Putting the Pieces Together

Incorporating Infant Mental Health and Resiliency into Court Work

Judge Peggy Walker
Douglas County Juvenile Court
Douglasville, Georgia

Erika Burke

ESCAP

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Resiliency

- Why do children with similar forms of maltreatment have very different outcomes?
- What leads some children to success while others with fewer adverse experiences fail?
- What role do we as professionals have in promoting resiliency in children and families?
- What is resiliency? The ability to overcome adversity and succeed

Search Institute

- Search Institute is a nonprofit organization that provides leadership, knowledge and resources to promote healthy children, youth and communities.
- Search Institute uses an asset approach to strengthen families and communities.
- www.search_institute.org
- Developmental assets for ages 3 to 5
- What about those critical years before age three?

Zero To Three

- Zero To Three is a national nonprofit, multidisciplinary organization that advances its mission of supporting the healthy development of infants, toddlers and their families by informing, educating, and supporting adults who influence the lives of infants and toddlers.
- Introduction to Zero To Three and infant mental health
- www.zerotothree.org

NCJFCJ

- National Council of Juvenile and Family Court Judges is a nonprofit organization dedicated to educating judges and other professionals serving families and children.
- www.ncjfcj.org
- 2008: March, Orlando, FL
  July, Chicago, IL

Strengthening Families

- www.strengtheningfamilies.net
- Center for the Study of Social Policy
- Focus on early care and education
- Grants for state initiatives including partnerships with the Courts for parenting education and support groups to strengthen relationships between parents and children
- Builds five protective factors in families: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and children's emotional and social development

Research to Practice

– Average length of time for scientific research to be incorporated into practice is eighteen years.
– By the time recommendations are implemented the research is out of date.
– On going education, implementation of best practices, data collection and analysis are essential to improving practice.
– Invites creative solutions to use research as it becomes available.

Early Intervention Increases Odds for Favorable Outcomes

Meeting the needs of our youngest children in foster care permanently changes the outcomes for these children by providing them the foundation to learn, to control their behaviors and to form normal healthy relationships. We plant the seeds for mental health rather than mental illness.

Early Childhood

Growing and Developing

- Early childhood is a fragile time for cognitive, physical, behavioral, social, and emotional development.
- Early environments matter!
- Human relationships are the building blocks of development.
- Nurturing relationships promote thriving brain development.
- The course of development can be altered positively in early childhood by effective interventions.

Portrait of Young Children

- Largest group of children in care accounting for one in three admissions
- Remain in placement longer than other age groups
- One third return to care
- 79% of child fatalities occur under age 4
- Developmental delay is 4 to 5 times greater than general population

Portrait Continued

- Almost 80% have prenatal exposure to maternal drugs
- More than half have serious health problems
- Delayed cognitive skills
- Below average language skills
- Low social functioning
- 5 times more likely to have behavior problems

Impact of Maltreatment

- Increased rates of aggression
- Insecure, disorganized attachment
- Decreased language and IQ scores
- Anxieties, fears, sleep problems
- Shorter
- Smaller head circumference
- 3 times more likely to be underweight or overweight

What We Know

- Abused and neglected infants are at high risk for poor outcomes
- Children who spend their early years in foster care are more likely to drop out of school, become parents at a young age, enter the juvenile justice system, become homeless, be incarcerated as an adult, and become addicted to drugs

What We Know

- Childhood abuse increases the odds of future delinquency and adult criminality by 40%
- Being abused or neglected as a child increases the likelihood of arrest as a juvenile by 59%, arrest as an adult by 28% and arrest for a violent crime by 30%

Key Questions

- What can we do to shorten the length of stay in foster care? Average foster care stay 33 months in 2004
- How do we avoid reentry of children into care?
- How do we reduce fatalities?
- How do we screen for developmental delays?
- What services address developmental delays?

Key Questions

- Do we adequately screen for substance abuse?
- Do we adequately address health issues?
- Do we recognize behaviors that signal problems?
- What services exist to address those behaviors?

Role of Judicial Officers

Work to incorporate practices that promote resiliency in children and in families!

Use available resources such as Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System, By Joy Osofsky, Candice Maze, Cindy Lederman, Martha Grace, and Sheryl Dicker, NCJFCJ, December, 2002.

Tailor questions to fit state policy, procedures and resources as Sheryl Dicker did for New York with Infant Checklist

Questions

- Physical health

  Has the child received a comprehensive assessment since entering foster care?

  Are the child's immunizations complete?

  Has the child received a hearing and vision screen?

  Has the child been screened for lead exposure?

  Has the child received regular dental services?

Questions Continued

- Has the child been screened for communicable diseases?
- Does the child have a medical home to receive coordinated, comprehensive, continuous health care?

Developmental Health

- Has the child received a developmental evaluation by a provider experienced in child development?
- Are the child and family receiving necessary early intervention services (speech therapy, occupational therapy, educational interventions, family support)?

Mental Health

– Has the child received a mental health screening, assessment, or evaluation?
– Is the child receiving necessary infant mental health services?

Educational/Childcare Setting

- Is the child enrolled in a high-quality early childhood program?
- Is the early childhood program knowledgeable about the needs of children in the child welfare system?

Placement

- Is the child placed with caregivers knowledgeable about the social and emotional needs of infants and toddlers in out of home placements, especially young children who have been abused, exposed to violence, or neglected?
- Do caregivers have access to information and support related to the child’s unique needs?

