Benefits of Early Care and Education for Children in the Child Welfare System

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Overview

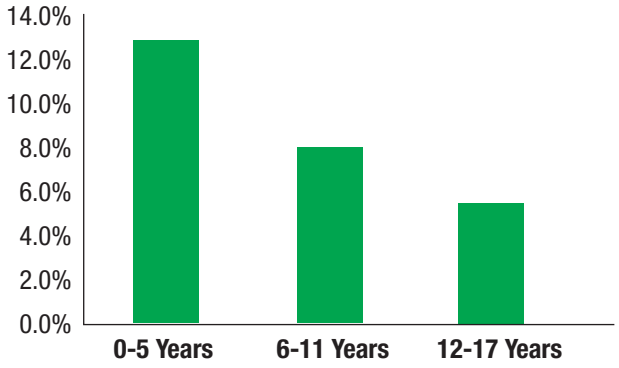
Young children birth through five years old in the United States are more likely to experience child maltreatment, subsequent child welfare system (CWS) involvement, negative developmental outcomes, and serious maltreatment-related injuries and death than older children. This research-to-practice brief provides a model for how early care and education (ECE) services can benefit this vulnerable age group by exploring emerging evidence from social science research on the effects of ECE on the CWS's goals of: (1) *child safety*, (2) *permanency*, and (3) *well-being*. The brief determines that the bulk of existing research indicates that at least some types of ECE services can help the CWS achieve its *child safety* and *well-being* goals. However, the vast majority of young children in the CWS are not utilizing ECE services despite these apparent benefits. Additional research is needed to understand the specific pathways through which ECE influences child welfare outcomes, the effects of ECE on the CWS's *permanency* goal, and which types of ECE arrangements are most beneficial for children in the CWS. The brief concludes by discussing several organizational practices that child welfare administrators can use to build collaborations with local ECE service providers in order to increase the enrollment of CWS-supervised-children in ECE programs.

Compared to older children, young children ages birth through 5 years old in the United States are particularly at risk of experiencing child maltreatment and subsequent child welfare system (CWS) involvement, including supervision by child protection authorities and placement in out-of-home care with a relative or foster parent. National data from federal fiscal year (FFY) 2014 indicate that 46.6% of confirmed victims of child maltreatment (U.S. Department of Health and Human Services [USDHHS], 2016a) were less than 6 years old, and that children in this age group were more likely than any other age group to be substantiated victims of child maltreatment (see Figure 1). Further, 40% of children placed in foster care in FFY 2014 were less than 6 years old (USDHHS, 2016b). Longitudinal research linking child welfare and vital birth records demonstrates that the numbers of young children coming in contact with the CWS for suspected maltreatment may be even greater than annual figures imply. As an example, among the 531,035 children born in California in 2002, 14% (74,182) were reported to child welfare for suspected maltreatment before their fifth birthday (Putnam-Hornstein & Needell, 2011).

Child maltreatment, especially early maltreatment, is associated with a number of negative developmental outcomes. While abuse and neglect at any age can have harmful consequences, infants and young children are much more likely than older children to experience severe injury and death as a result (Montgomery & Trocme, 2004; USDHHS, 2016a). The developmental consequences of early deprivation- and abuse-related trauma also tend to be more serious (Stahmer et al., 2005; Zimmer & Panko, 2006). For instance, maltreatment experienced prior to kindergarten is associated with a more comprehensive set of negative academic and behavioral outcomes measured during second grade than maltreatment occurring after kindergarten (Fantuzzo, Perlman, & Dobbins, 2011).

Figure 1. Annual Rates of Substantiated Child Maltreatment Victimization by Age, 2014

National Child Abuse and Neglect Data



The numbers of young children coming to the attention of the CWS and their vulnerability raises questions about how the child welfare and early care and education (ECE) systems adapt to better meet their needs. The U.S. CWS's primary goals for the children and families that it serves are reflected in the Child and Family Services Review (CFSR) outcomes that it uses to evaluate state CWS performance: to ensure maltreated children's 1. safety (i.e., protection from future maltreatment and safe maintenance in their homes when appropriate); 2. permanency (i.e., a consistent living arrangement with a committed, suitable caregiver and maintenance of family

