



EARLY CARE AND EDUCATION COLLABORATIVE

SUCCESS IN SCHOOL BEGINS AT BIRTH

Early relationships build the foundation for school readiness.

School readiness encompasses a child's health and physical development, emotional and social development, approaches to learning, language skills, cognitive development, general knowledge and capacity to form and sustain positive relationships with teachers, children and other adults.^{i ii} Children begin developing the cognitive, emotional, social, and physical skills they need to succeed in school the moment they are born, through interactions with caregivers. Young children's brains develop more rapidly before they reach the age of five than at any other time in their lives.

During this highly sensitive period of development, children are more open to the influence of external events and experiences than they will be ever again. In their early years, children's healthy emotional, cognitive and motor development is shaped by responsive, dependable interactions with engaged and caring adults. Chronic or extreme adversity can interrupt normal brain development, with profound consequences for children's emerging capacities for learning and relating to others, and chances for later success in school and in life.ⁱⁱⁱ

Infants and toddlers in foster care are especially vulnerable.

Very young children are profoundly affected by abuse, neglect, witnessing neighborhood or domestic violence, living in families with substance abuse or mental health problems, and being removed from their primary caregiver and placed in foster care. These events trigger biological stress response systems and, over time, stress responses leads to abnormal levels of stress hormones that can damage developing brain structures. When children do not have stable, responsive relationships with adults, these hormones can remain out of balance. This condition, known as *toxic stress*, "literally interferes with developing brain circuits, and poses a serious threat to young children, not only because it undermines their emotional well-being, but also because it can impair a wider range of outcomes including early learning, exploration and curiosity, school readiness and later school achievement."^{iv}

Because adverse experiences have a cumulative impact on young children's developing brains, infants and toddlers who enter foster care are especially vulnerable to disruptions in healthy development. The stress of maltreatment, separation from their biological parents, and placement in foster care puts young children at increased risk for cognitive and developmental delays, as well as physical and mental health problems that may not surface for many years.^v

Highly negative emotional experiences in early childhood are not "forgotten" – they are built into the architecture of the developing brain and can have sustained impact that extends well into the adult years... v

Young children in foster care need secure emotional relationships and early, preventive interventions to be successful in school and life.

Although children under six years old are among the most vulnerable of those in care, intervening at this age also offers the greatest promise of success. All children develop in an environment of relationships, and children in foster care can be protected from the effects of stressful early life

experiences by stable, nurturing relationships with supportive and skilled caregivers, early identification of their emotional, cognitive and behavioral needs, and developmentally appropriate preventive services. Children in foster care need the chance to form a stable, lasting emotional attachment with a committed adult caregiver to develop the capacity for self-regulation and relating to others. Relationship with an adult caregiver is the foundation for young children's social, emotional, cognitive, and physiological development. Research has shown that nurturing, trauma-informed, committed parenting provided to infants and toddlers in foster care is the most powerful intervention to ameliorate the effects of early risks and disruptions and ensure these highly vulnerable children are ready for school and life.^{vi}

Children 0 to 6 in Foster Care*

- ***Fastest growing group in CA (21,150 children)***
- ***Six times more likely to have a developmental delay than general population***
- ***3% (582) of children under 6 had three or more placements; 1.3% (269) were under age one***

*Data for 6 month period, CDSS, 2008

Very young children show the effects of trauma and stress differently from older children and adults. Because young children have limited ability to express their needs, it can be difficult for caregivers to know when and how young children's behavior indicates a need for intervention. In recent years, leading experts in child development and brain research have partnered to develop and test child welfare interventions that help nurturing, committed primary caregivers build skills and capacity to meet the needs of children in foster care, with great success.^{vii}

Policies and practices must better support the youngest, most vulnerable children in care.

Although we have made strides in shifting policies and practices to promote stable, lifelong emotional connections and permanent placements, the unique needs of young children require strategies that support caregiver investment and commitment, and ensure quality care that can offer a foundation for healthy growth, development, and school success for highly vulnerable "early learners." In these rapidly changing and challenging times, it is critically important to bring renewed focus on the unique developmental needs of very young children, and strengthen policies and practices that can help improve the chances they will succeed in school and life.