Placement

- Are the foster parents able to identify problem behaviors in the child and seek appropriate services?
- Are all efforts made to keep the child in one consistent placement? (Respite care)

How to shorten the length of stay?

- Protocols for reasonable efforts to avoid removal other than for imminent harm
- Fast track screenings, assessments, and evaluations
- Fast track services
- Concurrent planning
- Frequent judicial reviews
- Specialized courts

Who is the Gatekeeper?

– Who has the authority to grant intake into foster care?
– Who investigates abuse and neglect?
– What training on infants and toddlers is given to investigators, law enforcement and judges?
– What instruments are used for risk assessment? Are there age differentiations?

What are reasonable efforts?

- What services are available? Prenatal, hospital, visiting nurse programs
- Do all abused and neglected infants and toddlers receive referrals under Part C of the Individuals with Disabilities Educational Act required by Child Abuse Prevention and Treatment Act (CAPTA)? How are referrals made? How are appointments scheduled? Who attends? What services are provided? Who can participate?

Family Preservation

- A Legal and Judicial Guide to Preventing the Unnecessary Removal to State Custody
- Funded by Georgia Bar Association’s Foundation
- Written by Atlanta Volunteer Lawyers’ staff member
- Edited by Judge Steve Frazen and Judge Peggy Walker

Introduction

- Identifies and defines the roles of state agencies and the courts in protecting abused and neglected children
- Family preservation is important because the standard changes once a child is removed with significant barriers to overcome for reunification

Decision to Remove

- The rights of the parent and child to be together
- The safety of the child in the family home

Six Key Questions To Be Asked

Child Safety: A Guide for Judges and Attorneys, by Jennifer Renne, J.D.

- What is the nature and extent of maltreatment?
- What circumstances accompany maltreatment?
- How does the child function day to day?
- What are the overall parenting practices?
- How does the parent manage his own life?

Decision to Remove

- What circumstances are accepted for investigation?
- What is the timeline for investigation?
- What is the process of investigation?
- What is the policy for investigation and removal?
- What is in the Child and Family Service Plan about investigation and removal?

Reasonable Efforts

- Basic services
- Family support services
- Family preservation services
- Diversion
- Safety planning
- Family team meetings and family plan

Role of the Court

- Court culture of professionalism and excellence with high expectations including efficient management and timeliness of scheduling cases to create a sense of urgency
- Knowledge and use of removal data to determine how each jurisdiction compares to state and national data

Court Role Continued

- Collaboration and mutual respect between Courts and agencies serving families and children
- Knowledge of community resources, training, sharing information, maximizing federal funding (What is your iv(e) penetration rate at local level? State level? National level?)

Court Role Continued

- Judge works to develop protocols on reasonable efforts
- Judge inquires as necessary (See Key Principles of Permanency Planning, NCJFCJ)
- Judge advocates for services
- Judge addresses right to counsel at first hearing and explores means for early appointment
- Judge appoints Guardian ad litem at first hearing and explores early appointment

Court Role Continued

- Judicial authorization of removal (DO NOT DELEGATE)
- Probable Cause, Detention, First Appearance, Seventy two hour hearing conducted consistent with Resource Guidelines of National Council
- Use of Protective Order
- Review of reasonable efforts and documentation in the order

Appendix

- Questions to Ask DFCS Regarding the Decision to Remove a Child From the Home
- FERPA order

Why reentry rates?

– Movement of children
– Disruption of attachment
– Failure to identify issues
– Failure to address issues adequately
– Reunification too quickly
– Lack of consistency
– Lack of permanence

How to avoid reentry?

- Thorough investigation to identify all issues including substance abuse, mental illness, family violence, trauma, parental inability
- Thorough assessments and evaluations
- Incorporation of recommendations into case plan
- Use of quality services to address needs arising from assessment and evaluations

How to avoid reentry?

- Skilled consistent case work developing relationships with families and service providers
- Observing, measuring and documenting progress and changing the case plan to reflect what is completed and what remains to be addressed
- Developing a plan at the closing of a case to avoid reentry

How to reduce fatalities?

- Education of parents, caregivers, childcare providers, caseworkers, attorneys, guardians ad litem, judicial officers and the public on risk factors and indicators of abuse and neglect (April is child abuse prevention month)
- Increased contact with youngest children through home visitation programs, support services including use of Part C services, Early Head Start, Head Start

Failure To Thrive

What is it?

What training is received by Judges, caseworkers, and law enforcement?

How quickly are medical records obtained?

Who reviews them?

Does anyone have medical training who reviews records?

Failure to Thrive

- Serious diagnosis due to the risk for permanent impairment especially for infants and toddlers
- Given when a child's weight is 20% below the ideal weight for the child's height
- Graphs on weight, height (length) and head circumference are plotted at birth and each well check. APGAR score for newborns
- Normal for initial weight loss in first few days of life, but there should be a steady gain of 4-7 ounces a week the first month. From two to six months an infant gains one to two pounds per month

Failure to Thrive

- Substantial increases in growth upon entry into care are evidence of failure to thrive and easily determined by examining the graphs at birth and each medical visit prior to entry into care and after entry into care.
- Diagnosis signifies substantial danger and risk of permanent impairment if not remedied immediately.

APGAR

- Scaled score rate child’s health at birth- one and five minutes, repeated if low
- Appearance, pulse, grimace, activity and respiration
- Skin color, pulse rate, reflex irritability, muscle tone and breathing
- Normal is 7 to 10
- Low is 4 to 6
- Less than 4 is critical
- Purpose is to determine immediate medical care not long term predictions of health

What about developmental delay?