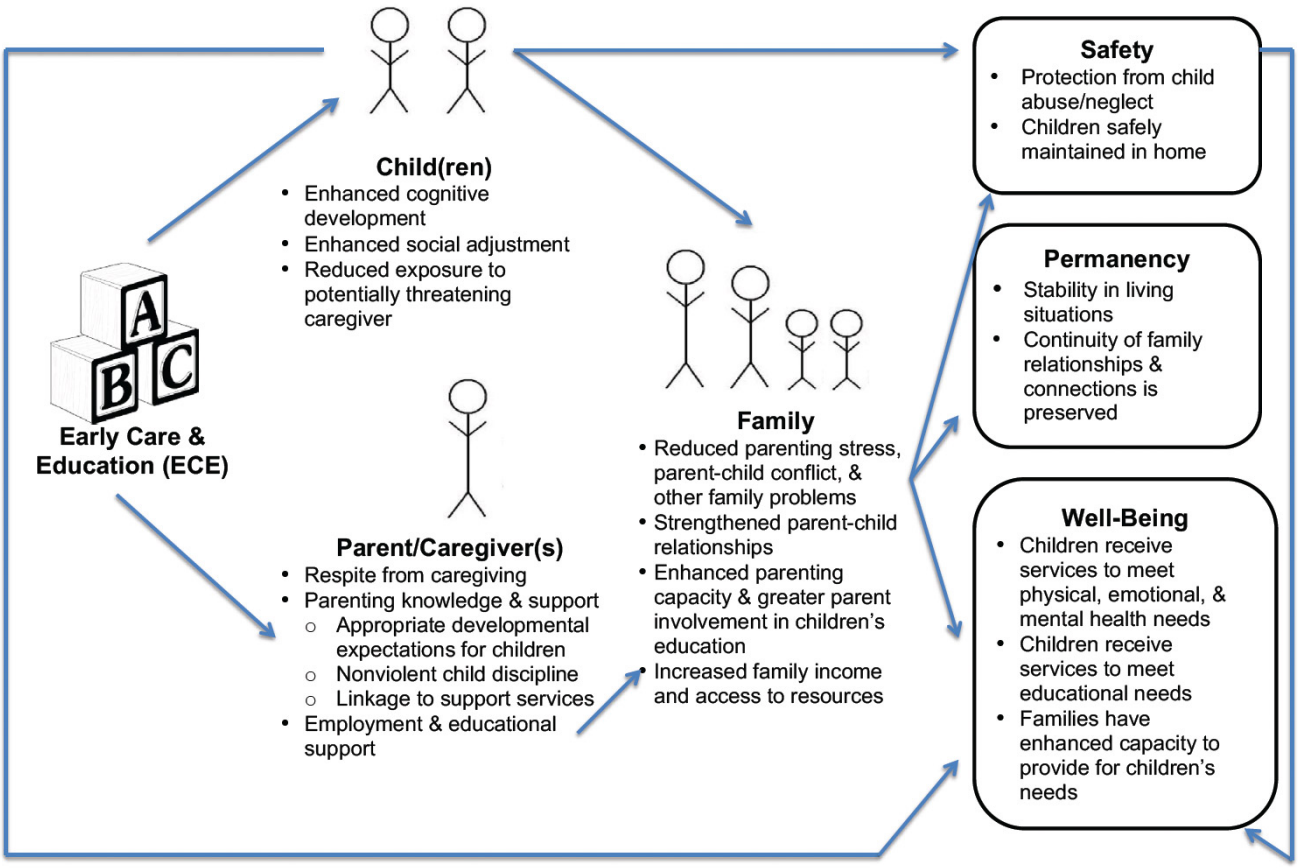
connections); and 3. well-being (i.e., receipt of adequate services to meet their physical, emotional, mental health, and educational needs) (USDHHS, n.d.).[1] This paper describes emerging evidence that ECE services can promote safety, permanency, and well-being for young children and calls attention to the underutilization of ECE by children in or at risk of entering the CWS.

ECE refers to regular, nonparental care or supervision of young children. It is typically provided with the goal of facilitating parental employment and/or promoting positive early child development and school readiness. Forms of ECE are popularly described as child care, day care, early education, nursery school, prekindergarten, and preschool. Structure can vary dramatically across ECE settings, with some ECE delivered in caregivers' homes and other in "centers" or institutions. There is also considerable variation with respect to program length (part or full year, part or full day) and quality (Laughlin, 2010; Saluja, Early, & Clifford, 2002). ECE includes both informal caregiving arrangements with friends, family members, and/or neighbors and formal arrangements with licensed professional caregivers, including nonprofits, for profit businesses, and government-run or -sponsored programs such as state prekindergarten programs and the federally administered Head Start and Early Head Start programs.

While the heterogeneity of ECE programs cautions against the overgeneralization of service outcomes, theory and a growing body of literature suggest that at least some types of ECE may help prevent maltreatment of children (*safety*) and improve developmental and school readiness outcomes for maltreated children (*well-being*). Further research is needed to determine whether ECE also helps stabilize foster care placements (*permanency*).

