300 foster children are enrolled in Early Head Start and Head Start programs statewide<sup>6</sup>.

**Policy Solution:** Early Head Start programming and other quality early childhood programs show positive outcomes, but cannot meet the need, even when offering these services to a targeted group of children at high risk. With limited funding it is important to further target these services by identifying the children who stand to benefit most from early intervention.

To increase the enrollment of these children in crucial early childhood education and care settings it is not enough to provide categorical eligibility, a more active effort (see section on Cross System Coordination for examples) in targeting them is necessary.

Additionally, with the implementation of Race to the Top funds, the state has the opportunity to expand the net for reaching highly vulnerable children poised to benefit most

from this investment. As the state considers how to target the additional resources provided through Race to the Top, special consideration should be given to children entering the child welfare system. This group faces a myriad of risk factors and barriers to accessing quality care and education.

## Child Protection Early Intervention Screening (IDEA Part C)

**Defining Risk:** Infants and toddlers referred to child protection are either at-risk or well past the point of at-risk due to the volatile situations that lead to their identification.

**Policy Problem:** The Child Abuse Prevention and Treatment Act (CAPTA) and Part C of the Individuals with Disabilities Education Act (IDEA) are two of the most prominent federal policies addressing the developmental needs of young children in the child welfare system. Part C specifically aims to improve outcomes for infants and toddlers with developmental delays or who have diagnosed physical or mental conditions with high probabilities of resulting in developmental delays<sup>7</sup>.

### Trauma and Development

Many children who are the subject of a maltreatment report have been exposed to trauma, whether or not there is a substantiation of abuse. The impact of trauma can have serious developmental implications. In one study, 35% of children involved in child protection scored in the clinical level for social and emotional problems during a developmental screenings.

**Source:** Casanueva, C., Ringeisen, H., Wilson, E., Smith, K., & Dolan, M. (2011). NSCAW II Baseline Report: Child Well-Being. OPRE Report #2011-27b, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

In Minnesota, being “at-risk” for developmental delays due to low income status, disrupted family environments, and homelessness, among other factors, does not by itself qualify a child to receive early intervention services through Part C unless there is an accompanying diagnosis.

Child protection screeners may not be catching families that could benefit from early interventions and be referred through Part C due to restrictions in the mandate (IDEA, Public Law 108-446). Additionally, CAPTA requires the child welfare system to have a formalized process for referring children to Part C only when there is a substantiated case

of maltreatment. In Minnesota, substantiated cases only amount to around 17% of all screened in child protection reports<sup>8</sup>.

**Policy Solution:** Establishing the best point for requiring the referral for a Part C evaluation is a necessary first step. This is particularly an issue in Minnesota where now, due to the statewide implementation of Family Assessment Response in child welfare, many of the cases currently being served in the system (approximately 70%) are Family Assessment cases that never receive a substantiation (formal finding of maltreatment). These children are still at risk for developmental delays, and could undoubtedly benefit from Part C services.

If the referral mandate for an evaluation is moved up to the point of a case being “screened in” for either track, all children will have an improved chance of being evaluated for any developmental, emotional, or behavioral issues.

Additionally, because many of the children who come to the attention of the child welfare system have experienced interpersonal trauma that puts them at risk for developmental delay, Part C screens should detect trauma-related symptoms, and eligibility should include risk for developmental delay related to trauma.

## Cross System Coordination

**Defining Risk:** The various systems and programs aimed at addressing the needs of vulnerable children have different definitions of and responses to this population (education, human services, child welfare, health, etc.).

**Policy Issue:** A lack of coordination between these systems puts young children at further risk for developmental issues. It also increases the likelihood that some children will slip through the cracks and services may not be utilized to their fullest extent.

**Policy Solution:** In August 2011, the U.S. Department of Health and Human Services (DHHS) sponsored a report on early care and education and the child welfare system<sup>9</sup>. The report noted that a collaborative effort by early care and education professionals is one example of cross system coordination that would have a substantial impact on the outcomes of children birth to 5 years involved in the child welfare system. Professionals working in early learning,

## Why invest in child welfare innovations in a time of historic budget deficits?

A 2005 RAND study on early education/intervention programs showed 19 of the 20 programs evaluated demonstrating a return on investment of \$1.80 - \$17.07 for every dollar invested. These returns reflect savings to public systems (e.g. special education, corrections) and assistance (e.g. welfare) later in the children’s lives, as well as their increased earning potential and subsequent tax contribution, among other measures of social mobility.

Additionally, for children who are at risk and do not receive early intervention services, public costs can be upwards of \$30,000 per child. These costs reflect special education services needed in K-12 education, corrections costs, costs of becoming involved with the child welfare system, public assistance costs, and others.