- Education of all who touch lives of children on normal development
- Documenting development
- Periodic screenings
- Referral and screening of every infant and toddler with substantiated cases of abuse and neglect for Part C services

Developmental Delay Continued

- Utilization of services provided under Part C by foster parents, parents and any other potential caregiver for the child
- Transition from Babies Can’t Wait to Early Intervention, then to Special Education
- Utilization of Early Head Start, Head Start, quality child care

Health Check

- Birth to one month
- Birth to two months
- Two to four months
- Four to six months
- Nine to twelve months (five well visits in first year)
- Twelve to fifteen months
- Fifteen to eighteen months
- Eighteen to two years (three well visits in second year)
- Two to three years (annual visits third year)
- Dental checks begin at three years every six months

What about substance abuse?

- Is it always investigated?
- Is it always assessed? 78% prevalence rate
- Is there an evaluation?
- What is the quality of the evaluation?
- Are recommendations incorporated in the case plan?
- Are parents connected to services?
- Is there coordination between treatment and child welfare?
- What is the risk for abuse and neglect? Four times higher risk than home without substance abuse

Key Questions

- How many places has the parent lived in five years?
- How many jobs in the last five years?
- How many significant relationships in the last five years?
- How many arrests in the last five years?

Do we address health issues?

– When a child comes into care, what questions are asked about medical treatment, medications, and providers?
– What information is given to the child's caregiver?
– When is the child assessed?
– Who assesses the child?
– Where are the medical records?
– Who reviews the records? Medical training?

What behaviors are clues?

Signs that emotional needs of infants are not met:

- -lack of eye contact
- -weight loss
- -lack of responsiveness
- -sensory processing problems
- -negative response to being held or touched
- -severe cognitive delays, motor and language delays
- -absence of crying, expressing pain
- -failure to seek nurturance
- -rocking, head-banging, mouthing objects

What behaviors are clues?

- Red flags for children who have reached the age of one
  - Does not crawl
  - Drags one side of the body while crawling for more than a month
  - Cannot stand when supported
  - Does not search for objects hidden while watching
  - Has no single words

Red Flags

- Does not use gestures like waving or shaking the head
- Does not point to objects or pictures

Red Flags for Second Year

- – Does not walk by eighteen months
- – Does not develop heal to toe walking after several months of walking or walks on toes
- – Does not have at least 15 words by eighteen months
- – Does not use two word sentences by age two
- – Does not know function of common objects by age fifteen months

Red Flags

- Does not imitate actions or words
- Does not follow simple instructions
- Cannot push a wheeled toy
- Has very aggressive behaviors
- Has attention problems and deficits
- Does not show attachment
- Has sleep problems

Red Flags for Year Three

- Frequent falling and difficulty with stairs
- Persistent drooling or very unclear speech
- Inability to build a tower of more than four blocks
- Difficulty manipulating small objects
- Inability to copy a circle by age three
- No involvement in pretend play
- Failure to understand simple instructions

Red Flags Continued

- Little interest in other children
- Extreme difficulty separating from primary caregiver

Red Flags for Year Four

- Cannot throw a ball overhead
- Cannot jump in place
- Cannot ride a tricycle
- Cannot grasp a crayon between thumb and fingers
- Clings and cries when left by caretaker
- Ignores other children
- Does not respond to people outside of family

Red Flags Continued

- Does not engage in fantasy play
- Resists dressing, sleeping, using the toilet
- Lashes out without any self-control when angry and upset
- Cannot copy a circle
- Does not use sentences of more than three words
- Does not use “me” and “you” appropriately

Questions to Ask

– Has anything impaired the child's brain development? Nutrition, medical problems, toxic stress
– Does the child's environment support reaching developmental milestones? Stimulation, child care
– Is the child exploring and engaging others in a healthy way? Consistency of care, knowledge and skill of caregivers

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Toxic Stress

- Strong, frequent, or prolonged as with substance abusing caretaker, family violence, mental illness including depression
- Often uncontrollable
- No supportive adult
- Effort is concentrated on survival which can impair physical and cognitive development

Placement

- Consider the age of caregiver
- Number of children in the home
- Capacity of caregiver
- Special needs of the child to be placed and other children in the home
- Willingness to work with parents
- Ability to adopt if placement fails
- Ability to structure the environment

Placement

- Consider ability to NURTURE
- Child's placement needs for consistency in daily routines, consistency in early relationships, and permanency in early relationships
- Consider the language and cultural developmental needs of the child since the ability to speak other languages naturally develops during the first two to three years of age

Factors Predicting Permanency

- Caseworker consistency-single change can reduce permanency by 53%
- Fewer placements-each additional placement reduced odds of permanency in 12 months by 32%
- Poverty-extremely poor children were 90% less likely to achieve permanence in 12 months
- Visitation-each additional day of visitation per week tripled the odds of permanent placement within twelve months

The Critical Pieces for Ensuring Healthy Development

- Concurrent Planning
- Core Care Providers
- Medical Home
- Assessments and Services
- Visitation
- Stability
- The Court's Leadership

Concurrent Planning

- Concurrent Planning involves considering all possible options for permanency at the earliest possible point following a child's entry into foster care
- Question each parent at the first hearing as to three persons to raise the child if they were to die during the pendency of the case

Concurrent Planning

- Steps to Achieving Concurrent Planning:

