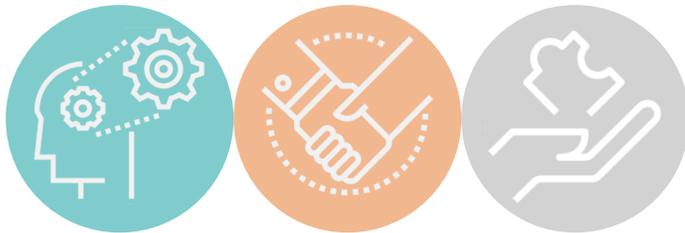


A Call to Action

On Behalf of Maltreated Infants, Toddlers and Preschoolers in Canada



Now is the time for the child protection system to examine and improve policy and approaches to cases involving infants and young children.

Infants and young children are especially vulnerable to the effects of maltreatment. They are also the group most frequently investigated for maltreatment in Canada. The science of early development is clear, infancy is the time of greatest vulnerability, and also the time of greatest potential. Early life experiences have a profound and lifelong influence on health, learning and wellbeing. These facts highlight the urgent need for immediate and targeted action to improve outcomes

The child protection system is better placed than any other to effectively intervene in the lives of vulnerable infants in a manner informed by early developmental science. Indeed, there is a wealth of important work being done by child protection to improve the lives of children at risk due to maltreatment or neglect, however, systems and policies are fragmented and inconsistent.

The latest 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (Public Health Agency of Canada, 2010) and the latest report for Ontario (2013) reveals that children ages 0 to 3 represented 23.7% of all child protection investigations (29,716 of 125,281). That's 11% of the 0 to 3 population (109.69 in 1000). While maltreatment is harmful at any age, the inherent vulnerability of infancy causes an amplification of maltreatment's harmful impacts. Infants who are the victims of maltreatment require early and effective services informed by their unique developmental needs. In the absence of this specialized care, maltreated infants become increasingly at risk for delay and will inevitably succumb to the consequences of poor caregiving and other early adverse experiences. Further data shows that in 46% of all substantiated child maltreatment investigations, the child in question had a known functioning concern such as academic

Executive Summary



difficulties, symptoms of depression, anxiety or withdrawal, aggressive behaviours, and attachment issues (Public Health Agency of Canada, 2010).

During the first three years of life, a baby's brain develops at a rate that is unmatched at any other point along its trajectory. Brain development is intricate, involving many processes that are inter-connected. More than one million synaptic (neural) connections are formed every second in these first three years (Center on the Developing Child, 2009). Early development builds a foundation for the development yet to come; therefore, when early brain development is hindered by maltreatment or neglect, or strengthened by consistent and attuned nurturing care, this has direct repercussions on a child's ability to develop effective complex functioning skills in later life (National Scientific Council on the Developing Child, 2007).

The mental health of infants relies heavily on the support and care of adults, and having their needs met consistently. It is crucial that practitioners in the child protection context remain abreast of developmental science and that service delivery becomes consistently informed by the needs of infants. Across Canada, valuable work is being done to improve systems and service delivery to mitigate the effects of early trauma for young children at risk. However, only when maltreated children ages 0 to 3 are provided with care that reflects the realities and unique nature of early development can we be sure that we are providing

Infancy is a time when the impact of both positive and negative experiences on the developing brain is unmatched. Child Protection services MUST consider and address the social and emotional impacts of early maltreatment in a timely manner to mitigate lifelong consequences.

Act Early and Effectively

Plasticity of the brain is at its greatest early in life, and as a result earlier experiences, both positive and negative, hold a greater influence on the brain than the experiences at any other time in life. While this capability is in place for the duration of our lives, the ability of the brain to be reshaped by new experiences decreases over time (National Scientific Council on the Developing Child, 2007). Positive input leads to healthy expectations, while negative input hardwires the brain in ways that may cause irregular stress responses. Infants are born with a genetic blueprint, a plan that is built upon or modified by experience (McCain, Mustard, & Shanker, 2007). Therefore, maltreatment occurring in infancy has a strong ability to reshape the brain, but so does intervention.

Infants are born dependent and relationship-ready, requiring the attentive and nurturing care of an adult to ensure their survival (Goldberg, 2007). Beyond attending to their child's primary physical needs, the most important things a caregiver can do for a child is to respond to their cries, and to engage in interactions with them. Attachment, in its simplest form, is part of an infant-parent relationship concerned with the infant's sense of safety and protection. The attachment relationship reflects the baby's efforts to seek comfort, support, nurturance and protection from primary adult caregivers (Goldberg, 2007). The attachment relationship between an infant and primary caregiver may be viewed as a catalyst for all early mental health and is an accurate predictor of later life outcomes (Goldberg, 2007). Furthermore, much of brain development is dependent on the early serve and return interactions, where the caregiver is sensitive and responsive to a young child's signals and needs for communication (National Scientific Council on the Developing Child, 2012).

