Safe Babies, Strong Families, Healthy Communities
The Safe Babies Court Teams Project

The Safe Babies Court Teams Project is a systems-change initiative, spearheaded by ZERO TO THREE. It is modeled on the National Council of Juvenile and Family Court Judges Model Courts Project. Model Court judges focus on conducting their hearings in accordance with nationally recognized best practices.[1] The Safe Babies Court Teams are led by judges who place a strong emphasis on addressing the unique challenges facing infants and toddlers. The Safe Babies Court Teams Project is focused on improving how the courts, child welfare agencies, and related child-serving organizations work together, share information, and expedite services for young children. This work increases knowledge among all those who work with maltreated children about the needs of infants and toddlers. At the local level, judges introduce the community to the Court Team approach. They collaborate with child development specialists to create teams of child welfare and health professionals, child advocates, and community leaders. Together they provide services to abused and neglected infants and toddlers.

The Safe Babies Court Teams Project has two major goals:

- Increase awareness among all those who work with maltreated infants and toddlers about the negative impact of abuse and neglect on very young children
- Change local systems to improve outcomes and prevent future court involvement in the lives of very young children.

Core Components

1. **Judicial Leadership:** Local judges in Court Team communities are the catalysts for change because of their unique position of authority in the processing of child welfare cases. When beginning a Court Team, a local judge and a counterpart at the public child welfare agency convene an initial informational meeting with representatives of community stakeholders. The purpose of the meeting is to explain the need to focus on infants and toddlers and to begin to outline how the many organizations that touch the lives of these children can work together on their behalf.

2. **Local Community Coordinator:** In each Court Team community, a local community coordinator provides child development expertise to the judge and the Court Team. The community coordinator, hired and supervised by ZERO TO THREE, coordinates services and resources for infants and toddlers. Experience has taught us that the community coordinator should be employed at no less than 80% of a full-time position.

3. **Active Court Team Focused on the Big Picture:** The Court Team is made up of key community stakeholders who commit to working to restructure the way the community responds to the needs of maltreated infants and toddlers. The Court Team meets monthly to learn about the services available in the community, to identify gaps in services, and to discuss

issues raised by the cases that members of the Court Team are monitoring (See # 6 below). Membership in the Court Team should be by open invitation. It is anticipated that the diversity of agencies represented will expand over time. Members can include:

- Local leaders at government agencies serving children and adults;
- Primary health care providers;
- Attorneys representing children, parents, and the child welfare system;
- Court Appointed Special Advocates (CASAs) and Guardians *Ad Litem* (GALs);
- Mental health professionals;
- Substance abuse treatment providers;
- Early intervention specialists;
- Dentists;
- Domestic violence service providers;
- Representatives from colleges and universities;
- Members of foster parent organizations;
- Children's advocates;
- Early Head Start and child care providers;
- Court Improvement Project staff; and
- Volunteer community leaders.

Recruitment will be necessary to achieve the broad multidisciplinary participation critical to a Court Team's effectiveness. The community coordinator takes the lead in scanning the horizon for new service providers to incorporate into the Court Team.

4. **Targeting Infants and Toddlers in Out-of-Home Care:** The Court Team focuses on foster care cases involving children younger than 36 months. Working collaboratively with the investigators at the local child welfare agency, children are identified prior to removal. At the first court hearing, the community coordinator reaches out to the parents directly or through the parents' attorneys to invite them to participate in the Court Team Project. At that time the parent receives a packet of information that includes release forms to allow the sharing of private information. Given the multiple duties of the community coordinator, the Court Team needs to adhere to a caseload limit of no more than 20 open cases at any one time.

   Comprehensive developmental, medical, and mental health services are incorporated into the case plan document to ensure that the children's well-being is given primary consideration in the resolution of the case. Because maltreated children are so likely to experience developmental delays and medical problems, it is critical to find them a medical home with consistent primary caregiving by a pediatrician who comes to know the child and family. Services provided by the pediatrician should include a screening for symptoms of developmental delay at each visit. This screening should focus on all domains of development (cognitive, language, gross and fine motor, social, and emotional). In addition all children should receive a screening for developmental delays conducted by the local agency responsible for complying with Part C of the Individuals With Disabilities Education Act. This Part C screening should be repeated if the pediatrician notices the onset of developmental problems because delays are not often apparent in the first months of life. A complete listing of the services should be included in the family's case plan and available to the judge through inclusion in the judicial orders directly or incorporated when the judge accepts the child welfare agency's case plan.