There are several pathways by which ECE may promote child welfare outcomes (see Figure 2). ECE may promote child safety simply by providing parents with respite from the stressful demands of caregiving. For children living with abusive or neglectful parents, it also reduces the amount of

Figure 2. The Effects of Early Care and Education on Child Welfare Outcomes: Possible Pathways



[1] U.S. Department of Health and Human Services [USDHHS], Administration for Children & Families, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (n.d.). Child and Family Services Review Fact Sheet. Retrieved on January 4, 2016 from: http://www.acf.hhs.gov/programs/cb/resource/cfsr-fact-sheet

time that they spend in parental care. Some ECE providers, particularly two-generation programs like Head Start and Early Head Start (EHS), may also reduce parenting stress and promote child safety, as well as well-being, by educating parents about appropriate developmental expectations for their children, helping parents troubleshoot responses to challenging child behaviors, teaching nonviolent discipline practices, and encouraging parents to participate in their children's education (Administration on Children, Youth, and Families, 2001). Additionally, some ECE providers have formal or informal mechanisms for linking families to needed health, mental health, and other family support services (USDHHS, 2013). When ECE providers help families access these services, they may indirectly contribute to children's well-being by helping parents feel more supported and less isolated in their caregiving roles. Social isolation is a well-established risk factor for child maltreatment (Coohey, 2007; Tucker & Rodriguez, 2014), while social support has been found to moderate the negative effect of stress on families at risk for child maltreatment (Li, Godinet, & Arnsberger, 2011).

Although this theory is largely untested, ECE may also protect children from maltreatment and increase child and family well-being by facilitating parental employment and pursuit of higher education. Some "two-generation" ECE programs explicitly focus on supporting parents in this way, which may increase parents' earnings and capacity to provide for their children's needs (Administration on Children, Youth, and Families, 2001). For instance, the national Early Head Start program evaluation found that Early Head Start families were more likely than controls who did not receive Early Head Start to attend school or job training (Administration on Children, Youth, and Families, 2001). Any resulting growth in family income and resources may also prevent maltreatment by reducing family economic stress and parents' vulnerability to other risk factors (e.g., substance abuse) associated both with poverty and child maltreatment (Freisthler & Holmes, 2012). Further, ECE may be an important resource for retaining foster parents who need child care in order to work, thus contributing to the CWS's goal of permanency (Meloy & Phillips, 2012b).

Research Evidence Linking Early Care and Education to Child Welfare Outcomes

The hypothesized benefits of ECE for children in and at risk of entering the CWS are supported by a growing body of empirical evidence. Although this area of research is relatively new, and many studies do not meet the highest standards of methodological rigor, the vast majority indicate that ECE has positive effects on child safety and well-being. Research on the effects of ECE on permanency outcomes for children placed in foster care is not as abundant, and the results are mixed.

Early Care and Education Services and Child Safety Outcomes

Several studies link ECE to reduced rates of child maltreatment. At the neighborhood or community level, both the local availability of ECE and rates of preschool utilization have been associated with lower rates of reported and/or substantiated maltreatment (Garbarino, 1976; Garbarino & Crouter, 1978; Klein, 2011). One study of children reported to child welfare authorities for suspected maltreatment in a North Carolina county found that families whose youngest children were not receiving child care services were six times more likely to have reported maltreatment 'substantiated' by the CWS than families whose youngest children were receiving full time child care (Kotch & Thomas, 1986). Additionally, children who participated in Head Start, EHS, and the Chicago Child-Parent Centers preschool programs were less likely than randomized controls or matched comparison groups to become involved in the CWS, particularly over the long term (Green et al., 2014; Mersky, Berger, Reynolds, & Gromoske, 2009; Mersky, Topitzes, & Reynolds, 2011; Reynolds & Robertson, 2003; Zhai, Waldfogel, & Brooks-Gunn, 2013). For instance, an analysis of a large sample of low-income, urban children found that those enrolled in Head

Start programs were less likely to have had a CWS encounter at age 5 than children not receiving any ECE services (Zhai, Waldfogel, & Brooks-Gunn, 2013). A longitudinal follow-up study of several sites that were part of the Early Head Start Research and Evaluation Project (EHSREP), a randomized controlled trial of EHS, examined child welfare encounters from ages 0 to 13. The study found that children enrolled in EHS had significantly fewer child welfare encounters (i.e., a substantiated report of child maltreatment or an out-of-home placement due to child maltreatment) between ages 5 and 9 years than children who were not enrolled in EHS (Green et al., 2014). In addition, children enrolled in EHS were less likely to have multiple child welfare encounters, and EHS slowed the rate of subsequent encounters (Green et al., 2014). The most dramatic findings regarding ECE's potential to prevent child maltreatment come from an evaluation of the Chicago Child-Parent Centers program. Participants in this preschool program were half as likely as a similar population that did not participate in the program to be the subject of confirmed child maltreatment before age 18 (5% versus 10.5%, respectively) (Reynolds & Robertson, 2003).