Insecure attachments threaten infant development, lead to challenges in the ability to self-soothe, self-regulate and threaten the quality of lifelong mental health (Goldberg, 2007). Attachment security is established in the first year of life; therefore early infancy is a sensitive time and must be supported with consistent and reliable caregiving (Goldberg, 2007). Therefore, in child protection an emphasis should be placed on ensuring that infants are placed in the care of an individual who is best able to form a secure attachment with them and interact with them in meaningful ways.

The vulnerability inherent in infancy means that while infants are strongly influenced by negative experiences, they are also greatly responsive to early intervention, which can mediate and even reverse the damage induced by trauma and toxic stress (Weder & Kaufman, 2011). Research has unequivocally shown that early identification and intervention are key factors that can repair the negative influences of maltreatment (Kaufman & Henrich, 2000, McGoran et al, 2012). It is important to know that there are validated and evidence-based tools available to screen for delay and identify risks to early social-emotional development for children as young as 3 months old. Many of these tools do not require certification and can be used by any practitioner working with infants.

Research confirms that the early years present an unparalleled window of opportunity to effectively intervene with at-risk children (National Research Council and Institute of Medicine, 2000). To be effective, interventions must begin early and be designed with the unique characteristics and experiences of infants, toddlers, preschoolers, and families in mind (Guralnick, 2001; Webster-Stratton, & Hammond, 1997). The caregiver-child relationship, and the subsequent environment that is fostered, represents a key foundation for early childhood intervention strategies (Bruder, 2010).

The financial benefits of effective early care programs must not be ignored. We cannot afford to continue to burden our economy with the demands that maltreated babies will make as they age. The cost of public services associated with special education programs, foster care, incarceration, mental health services, drug and alcohol rehabilitation, and the risk of continuing the cycle of maltreatment with their own children are expenses that our society should make a concerted effort to avoid. Nobel Laureate James Heckman has long studied the economics of human development, and he has found evidence that investment in early childhood programs reduces the need for remedial services and offers a significant return on investment (Heckman & Masterov, 2007). A greater financial commitment is required now in order for later financial and societal gain. Given this early window of opportunity, there are a number of ways in which policymakers and practitioners can intervene to improve outcomes for infants and toddlers.



It is the responsibility of child protection services to ensure that maltreated infants are consistently monitored for risk of delay, and receive immediate and effective care.



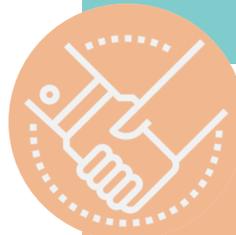
Key Recommendations

Services must examine and improve policies and approaches to cases involving infants and young children in order to address the social and emotional impacts of early trauma and maltreatment and mitigate lifelong consequences.



Changing Knowledge - Training and Education

Practitioners must be informed by relevant scientific knowledge of early childhood development in order to consistently offer services and supports in a developmentally appropriate manner, and to inform decisions towards the goal of enhancing the placement, safety, permanency and wellbeing of infants and toddlers.



Changing Policy - Supporting Inter/ Intra-Agency Collaboration

Coordination and collaboration is imperative among families, communities, services, and child welfare agencies whose goal it is to assist at-risk families in ensuring the safety, permanency and wellbeing of infants and toddlers.



Changing Practice - Promotion, Prevention and Intervention

Early intervention services must be developed to be accessible, responsive to the specific needs of the infant and family, and implemented in a timely manner to monitor and prevent the consequences of early adversity.

Caregivers, child protection workers, lawyers, judges, physicians and early interventionists all have a significant impact and role to play in ensuring that early adversity does not lead to lifetime consequences to health and well being.

Find more information and supporting resources at:

<http://www.imhpromotion.ca/Advocacy/Family-Law-Initiative>

How can you support infants and toddlers at risk?

- 1) Respond to a baby's distress!** Infants and young children need you to hear their voices and respond with care.
- 2) Read and share** the *Call to Action on Behalf of Maltreated Infants, Toddlers and Preschoolers in Canada* with professionals and policy makers within your agency and region, at meetings and through social media.
- 3) Get Involved** - actively support and advocate for the adoption of these recommendations and encourage your agency to write a letter to endorse the Call to Action.
- 4) Contact and advocate** to your local MPP, Ministries of Child and Youth Services; Education; Health and Long-term Care, for policies that support these recommendations.
- 5) Submit a Letter of endorsement to IMHP** to add your agency's voice to this Call to Action.

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When you build your competencies in infant and early mental health practice you can support a child's optimal outcomes.



IMHP is here to provide the tools and information you need to make an impact.



<http://www.imhpromotion.ca/Advocacy/Family-Law-Initiative>

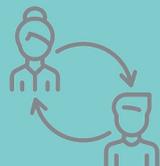
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