5. **Placement and Concurrent Planning:** Because young children see the world through the eyes of their closest caregivers, every change in placement is a difficult adjustment for the child. Changes in placement can be minimized by reaching out to extended family members prior to removal from the parents' care and by quickly identifying caregivers (kin and non-related foster parents) who would be willing to become the child's permanent family if reunification becomes impossible. It is important for all members of the family's team to understand concurrent planning and to make sure that parents understand it as the legal way to make sure that their child reaches a permanent home as quickly as possible.

6. **Monthly Family Team Meetings to Review All Open Cases:** Each month, the community coordinator and the team of service providers, attorneys, and child welfare agency staff working with individual families meets together to review the family's progress. These staffings help track the referrals made, services received, and barriers encountered. This monitoring process in and of itself can help prevent very young children from falling through the cracks and ensure that the services they are receiving are addressing identified needs. In some jurisdictions, these case staffings are done as a court hearing where the judge presides. In other jurisdictions, the staffings take place outside of the courtroom and the judge learns about the family team's recommendations during the court hearing.

7. **Parent-Child Contact (Visitation):** Very young children become attached to their parents whether the parents are able to provide consistent loving care or not. While the quality of that attachment may be insecure or even disorganized, separating a young child from his parents is still painful.[2] The goal of parent-child contact is to permit the child and parent to keep the other a living presence in their lives and to improve the parent's responsiveness to the child's needs.

Research has found a correlation between the frequency of parent-child visits and the speed with which the child achieves permanency: more planned visiting days each week was linked to the likelihood that children will achieve permanency within a year; each additional visit tripled the odds.[3] In addition to providing more opportunities to build a stronger parent-child bond, one reason for these outcomes is that it becomes clear earlier in the life of the case whether parents are able to commit to the process. While in many cases frequent parent-child contact is ideal, this is true with some important caveats. For some parents and children, frequent visits may not be appropriate or helpful for the child at first. Yet, very young children still need to form a secure attachment with their adult caregivers, which occurs when the child can count on the adult to appropriately respond to their needs at any time, day or night. Children who have been removed from their parents' care cannot build such an attachment with their parents when they are living apart.[4] Yet if reunification is to be successful, the child and parent must have a relationship that can lead to attachment. The hoped for outcome of the child's foster care experience is that together the child and foster parent build the predictable nurturing relationship that defines attachment. At the same time, substitute caregivers (whether extended family members or unrelated foster parents) are critical allies in assisting the child and his/her parents in maintaining or building a healthy loving relationship.

The Safe Babies Court Teams Project sees parent-child contact as a critical way to help the child and parents experience one another as loving partners in their relationship. Each family has their own strengths and challenges when it comes to spending time together, and plans for supporting their relationship must be formed on an individualized basis. Many parents are able to engage their children in play and provide reassuring physical contact, but they need assistance in knowing what is reasonable to expect of a child's behavior at a given age and to set appropriate limits. Perhaps they are not able to establish safe limits. On the other hand, parents may have learned from their

own childhood experiences that discipline is the only important feature of childrearing, and they need to learn how to delight in their baby's exploration of the world around her.