RECOMMENDATIONS

1. Support foster caregivers by 1) providing them with intensive support and evidence-based training on how to meet the needs of infants and toddlers who have experienced trauma, and 2) establishing shared expectations for their role in providing developmentally appropriate care and supporting permanence through helping children develop lifelong emotional connections.
2. Minimize placement changes for young children and implement specialized protocols when transitions (removal, reunification, and adoption) must be made.
3. Provide supportive interventions to foster caregivers and biological caregivers that facilitate team approaches to visitation and services, whenever possible.
4. End the practice of placing infants and toddlers in shelters or placements with shift caregivers.
5. Use assessment tools developed from research on trauma and the unique developmental needs and characteristics of young children to assess emotional and relational needs of infants and toddlers in care, and offer interventions that support caregivers in responding to the child's cognitive, emotional, social and physical needs.

NOTES

ⁱ First 5 California (2010), *What Does School Readiness Mean?* Retrieved April 8, 2010 from <http://www.ccfc.ca.gov/Help/abc.asp>.

ⁱⁱ National Scientific Council on the Developing Child (2004). *Young children develop in an environment of relationships*. Cambridge, MA: Center on the Developing Child at Harvard University. Retrieved December 9, 2009 from http://developingchild.harvard.edu/library/reports_and_working_papers/working_papers/wp1/

ⁱⁱⁱ National Scientific Council on the Developing Child (2004). *In Brief: The Impact of Early Adversity on Children's Development*. Cambridge, MA: Center on the Developing Child at Harvard University. Retrieved January 29, 2010 from <http://developingchild.harvard.edu/index.php?CID=186>

^{iv} National Scientific Council on the Developing Child (2008). *Mental health problems in early childhood can impair learning and behavior for life*. Cambridge, MA: Center on the Developing Child at Harvard University. Retrieved January 29, 2010 from http://developingchild.harvard.edu/library/reports_and_working_papers/working_papers/#wp6

^v *Ibid*; Zero to Three (2005). *Restructuring the Child Welfare System: Assuring the Safety, Permanence, and Well-Being of Infants and Toddlers in the Child Welfare System*. Washington, DC: Zero to Three Policy Center. Retrieved April 9, 2010 from http://www.zerotothree.org/site/PageServer?pagename=key_childabuse

^{vi} Fisher, P.A., Gunnar, M.R., Dozier, M., Bruce, J., & Pears, K.C. (2006). Effects of therapeutic interventions for foster children on behavior problems, caregiver attachment, and stress regulatory neural systems. *Annals of the New York Academy of Sciences*, 1094, 215-225.

^{vii} Dozier, M., Dozier, D., Manni, M. (2002). Attachment and Bio-Behavioral Catch Up: The ABCs of helping infants in foster care cope with early adversity. Washington, DC: Zero to Three; Fisher, P.A., Burraston, B., Pears, C. (2005). The early intervention foster care program: Permanent placement outcomes from a randomized trial. *Child Maltreatment*, 10(1), 61-71; Zeanah, C.H., and Smyke, A.T. (2005). Building Attachment Relationships Following Maltreatment and Severe Deprivation, in *Interventions to Enhance Attachment*, Berlin LJ, Ziv Y, Amaya-Jackson L, Greenberg MT. pp. 195-216. The Guilford Press.



California Child Welfare Co-Investment Partnership

The California Child Welfare Co-Investment Partnership is a collaborative group of state agencies, foundations and other nonprofit organizations. Our goal is to ensure a coordinated approach to the investments needed to improve the lives of children and families who are in, or are at risk of entering, the state's child welfare system.

In 2008 the Co-Investment Partnership convened the Early Care and Education Collaborative (ECEC). The Collaborative is a statewide network of over 170 individuals and organizations, including representatives from county child welfare, mental health, advocacy organizations, caregivers, child development, etc. The goal of the ECEC is to improve educational and life outcomes for foster youth by changing policies and practices to better serve the needs of children from birth to six years of age in care.

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