  - Early aggressive search for birth family resources for achieving permanency
  - Early identification and consideration of all permanency options and setting out the priority of the options in the case plan for every child under the age of three
  - Early use of foster/adoptive or kinship placements at time of removal
  - Use of expedited process under ICPC
  - Full, documented disclosure with birth parents of problems, changes, time frames, and possible consequences if they do not work a case plan or do not meet case plan goals in a timely manner

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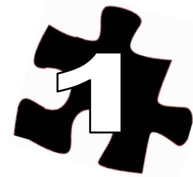


Concurrent Planning

- Steps to Achieving Concurrent Planning Continued:
  - Frequent and constructive use of parent-child visitation as part of reunification efforts
  - Individualized assessments and intensive work with birth families; targeting the problems that necessitated foster care placements
  - Involvement of foster/adoptive and kinship caregivers in teaching and skill-building with birth parents
  - Transitioning children as placements change

Core Care Providers

- A Management Team of Core Providers needs to be available for every child.
- This Team Includes:
  - Biological Parents
  - Foster Parents
  - Other Permanency Placements
  - Caseworkers
  - GAL/CASA
  - Medical/Mental Health Providers
  - Public Health Caseworkers
  - Educators/Day Care Personnel

Core Care Providers:
Caseworkers

- Caseworkers will:
  - Make a referral to Children's First (public health) for each child with a substantiated case of abuse or neglect
  - Follow up to see that child is assessed by Children's First
  - Meet with Children's First caseworkers, parents, guardian ad litem, and other placement resources to review the comprehensive child/family assessment and the public health assessment and recommendations
  - Meet with the parent and placement resources to identify a medical home for the child

Continued. . .

Core Care Providers:
Caseworkers

- Caseworkers will:
  - Assure that the medical notebook created by public health follows the child to each placement
  - Request the Special Assistant Attorney General file a motion to modify the case plan to incorporate the recommendations of the assessments
  - Monitor the placement to assure that any child who is entitled to public health services receives public health services

Core Care Providers:
Foster Parents

- Foster Parents can help Biological Parents understand cognitive, social, physical, behavioral, and emotional development

- Foster Parents can also reinforce secure attachments and model appropriate behavior for Biological Parents

Core Care Providers:
Foster Parents

- Foster Parents can help model and teach many parenting skills:
  - Nurturing
  - Understanding infant feeding patterns
  - Learning child development
  - Establishing sleep patterns
  - Shaping behavior
  - Using discipline
  - Identifying pediatric medical issues
  - Using repetition to reinforce
  - Learning normal behavior patterns
  - Establishing routines
  - Practicing mental health care
  - Avoiding and managing interruptions
  - Handling stressful situations
  - Using appropriate toys with children
  - Teaching infant massage and tummy time

Medical Home

Continuity of care for the physical and mental health of the child, including:

- Gathering of medical records and assessments
- Using the same treatment provider when possible
- Selecting medical/mental health providers who will remain throughout the course of the case
- Sharing all information with core care providers
- Passing records physically with each transition of core care provider or medical/medical health provider.

Assessments and Services

- Prior to or at the 72 hour hearing, the parent is to be assessed and tied to substance abuse services and assessed for other mental health issues to determine the need for treatment.
- Recognize and establish services for co-occurring disorders (substance abuse and mental health)

Assessments and Services

- Providers will work with parents for 26 weeks on the nature and quality of interaction with infants and toddlers; enabling parents to meet the needs of the child, set boundaries for the child, and give the child stability and security needed for self regulation.

- Providers use evidence based parenting programs appropriate to meet the needs of the child and parents, including a pre and post test or observations to determine a mastery of skills and not just a certificate related to the parents' attendance.

Assessments and Services

- Caseworkers request parental fitness assessments to identify parents who do not have the capacity to be adequate caregivers

- Assessments of parents and children are reviewed, and case plans are revised to incorporate recommendations.

- Caseworkers follow up with all who are assessed and eligible for services to make sure the child and parents actually receive services.

Quality Assurance

- Set standards for assessments, screenings, evaluations and case plans
- Educate providers and agencies on expectations
- Reject substandard products including case plans
- Give feedback to the provider

Good Case Plans

- Are case specific to each of the parents, other parties under the Protective Order and the child
- Are related to causes of removal
- Address every issue necessary to assure reunification
- Are broken down into steps that are possible to do
- Are specific enough to be measurable to know that steps are completed
- Assigns responsibility for the actions such as appointments
- Are prioritized and sequenced
- Includes specifics of visitation

Attachment Assessments

- Select experts trained in attachment theory
- Ask for comprehensive, relationship based assessment of child's attachment
- Examine the abilities of caregivers to encourage secure attachment
- Use knowledge of attachment theory and research to prevent attachment problems

(Separation and Reunification: Using Attachment Theory and Research to Inform Decisions Affecting the Placements of Children In Foster Care, by Douglas Goldsmith, David Oppenheim, and Janine Wanless, Juvenile and Family Court Journal, Spring, 2004)

Visitation

- A visitation plan for foster children, parents, and siblings is developed promptly because it:
  - reduces the child's sense of abandonment and loss upon removal through frequent contact for infants and toddlers
  - maintains the child's relationship with siblings, parents, and other significant individuals
  - provides opportunity for social services workers to assess the parent/child relationship
  - provides opportunity for social services workers to assess the parents' needs for rehabilitation services such as parenting classes, substance abuse treatment or mental health intervention
  - encourages the parent to work his or her case plan

Visitation

- Efforts must be made to assure frequent age appropriate visitation that is meaningful using only the level of supervision necessary
- Collaboration among the court, child and family service agencies, and the volunteer and charitable community is needed to achieve success; particularly with:
  - Transportation
  - Children placed outside of the community
  - Foster parents' schedules
  - Safe, family-friendly, home-like environment
  - Neutral, well-trained supervisors
  - Evening and weekend hours

Visitation

- Therapeutic Visitation
  - An intensive program which combines family therapy and parent training within a consultative model of service delivery that is both educationally and therapeutically based
  - Intensive parenting instruction pre- and post-visitation occurs between a master's mental health clinician and parents

Henley, A.T., Therapeutic Visitation, Spotsylvania, VA.