Several studies explore whether ECE is more effective at preventing some types of child maltreatment than others, but results are inconsistent. On the one hand, the EHSREP follow-up study found that children who participated in EHS were less likely to have a substantiated report of physical or sexual abuse than controls who did not participate in EHS, but they were more likely than controls to have a substantiated report of neglect (Green et al., 2014). This suggests that EHS may be particularly effective at preventing child abuse, but it may increase the detection of child neglect. In contrast, other studies suggest that ECE may be particularly effective at preventing neglect. Zhai and colleagues (2013) found positive effects of participating in Head Start (in comparison to other types of ECE) on the prevention of neglect that were not evident for the prevention of physical abuse. Moreover, participants in the Chicago Child-Parent Centers preschool program were significantly less likely than members of the comparison group who were not enrolled in this preschool program to experience substantiated child neglect during their school years (ages 6–17), but were no less likely to experience substantiated physical abuse (Mersky, Berger, Reynolds, & Gromoske, 2009).[2] Lastly, Cash and Wilke's (2003) study of mothers from a nationally representative sample of substance abusers found that those who were unable to secure child care services were 82% more likely to self-report child neglect. Moreover, difficulty finding child care was a stronger predictor of maternal neglect than almost any other factor measured in this study, including a mother's age, mental health, severity of drug use, history of abuse as a child, and use of public assistance. Abuse outcomes were not measured.

Preliminary evidence suggests that the amount and/or consistency of ECE services that children receive may moderate the effects of ECE on their safety outcomes, and the relationship between the amount and/or consistency of ECE services received and child safety is not necessarily linear. A longitudinal study of maltreatment risk and protective factors among 4-year-olds at risk for child maltreatment explored the effects of receiving regular ECE, irregular ECE (defined as having received ECE in the past but not currently receiving it on a "regular" basis), or no ECE either in the past or present on the likelihood of being reported to the CWS for suspected maltreatment by age 8 (Li, Godinet, & Arnsberger, 2011). The authors found that there was no significant difference in reported maltreatment between children who regularly received ECE and children who received no ECE. However, children receiving irregular ECE were almost 3 times more likely than children with no ECE to be reported to the CWS by age 8 (Li, Godinet, & Arnsberger, 2011). Similarly, although Kotch and Thomas (1986) found that the rate of substantiation of reported maltreatment was much higher among children not receiving child care than those receiving full-time child care, the rate of substantiation was greatest among children receiving irregular or part-time child care.

With respect to the relative benefits of different types of ECE programs, results from Zhai and colleagues' (2013) research on low-income, urban 5-year-olds provides some preliminary evidence that Head Start participation may do more to protect children from maltreatment than participation in other types of ECE. Specifically, mothers of children attending Head Start

[2] It should be noted, however, that the authors of this study caution against interpreting this finding to mean that ECE does not help prevent abuse because the proportion of physically abused children in the study was so small (3.3%) that a lack of statistical power may have obscured ECE's effect on this type of maltreatment.

were less likely to report neglecting their children than mothers whose children were attending non-Head Start, center-based programs, or alternative types of nonparental ECE. However, children attending Head Start were no less likely to be physically assaulted by their mothers, nor were they less likely to have CWS contact by age 5 according to maternal self-report.

In addition to the research linking ECE to lower rates of child maltreatment, there is also some preliminary evidence from research on child care subsidies connecting ECE to the CWS's second safety goal of "safely maintaining children in their homes whenever possible and appropriate" (USDHHS, 2014). To date, no studies specifically examine the relationship between receipt of ECE services (regardless of payment source) and the need for placement in foster care. However, research on child care subsidies, which help parents pay their child care fees and have been associated with greater ECE participation (Ertas & Shields, 2012; Greenberg, 2010), provides some support for the notion that access to ECE may help CWS-supervised children remain in their parents' homes instead of being placed in foster care. In their observational study of CWS-supervised children in Oregon, Lipscomb, Lewis, Masyn, and Meloy (2012) found that children who remained in their parents' home were more likely to have received child care subsidies than children placed in foster care.