**Source:** Karoly, L. A., Kilburn, R. M., & Cannon, J. S. (2005). *Early Childhood Interventions: Proven Results, Future Promise*. Santa Monica, CA: RAND



home visiting, and family support are important aids to bridging gaps in public service systems like that of foster children's low enrollment in Early Head Start.

The report recommends including an early care and education professional in Family Group Conferencing when a child under the age of 6 is involved in a child welfare case, even if the child does not participate in an early care or education program. Additionally, amending state policies to require early childhood practitioners' participation in the case-planning process is

also recommended by DHHS. This will help to ensure efficacy and oversight of the coordinated effort.

According to the report, early care and education practitioners can also make the following contributions to multidisciplinary teams: Offering a safe place for family visits, providing a place for families to access resources on child development, and offering respite care for families and foster care families.

## Building the Evidence Base

CASCW urges the continuation and expansion of programs aimed at improving outcomes for children of color in the Child Welfare System along with the inclusion of rigorous evaluation components enhancing accountability, identifying best practices and allowing policy makers and practitioners to isolate areas for improvement.

### For greater depth on these early intervention issues, read CW360°:

<http://z.umn.edu/cw3601012>

- Early Intervention for Infants and Toddlers in Child Protection: Updating Public Policy. By Marcie Jefferys, PhD. Updating early childhood laws to allow for more intervention service provision. Page 9.
- Hope Through Action: A Unique Window of Opportunity. By ZERO TO THREE. An agenda for addressing the developmental needs of infants and toddlers. Page 6.
- The Need for Better Coordination Across Systems: A Foster Care Family Perspective. By Nikki Kovan, PhD. The implications of missing a referral from the first point of screening, as told by a foster care family. Page 24.

To access instructions to download CW360° to e-readers/ipads, see <http://z.umn.edu/ereader>

### For more in-depth information on this topic

For more information on IDEA Part C: <http://idea.ed.gov/part-c/search/new>

Proven Benefits of Early Childhood Intervention. RAND Corporation Research Brief. By Lynn Karoly, M. Rebecca Kilburn, and Jill Cannon. [http://www.rand.org/pubs/research\\_briefs/RB9145.html](http://www.rand.org/pubs/research_briefs/RB9145.html)

U.S. Department of Health and Human Services Administration for Children and Families Collaborative Partnerships Between

Early Care & Education and Child Welfare: Supporting Infants, Toddlers, and Their Families Through Risk to Resilience, August 2011 <http://www.acf.hhs.gov/programs/occ/ta/pubs/nitcci/ChildWelfareECEBrief.pdf>

### Resources for further information and continued education

For papers and reports generated by CASCW-supported affiliates, follow this link: <http://z.umn.edu/cwpubs>

To keep current on topics important to the field, visit the Child Welfare Information Gateway at: <http://www.childwelfare.gov>

Looking for information on the newest child welfare publications or current news and resources from the field? Subscribe to <http://www.childwelfare.gov/admin/subscribe/>

### References

- <sup>1</sup> PICA Head Start <http://picaheadstart.org/hs/index.html>
- <sup>2</sup> Child Trends Research Brief, April 2009 [http://www.childtrends.org/files/child\\_trends2009\\_04\\_07\\_rb\\_childreninpoverty.pdf](http://www.childtrends.org/files/child_trends2009_04_07_rb_childreninpoverty.pdf)
- <sup>3</sup> Minnesota Department of Education, 2012
- <sup>4</sup> Minnesota's Child Welfare Report, Minnesota Department of Human Services, August 2011
- <sup>5</sup> Minnesota's Child Welfare Report, August 2011
- <sup>6</sup> Minnesota Head Start Association, 2012
- <sup>7</sup> U.S. Department of Education <http://idea.ed.gov/part-c>
- <sup>8</sup> Minnesota Department of Human Services Child Maltreatment Report, 2010
- <sup>9</sup> *Collaborative Partnerships Between Early Care & Education and Child Welfare: Supporting Infants, Toddlers, and Their Families Through Risk to Resilience*



### More Policy Briefs Coming Soon

CASCW will continue to publish policy briefs to share research and evidence-based policy solutions on pressing issues for Minnesota's children and families. Look for new policy briefs coming soon.

**Not finding what you need? Contact CASCW directly for information, research & analysis on Child Welfare at 612-625-8121 or [cascw@umn.edu](mailto:cascw@umn.edu).**

The Center for the Advanced Studies in Child Welfare (CASCW) is a nonpartisan research and training center at the University of Minnesota's School of Social Work.

CASCW's mission is to improve the well-being of children and families who are involved in the child welfare system by: educating human service professionals, fostering collaboration across systems and disciplines, informing policy makers and the public, and expanding the child welfare knowledge base.

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