Visitation

- Acting out following visitation signifies anger, loss, grief, stress, anxiety, separation from family and must not be used to terminate visitations with parents working a reunification case plan
- Use therapists and caregivers to prepare the child for visitation
- Teach the parents to reassure the child at time of departure where the child is going and when the child will see them again to help with the transition
- Provide the child and parent with pictures to remember happy times together and help with separation

Frequent Visitation

- Promotes healthy attachment
- Reduces negative affects of separation
- Strengthens parent-child relationship
- Eases the pain and loss for child and parent
- Gives hope to and motivation for change to parents
- Helps parents to be involved in everyday activities and to keep up with child's development
- Contact every two to three days, short periods

Frequent Visitation Cont.

- Boosts confidence of parents and gives them a chance to learn new skills
- Provides a setting for suggesting how to improve interactions
- Allows foster parents to model skills to parents
- Provides valuable information to the Courts on progress and skill levels
- Helps to assess the appropriateness of the permanency plan and provides transition

Location of Visitation

- Choose the least restrictive environment
- Choose environments conducive to maintaining and building relationships
- Use community facilities including faith based community
- Use relatives and friends who cannot provide placement but are interested and supportive of the family

Visitation Activities

- Meeting basic needs
- Playing
- Working on motor skills
- Naming objects, colors, numbers, alphabet
- Reading
- Drawing

Visitation Documentation

- Develop forms that note skills used such as setting boundaries, redirecting child, engaging the child
- Include the activities during visitation, the foods consumed, any distractions or problems encountered

Infant Visiting Checklist

- Visiting Plan
- Evolution
- Permanency
- Parental participation
- Limiting, suspending or terminating visits (child focused not urine based)

Resource

– Visitation with Infants and Toddlers in Foster Care: What Judges and Attorneys Need to Know, by Margaret Smariga, July, 2007. Practice and Policy Brief, ABA Center on Children and The Law, Zero To Three Policy Center.

Stability

- Avoid moving children if there are any other alternatives

- Keep Siblings Together!

- If children have to change placements, transition is essential.

- As the number of prior placements increases, so does the likelihood of failed permanent placement

Fisher, P.A., Burraston, B., Pears, K., The Early Intervention Foster Care Program: Permanent Placement Outcomes From a Randomized Trial. Child Maltreatment, Vol. 10, No. 1, February 2005.

Transition Checklist

– Consider each child and the feelings of all involved.
– Discuss the transition between the caregivers and provide support.
– Identify important routines and transitional objects that help the child adjust.
– Encourage communications between the caregivers.
– Enlist and help and support of others during transition

Transition Continued

- Talk to the child at an age appropriate level about the transition
- Have visits with the new caregiver before transition begins
- Identify key behaviors of the child and observe the child’s response to transition
- Revise the plan as the child adapts to assist in developing relationships

Transition Checklist

Creating Threads of Continuity: Helping Infants and Toddlers Through Transitions in Foster Care, by Laura Frame, Kathryn Orfirer, and Barbara Ivins, The Source, Volume 13, No. 2, Fall 2004 citing SEED Early Childhood Mental Health Consultation and Training Project (March, 2003). Alameda County Social Service Agency/Children's Hospital and Research Center at Oakland.

Discussing Transitions

- Talk to the child and others to determine if there are distortions that need to be corrected
- Explain events simply but truthfully
- Do not give false assurance particularly where the outcome is unknown
- Help the child name his or her feelings without trying to talk them out of those feelings

(The Source, p. 23)

Stability

- Failed placements translate directly into disrupted relationships, major living transitions, relocation, and renewed uncertainty about the future – none of which are conducive to psychological well-being or healthy development.

Fisher, P.A., Burraston, B., Pears, K., The Early Intervention Foster Care Program: Permanent Placement Outcomes From a Randomized Trial. Child Maltreatment, Vol. 10, No. 1, February 2005.

Stability

- Allocation of resources to young foster children, before strong behavioral patterns have been established and prior to school entry, has the potential to mitigate many long-term risks and to be cost-effective, reducing the future consumption of mental health, substance abuse treatment, special education, and ultimately juvenile justice system services.

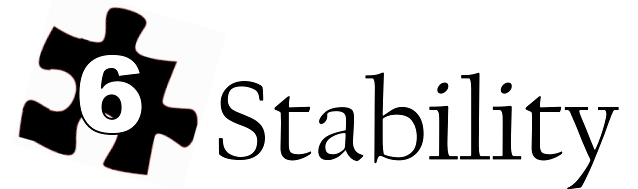
Fisher, P.A., Burraston, B., Pears, K., The Early Intervention Foster Care Program: Permanent Placement Outcomes From a Randomized Trial. Child Maltreatment, Vol. 10, No. 1, February 2005.