Additionally, variations in states' child care subsidy policies also predict variations in the average number of child removals among the state population of children in foster care. Specifically, Meloy, Lipscomb, and Baron (2015) classified states' Child Care Development Fund (CCDF) rules regarding child care subsidies for CWS-supervised children (both those living with their parents and those in foster care) according to the extent to which these policies "accommodated" this population's access to subsidies, taking into account state rules regarding prioritization, waiver of copays, and waiver of parent work activity requirements. States with more "accommodating" CCDF rules for children in the CWS had, on average, significantly fewer child removals from their parents' care than other states. These findings are consistent with the idea that ECE can help prevent the need for foster care removal, but they do not necessarily mean that ECE, or even child care subsidies, make it safer for children to remain in their parents' care. Another possible explanation is that child welfare workers are more comfortable leaving children in their own homes when child care is being provided, perhaps because child care providers, who are often mandated reporters of suspected child maltreatment, are seen as offering protective surveillance.

Early Care and Education Services and Permanency Outcomes

To date, little research has been done on the effects of ECE on permanency outcomes for children in the CWS. The few studies that exist focus exclusively on the relationship between child care subsidies and foster placement stability. The CWS aims to find permanent and stable living arrangements for children in foster care when possible and to avoid placement disruptions, which are usually measured as the number of times children change living arrangements after being placed in out-of-home care. Meloy and Phillips (2012a) found that Illinois children whose foster parents used child care subsidies experienced fewer placement disruptions than those whose foster parents did not. Consistent with this finding, another study in Oregon found that children in foster care who received subsidized child care tended to have fewer foster placement moves (Lipscomb et al., 2012). However, Meloy and colleagues' (2015) analysis of state CCDF rules and foster care outcomes found that the average number of placement changes that children in foster care experienced after being removed from their homes and placed in out-of-home care was actually higher among states with more "accommodating" CCDF rules for families in the CWS.

It is important to note that many children receive ECE services without the benefit of subsidies. Therefore, the research summarized in this and the previous section about the relationship between ECE and maintenance of children in their family homes is more suggestive than conclusive with respect to whether ECE participation prevents foster placement or promotes placement stability. Additionally, it should be noted that the studies described here are observational rather than experimental in design, and so there is no certainty as far as

the direction of the observed effects. Child care subsidies may help stabilize foster placements, but it is also possible that more stable placements make it easier for foster parents to access child care subsidies. Similarly, child care subsidies may help prevent foster placement, but it is also possible that differences between birth parent and foster parent incomes may result in fewer children in foster care being income-eligible for child care subsidies, and disruptions stemming from foster care moves may discourage the use of child care subsidies. Foster parents with the persistence and CWS knowledge to successfully advocate for resources such as subsidized child care could also be better able to provide a stable environment for the children placed in their care. However, the results of this research are also consistent with the hypothesis that child care subsidies provide parents and caregivers with respite and support that stabilizes families and facilitates substitute caregivers' ability to work and, therefore, their willingness to make long-term commitments to children's care.

Early Care and Education Services and Child Well-Being Outcomes

In addition to this emerging evidence that ECE may promote safety and permanency for children in the CWS, a growing number of studies also demonstrate that ECE may have benefits for the well-being of maltreated children and children in foster care. The mostly positive effects of ECE on the early cognitive and socioemotional development, school readiness, and early academic success of children in the general population is well documented (Belsky et al., 2007; Love et al., 2005; Magnuson, Meyers, Ruhm, & Waldfogel, 2004; The Eunice Kennedy Shriver National Institute of Child Health and Human Development Early Child Care Research Network, 2002; USDHHS, 2012). While these effects tend to be modest or short-term for children in the general population, they are more pronounced and/or enduring for socioeconomically "at-risk" children (Burchinal, Peisner-Feinberg, Pianta, & Howes, 2002; Peisner-Feinberg et al., 2001; Vandell, Belsky, Burchinal, Steinberg, & Vandergrift, 2010). Given that the majority of children supervised by the CWS live with poor or low-income caregivers (Ringeisen, Casanueva, Smith, & Dolan, 2011a), this trend suggests that ECE may be particularly beneficial to this population.

Three studies to date document ECE's positive effects on school readiness and/or child development specifically on children in the CWS (Kovan, Mishra, Susman-Stillman, Piescher, & LaLiberte, 2014; Lipscomb, Pratt, Schmitt, Pears, & Kim, 2013; Merritt & Klein, 2015). Children in Minnesota's CWS who were enrolled in ECE programs judged to be high quality according to the state's child care quality rating improvement system experienced improvement in their social competence and receptive vocabulary (albeit not in their math reasoning, anger/aggression, or anxiety/withdrawal) over the course of their final prekindergarten year of ECE (Kovan et. al, 2014). In addition, a national study of young children referred to the CWS found that those who received center-based ECE had better language outcomes 18 months later than those who did not receive center-based ECE services, and the positive effects for the large subgroup of children reported to the CWS for supervisory neglect were sizeable (Merritt & Klein, 2015).

Moreover, evidence from the Head Start Impact Study, a randomized controlled trial of the largest federally supported ECE program in the United States, indicates that this program had positive and direct short- and long-term effects on children in nonparental care (i.e., those living with relatives or foster parents through CWS intervention or through other arrangements) (Lipscomb et al., 2013). Children in nonparental care who participated in Head Start scored higher than non-Head Start controls on a school readiness measure that took into account prereading and letter/word identification, developing mathematics, early writing, and spelling skills (Lipscomb et al., 2013). These Head Start participation benefits approximate those found in the evaluation of the full study sample, which mostly consisted of children living with their parents. However, while this evaluation determined that Head Start participation had a neutral impact on the quality of teacher-child relationships for the full Head Start Impact Study sample, Head Start participation has a positive impact on teacher-child relationships for children in nonparental care (Lipscomb et al., 2013).

Utilization of Early Care and Education Services by Children and Families in the Child Welfare System

This research points to the potential value of ECE for young children in the CWS, but it remains unclear whether the child welfare population is utilizing ECE, particularly high-quality ECE, at a desirable level. Some local studies suggest that the majority of preschool-aged children in foster care participate in ECE (Dinehart, Manfra, Katz, & Hartman, 2012; Kotch & Thomas, 1986; Lipscomb & Pears, 2011); however, data from larger, more geographically diverse samples and those that include CWS-supervised children living at home as well as in foster care seem to suggest that ECE may be underutilized by the child welfare population.

A national survey of current and former foster parents documented high levels of unmet need for "day care" services among both relative and nonrelative foster parents. More than half (55.1%) of relative foster parents and 45.2% of nonrelative caregivers reported needing day care services, yet this need was unmet for a third (32.5%) of relative foster parents and almost a quarter (23.5%) of nonrelative foster parents. In fact, a greater percentage of foster parents reported unmet service needs in day care than in any other service category measured, including children's recreational activities, health-care costs not covered by Medicaid, transportation to medical appointments, liability insurance, respite care, child or family counseling, physical changes to caregivers' homes necessary to accommodate children, and any "other services" (Cuddeback & Orme, 2002).

Furthermore, two previously mentioned state-level studies document low uptake of child care subsidies by families in the CWS. According to Meloy and Phillips (2012a), approximately 11% of children in foster care under the age of 5 in Illinois had foster parents who used government-subsidized child care while the children were in their care. In Oregon, 13.7% of children supervised by CWS (including those in foster care and those still living with their parents), received child care subsidies (Lipscomb et al., 2012). In comparison, approximately 30% of income-eligible parents use child care subsidies nationally (Johnson, Martin, & Brooks-Gunn, 2011). Lipscomb and colleagues (2012) also found that, on average, children involved in the CWS had shorter durations and less continuity of child care subsidy use than children not in the CWS. While failure to access child care subsidies does not preclude children from receiving nonsubsidized ECE services, research indicates that access to child care subsidies positively predicts participation in ECE, particularly participation in center-based ECE (Ertas & Shields, 2012; Greenberg, 2010). Thus, the underutilization of child care subsidies by children in the CWS may also indicate underutilization of ECE services by this population.

When looking specifically at participation in center-based ECE, children in the CWS actually have slightly higher rates of service utilization than children in the general population. However, this still leaves the vast majority of this vulnerable population without the benefit of these services. Data from the National Survey of Early Care and Education indicate that approximately 26.5% of U.S. children under the age of 5 are participating in center-based ECE (National Survey of Early Care and Education Project Team, forthcoming). This is true of 29.3% of children in the CWS in this age group (Ringeisen et al., 2011b).

However, there is some indication that CWS-supervised children's access to comprehensive ECE center-based programs may be constrained. Head Start programs provide a suite of ECE services with an explicit focus, not just on supporting parental employment, but also promoting child development and supporting positive parenting (USDHHS, 2011c). Yet, despite the fact that children in foster care are automatically eligible for free Head Start and Early Head Start services, national enrollment statistics from 2008 to 2009 show that less than 10% of children ages 0 to 5 years in foster care received these services during this time (USDHHS, 2010b).[3]

[3] However, Head Start/Early Head Start enrollment statistics may underestimate the number of children in foster care in these programs because they only count foster families who self-identify, overlooking those who qualify for services based solely on their income or other eligibility criteria.

Additionally, Dinehart and colleagues (2012) found that, among low-income children enrolled in ECE centers in Miami-Dade, FL, those in the CWS were substantially less likely to be enrolled in accredited centers. The authors suggest that accreditation is a proxy for program quality (Dinehart et al, 2012). Thus, even when children in the CWS participate in center-based ECE programs, the quality of the programs may be inferior.