Stability

- Foster Parents need access to information regarding the child including the Comprehensive Child and Family Assessment, the public health assessment, resources, funds and services, in order to minimize the number of moves for foster children

- Adequate training for foster parents is fundamental for positive outcomes

Fisher, P.A., Burraston, B., Pears, K., The Early Intervention Foster Care Program: Permanent Placement Outcomes From a Randomized Trial. Child Maltreatment, Vol. 10, No. 1, February 2005.



- Foster Children need stability in caseworks, judges (ONE FAMILY,ONE JUDGE), therapists, CASAs, GALs, and any other person with whom they have contact!

- Revolving caretakers, judges, caseworkers, and therapists are part of the high rates of negative current and future behavior in foster children

Stability

- Colorado Model:
  - The 1994 Expedited Permanency Planning (EEP) Legislation combined concurrent planning with an accelerated judicial process for families with young children
  - EPP required all children ages 6 and younger and their siblings to be in a permanent placement within 12 months of entering foster care
  - Counties were allocated up to $5,000 per family to make services available to the family immediately following the child's entry into foster care

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Stability

- Resources were available and procedures were developed for "front loading" services to families
- Funding was available to implement family group conferencing or family team meetings
- Jurisdictions could also purchase additional substance abuse or mental health evaluations and treatment services
- Some counties assigned two caseworkers to a family – one serving and advocating for the parents and the other working with the child in care

continued...

Stability

- A evaluation of the EPP was conducted between 1995 and 1998 in two counties
- In the treatment group, the rates of permanency within 1 year were **85 and 84%**
- In the comparison group, the rates of permanency within 1 year were **22 and 32%**

National Clearinghouse on Child Abuse and Neglect Information, National Adoption Information Clearinghouse: Concurrent Planning: What the Evidence Shows, April 2005.
http://nccanch.acf.hhs.gov/pubs/issue_briefs/concurrent_evidence/concurrent_evidence.pdf

The Court

- Judicial leadership is crucial in the initiation of change, engagement in process and continuation of improvement efforts.
- Courts need to know:
  - days in care,
  - days until reunification or other permanency,
  - number of placements,
  - number of caseworkers,
  - frequency of visitation,
  - assessment for services; and
  - utilization of services.

The Court

- Judges must have access to all screenings, assessments and evaluations, review them and determine if the placement and services actually provided match the child's present placement and services being provided, the case plan and the services being provided to the parents.
- Judges must also review case plans to see if the recommendations have been incorporated. When the case plan has not been updated, the Court can refuse to incorporate the case plan until it is updated.
- Judges must request home evaluations at the earliest possible point including expedited process for ICPC.

The Court

- Judges must create a sense of urgency by reminding parents and case workers how much time has passed since the beginning of the case.
- Judges must schedule frequent reviews to assure progress toward reunification.
- Judges must question whether reunification is the appropriate goal when there is no significant progress in the first ninety days of the case plan.
- Judges must implement the concurrent plan within six months when reunification goals are not met in order to achieve permanency within twelve months.
- Judges must use the contempt power of the Court when there is no progress toward reunification.

The Court

- Judges must use specialized courts such as Court Teams Project and Zero To Three Family Drug Treatment Courts to deliver intense case management and services to families with young children to achieve timely permanency based on principles that assure resiliency of children and families.

Family Drug Treatment Program

- Funded by Safe and Stable Families for communities affected my METH
- Serves families with children under age 5
- Provides intense case management focusing on treating substance abuse, parenting, healing trauma and building community supports for children and families
- Reviews cases twice per month
- Has two tracks: children placed out of the home and children placed with participants

The Court

- The Court needs to:
  - Have case manager in court to link client substance abuse treatment to a parent, follow up on compliance, and provide information necessary to bring a parent back to court for noncompliance.
  - Have a process manager to assure that agencies are working together to serve children and families.

The Court

- A stakeholders meeting is critical to engagement, collaboration, and identification of barriers for problem solving
- Cross training for judges, attorneys, GAL, CASA, caseworkers, foster parents, public health, medical providers, and mental health providers is essential
- Court Improvement Plan (CIP) money can be used to fund these efforts.

The Court

- Judges play a critical role in bringing people to the table and ensuring follow through
- When judges call a meeting, people attend
- Judges provide continuity that is sometimes lacking in the child welfare community where job turnover is often high
- There is more stability over time in the judicial branch than in the executive or legislative branches
- Judges can convene the team of core care providers for frequent hearings to assure that permanency is achieved.

Public Policy

- Policymakers must identify the educational investments that yield the highest public returns – the literature is clear: Dollars invested in Early Childhood Development yield extraordinary public returns!

- The quality of life for a child and the contributions the child makes to society as an adult can be traced back to the first few years of life.

- From Birth – 5 a child undergoes tremendous changes which include growth in cognition, language, motor skills, adaptive skills, and social-emotional functioning. **Success during this period of life increases the child's likelihood to contribute to society.**

Rolnick, A., Early Childhood Development: Economic Development with a High Public Return. Fedgazette, March 2003.