Types of Early Care and Education Services Used by Children in the Child Welfare System

Currently, only limited information is available about the types of ECE arrangements used by children in the CWS. Meloy and Phillips (2012a) found that among young children in foster care in Illinois receiving child care subsidies, more than half were enrolled in informal child care, 29% in family day care, and only 20% in center-based care. However, these findings cannot be generalized to CWS-supervised children in ECE who do not receive subsidies, those living with permanent caregivers rather than foster parents, and those living in other states. Data from the second National Survey of Child and Adolescent Well-Being (NSCAW II), a nationally representative study of children referred to the U.S. CWS, can be used to understand ECE participation among the full population of young children supervised by the U.S. CWS—both children in foster care and those remaining in their parent's home. However, it only measures center-based ECE participation for this population. NSCAW II findings suggest that the percentage of young children in the CWS who are in center-based ECE is higher (28.9%) than the Illinois data suggest (Ringeisen et al., 2011b). Of these children, 21.3% were specifically participating in Head Start programs (Ringeisen et al., 2011b). Unfortunately, there is no research currently available that measures CWS-supervised children's rates of participation in non-center-based programs, including ECE delivered by professional caregivers' in their homes or informal caregiving arrangements with friends, family members, and neighbors.

Gaps in the Knowledge Base and Key Questions for Future Research

Research evidence supporting the value of high-quality ECE programs for maltreated children and those involved in the CWS is mounting; however, several important gaps in the knowledge base remain.

The relationship between ECE and permanency outcomes for CWS-involved children. While three existing studies explore the relationship between government-subsidized child care and foster placement stability (Lipscomb et al., 2012; Meloy & Phillips, 2012a; Meloy et al., 2015), there is a dearth of research on the effects of ECE participation (regardless of funding source) on permanency outcomes that needs to be addressed. This is essential because the positive association between receiving subsidized child care and foster placement stability documented thus far (Lipscomb et al., 2012; Meloy & Phillips, 2012a) does not necessarily extend to nonsubsidized child care. Future research should also consider other measures of permanency besides placement stability, such as whether ECE supports the CWS's preferred "permanent" placement outcomes of family reunification, adoption, or legal guardianship for children in foster care. There is a particular need for impact studies of ECE effects on permanency outcomes. Until then, it is impossible to know if ECE truly has a stabilizing influence on foster families or if the link between subsidized ECE and placement stability is simply due to the fact that (1) foster placement disruptions interfere with subsidy use or (2) the type of foster parents who successfully access supportive services like subsidized child care tend to be better equipped to provide children in foster care with stable home environments.

More research is needed to clarify the specific types of ECE arrangements that are most beneficial to children in the CWS. This will inform policy and practice decisions about whether ECE should be promoted generally for children in the CWS or if only specific types of ECE should be encouraged for this population. While research indicates that at least some types of ECE are beneficial for CWS-supervised children, this may not be the case universally. This is particularly so if ECE

providers are ill prepared to address the special needs of children who have experienced maltreatment-related trauma and/or a series of insecure adult attachments, both of which can result in challenging behavioral problems. There are a small number of studies that start to compare the effects of different types of ECE arrangements on children in the CWS, particularly with respect to child safety and well-being outcomes (Dinehart et al., 2012; Lipscomb, Schmitt, Pratt, Acock, & Pears, 2014; Zhai et al., 2013). However, more evidence is generally and specifically needed regarding which types of arrangements have the most positive effects on permanency outcomes. More information is also needed on the comparative benefits of CWS-involved children's participation in informal, family- and center-based ECE, as well as the relative benefits of comprehensive two-generation ECE programs (such as Head Start and Early Head Start) versus programs that solely provide ECE services for children. There is also a need for research on the optimal amount of ECE services needed to obtain desired child welfare outcomes. Two studies suggest that higher or more consistent dosages of ECE have a more beneficial effect on child safety outcomes than lower dosages or less consistent ECE participation (Kotch & Thomas, 1986; Li, Godinet, & Arnsberger, 2011), and one of these studies found that irregular participation in ECE is actually a greater risk factor for child maltreatment than nonparticipation (Li, Godinet, & Arnsberger, 2011). These findings point to the importance of determining the most desirable amount of ECE for children in the CWS.

More research on the effects of ECE on specific child welfare subpopulations is needed. Child maltreatment encompasses a broad spectrum of experiences (e.g., neglect, psychological maltreatment, physical and sexual abuse), not to mention differing levels of chronicity, severity, and age of onset. Some children in the CWS remain in the care of their parent(s) while others are placed with family members, foster parents, or in institutions. As suggested by studies documenting the differential effects of ECE on child abuse versus neglect (Green et al., 2014; Mersky et al., 2009; Zhai et al., 2013) and Merritt and Klein's (2015) finding that ECE was particularly beneficial to the language development of children reported to the CWS for supervisory neglect, sensitivity to ECE may vary across child welfare subpopulations. Research illuminating which children in the CWS stand to gain the most from ECE can inform child welfare agency practice regarding the prioritization of ECE referrals, particularly in environments where the supply of and funding for ECE is limited.