Public Policy

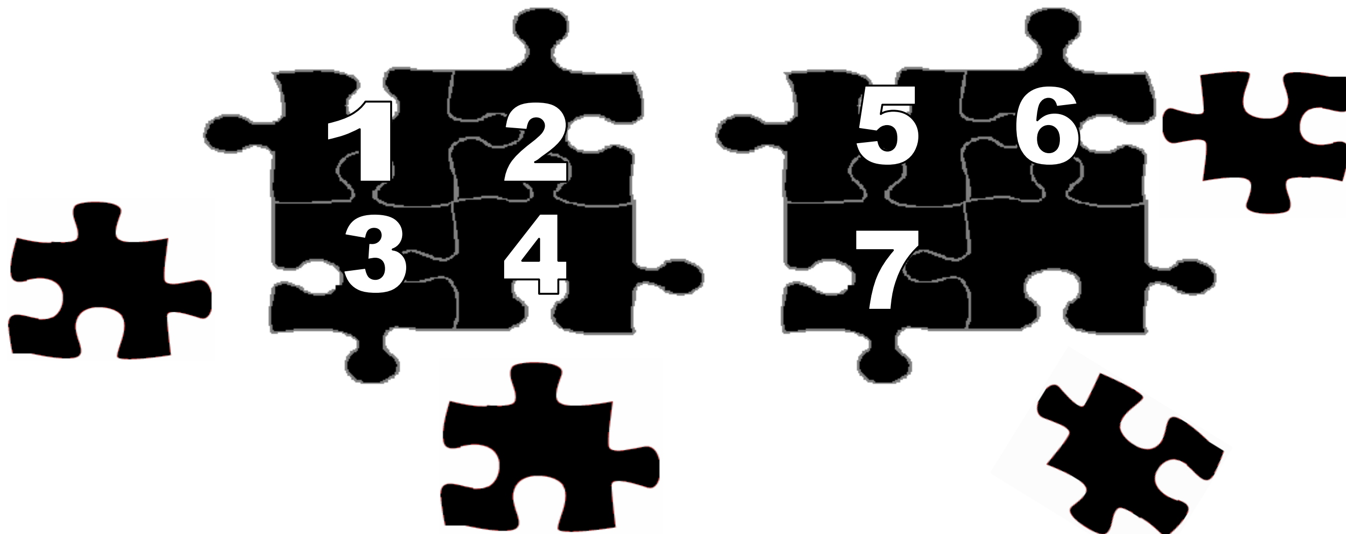
- Minnesota's Early Childhood Family Education (ECFE) provides support to parents and their children from birth until kindergarten enrollment to promote the healthy growth and development of children

- Establish an endowment for an initiative from government, private foundations, individuals, and businesses

Rolnick, A., Early Childhood Development: Economic Development with a High Public Return. Fedgazette, March 2003.

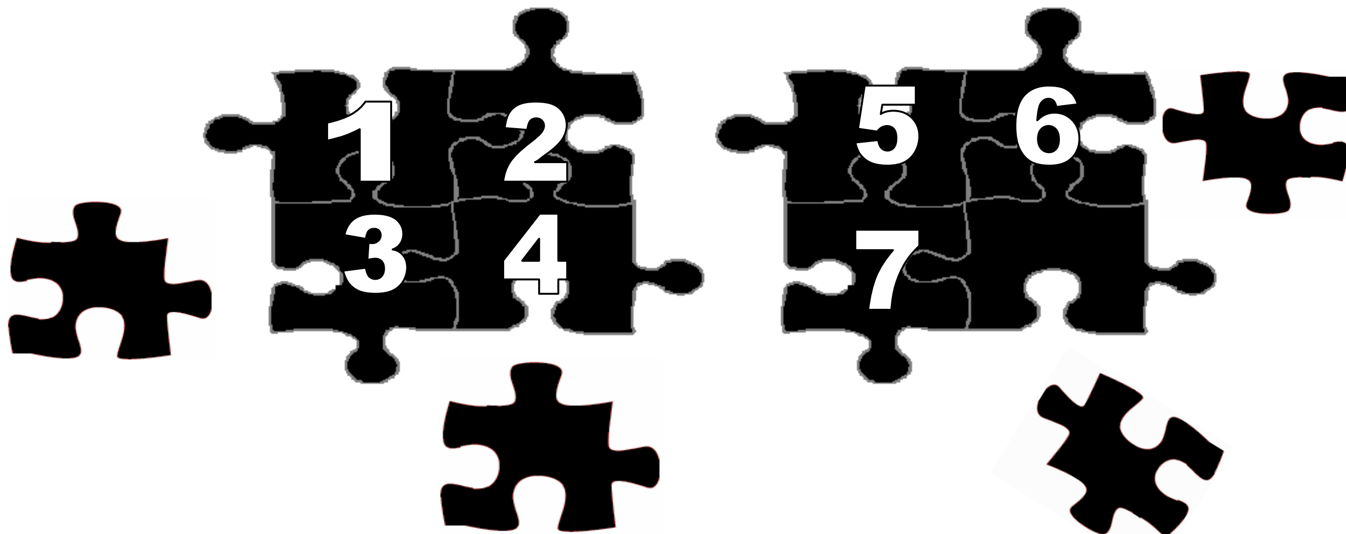
Working Together

- Establish an infant mental health association to drive system improvement
- Recruit Zero to Three Fellows