The pathways through which ECE influences child welfare outcomes require further study. Analyses of the CWS outcomes of participants in the Chicago Child-Parent

Centers identify several mediators or pathways through which the program affected maltreatment prevention, including the program's positive influence on children's cognitive development and behavior, parental involvement in children's schooling, the quality of schools attended by children, and maternal educational achievement, as well as via reductions in family problems (e.g., substance abuse) and school mobility (Mersky, Topitzes, & Reynolds, 2011; Reynolds & Robertson, 2003). However, additional research could determine whether these mechanisms are specific to the Chicago Child-Parent Centers program or extend to other types of ECE. Theories of how ECE improves child well-being and permanency outcomes, not just child safety outcomes, should also be tested and particular attention given to the role that parental employment and family economic self-sufficiency may play in explaining the relationship between ECE and foster placement stability. This line of research could help demonstrate the potential benefit of investing in child care services for foster parents.

Lastly, future research should consider the stability of CWS-supervised children's ECE arrangements. With the exception of Lipscomb and colleagues' (2012) finding that children in Oregon's CWS tend to have less continuity of child care subsidy use than children not in the CWS, the stability of ECE arrangements for this population has been largely ignored by research to date. Yet, scholarship on the parallel issue of K–12 school stability indicates that children in the CWS tend to experience high rates of school disruption, to the detriment of their educational outcomes (Blome, 1997; Conger & Rebeck, 2011; Smithgall, Gladden, & Howard, 2004; Smithgall, Jarpe-Ratner, & Walker, 2010; Trout, Hagaman, Casey, Reid, & Epstein, 2008). Similar problems may exist with respect to disruptions in CWS-supervised children's ECE experiences and should be explored.

Implications

Although additional research is needed to confirm and refine our understanding of the beneficial effects of ECE on children in the CWS, a promising body of evidence already exists that ECE may help child welfare agencies achieve their safety, permanency, and well-being goals for children. Consistent with this, the U.S. Administration for Children and Families issued three Information Memoranda to Head Start lead agencies, child care subsidy lead agencies, and child welfare agency administrators encouraging them to implement policies and organizational practices to increase the enrollment of CWS-supervised children in ECE programs (USDHHS, 2010b, 2011a, 2011b). A number of the practices recommended in these memoranda are also supported by evaluation and research, including but not limited to:

- Training staff on the benefits of ECE for children in the CWS, identifying the most appropriate programs/providers, and how to navigate ECE systems to refer and enroll children and families to these services (Klein, Falconer, & Benson, in press);
- Sharing information with foster family agencies, social workers, parent associations, parents, and relative caregivers of age-eligible children on the importance of high-quality ECE, how to access ECE services, and the availability of subsidies or free services for child welfare-involved families through CCDF, Early Head Start, Head Start, and other ECE programs (James Bell & Associates, 2015);
- Forming a cross-sectoral collaborative of child welfare and ECE agency leaders and other stakeholders committed to the shared goal of increasing the child welfare population's access to ECE that regularly monitors referrals/enrollment data, problem-solves barriers to CWS-supervised children's access to ECE, and engages in advocacy around this goal (Brown, Klein, & McCrae, 2014);
- Developing automated ECE referral systems for age-eligible CWS-supervised children as well as data systems to track ECE referrals, enrollments, and outcomes (Child Welfare Information Gateway, 2015); and
- Identifying external resources and/or dedicating internal resources to fund ECE for both birth families and foster families; and also supporting changes to child care subsidy, state pre-K, Head Start/Early Head Start regulations that make these policies more "accommodating" for CWS-supervised children (e.g., waiving fees and employment requirements for birth and foster parents, prioritizing CWS-supervised children for enrollment, and eliminating geographic eligibility rules that disrupt continuity of care for children placed in foster care) (Meloy et al., 2015).

In summary, there is an emerging body of research that suggests that ECE may promote child safety, permanency, and well-being for children in or at risk of entering the CWS, but ECE is underutilized by this population. While additional study is needed to more fully understand the complexities of the relationship between ECE and child welfare outcomes, the existing research summarized in this brief points to the value of implementing organizational and system-level practice changes, like those mentioned above, that will increase CWS-supervised children's access to ECE and thereby the opportunities for maltreated children to benefit from these services.

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