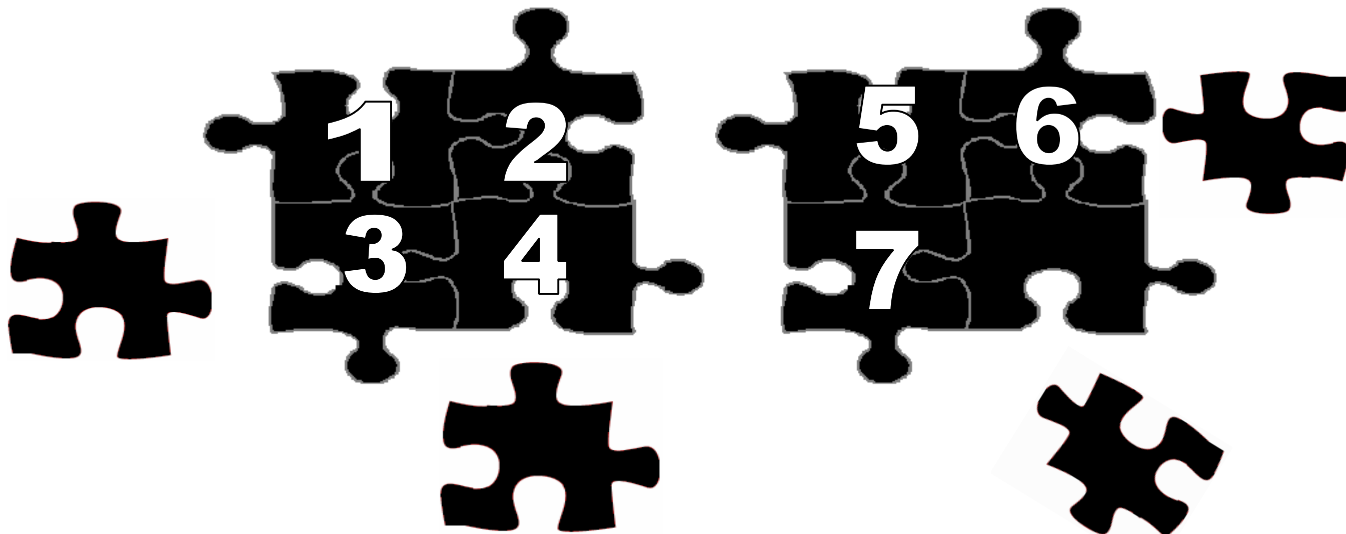
Working Together

- Convene frequent hearings of core care providers to assure progress toward reunification
- Conduct specialized training on needs of children zero to three to all who play a role in the lives of infants and toddlers



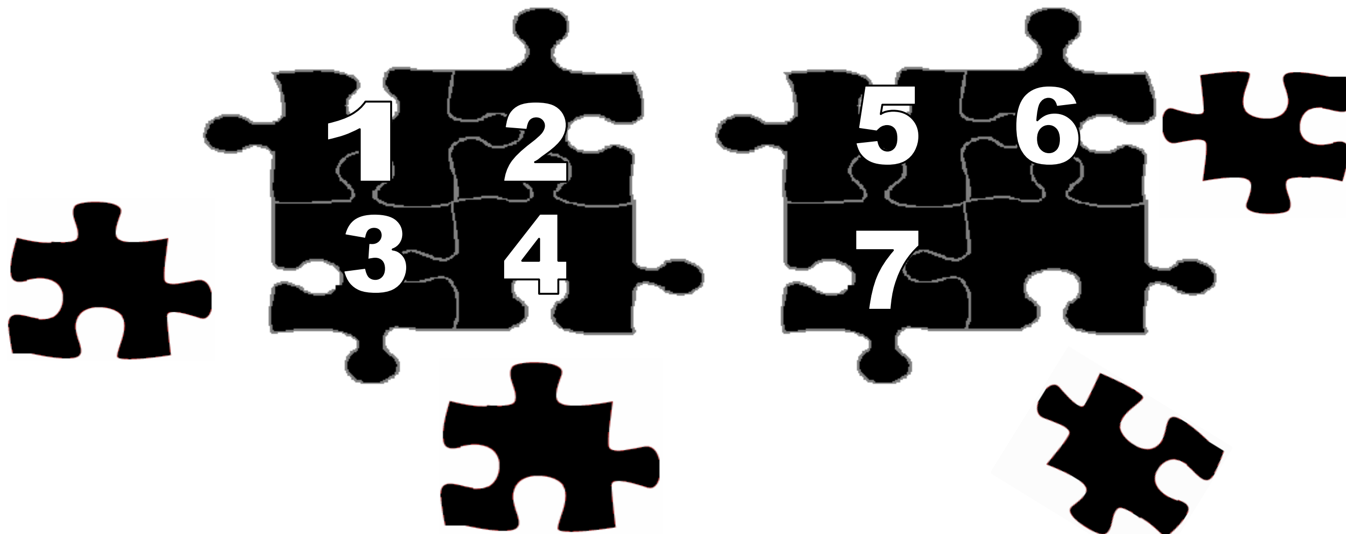
Working Together

- Use effective concurrent planning from point of entry of infants and toddlers
- Use foster to adopt homes for all infants and toddlers entering care



Working Together

- Establish and maintain a medical home for infants and toddlers
- Assure that all medical records follow infants and toddlers if their placement changes



Working Together

- Share information from screenings, assessments and evaluations
- Write and modify case plans to incorporate recommendations from them
- Utilize public health services
- Develop a team of core care providers
- Assure meaningful and frequent visitation under supervision as is necessary
- Transition children when placements change

Working Together

- Assess parents for substance abuse issues prior to 72 hour hearing
- Assess parents for mental health issues prior to or at 72 hour hearing
- Assess for parental inability as soon as possible before to disposition

Working Together

- Recruit, train and utilize therapists who work on relationships between core care providers and children birth to three for twenty six weeks to assure optimal social and economic growth
- Growing Up Healthy: What Local Governments Can Do to Support Young Children and Their Families, By Rebecca Parlakian, Zero To Three Policy Center

Working Together

Promoting resilience in children by meeting the needs of our most vulnerable population, INFANTS AND TODDLERS!

RELATIONSHIPS ARE KEY TO SUCCESS!