It is the job of the Safe Babies family team to create an individualized visitation plan that meets parents and children where they are and is designed to provide the level of contact and support, ranging from relatively light supervision up to intensive mental health interventions, that will promote the most positive outcome for the child as well as the family. One of the first and most critical steps in developing a visitation plan is assessing the parent-child relationship (described in the *Continuum of Mental Health Services* below) to determine the level of supervision and developmental guidance needed. If the reasons for the child's removal are unrelated to the parent's caregiving, opportunities for visits should abound. Placement with family members, where that situation is appropriate, can allow daily supervised contact or even round-the-clock contact if the parents can live in the relatives' home. If the parents seem unaware of what their child is capable of at a specific developmental stage or are unable to overcome their own trauma history to focus on the child, more therapeutic supervision of visits should be the norm. In some cases the parents have traumatized their children through physical or verbal abuse. In these instances, parent-child contact can further damage the children, and the family should be in the care of an experienced mental health clinician. Visits should be limited to those that are deemed appropriate and can be supervised by this clinician as part of an overall treatment approach. As the therapy progresses and the parent can change his/her behavior toward the child such that the child is no longer frightened in the parent's presence, more relaxed supervision and more frequent visits can begin. If the child continues to react with fear to the parent's presence, the mental health clinician can advise the team about further contact.

Parents whose children have been placed in foster care need frequent contact to maintain their optimism about reunification. The Court Team focuses attention on increasing the time children and parents spend together by expanding the opportunities (e.g., doctor's appointments, Part C screenings, other health services) and the locations (e.g., the foster home, the birth parents' home). Because parents who abuse or neglect their children may lack positive parenting models, the Court Team should identify strategies to improve parents' ability to appropriately respond to their children's needs. One approach is an organized internship program for graduate students of social work to provide ongoing coaching for parents during visits. Foster parents can be another critical source of support for positive parent-child contact.

8. **Continuum of Mental Health Services:** Children who have been traumatized by their parents' care may need mental health services. Parents who are maltreating their children need some level of intervention to help them overcome the reasons for their neglectful or abusive behavior. The intensity of the intervention should mirror the specific characteristics of the parent and child. The continuum of mental health services includes:
   - An assessment of the parent-child relationship
   - Parenting education programs that have been evaluated and found effective in working with maltreating parents
   - Visit coaching
   - Psychoeducational parenting intervention
   - Child-parent psychotherapy

   <u>Parent-child relationship assessment:</u> Because young children experience the world from within the circle of their parents' arms, the ideal way to evaluate the child's social and emotional well-being is by assessing them in the context of their primary relationships (e.g., with birth parents and foster or kinship care providers). Relationship assessments include two primary procedures[5]:

a. Structured interactional play assessment that reveals how the caregiver behaves with the child. It measures:
   - The adult's ability to provide emotional support to the child, set limits, provide structure, and help the child learn effectively.
   - The child's ability to show affection, comply with the adult's requests, respond to the learning situation, and regulate feelings.
b. An interview with the adult to understand the adult's "working model of the child." This allows the clinical evaluator to assess the adult's ability to provide appropriate care to the child. For example, parents who abuse their children have negative perceptions of their children compared to other people's children and unrealistically high expectations for their children's behavior.[6] These opinions influence how the parent perceives the child. It explains the parent's behavior toward the child and sets the stage for a teaching intervention.

The clinician will make recommendations to the court about the types of interventions that will work best for the parent and child. There are a range of possibilities including:

- Parent education
- Visit coaching
- Psychoeducational parenting intervention
- Child-parent psychotherapy

Parent education: Standard parenting classes have not been proven to be effective in improving parents' ability to care for their children. Many adults do not learn well in a traditional classroom where the teacher lectures and expects students to read handouts to fully understand the content. Parents involved in the child welfare system face daunting challenges in their daily lives that further minimize the effectiveness of a classroom setting. They are survivors of trauma who often use alcohol and drugs to numb their pain. They are not the audience for whom most parenting education programs were designed. Safe Babies Court Teams will seek opportunities for parents and their children to spend time together under the supervision of trained and experienced professionals with strong knowledge of early development. Examples include the federally recognized home visiting models, early intervention screening and service appointments, and child-parent psychotherapy (CPP, described below).

Visit coaching: Visit coaches can come from a range of professions including child welfare case workers, in-home service providers, and graduate social work student interns. They work closely with the parents to make each visit a good experience. They do this by:

- Playing an active supportive role before, during, and after visits.
- Helping parents prepare activities for visits that will meet their children's needs.
- Assisting parents during the visit with reminders about what they had planned and suggestions as the parents respond to events and emotions.
- Helping parents recognize and cope with the emotions they are experiencing (e.g., sadness and anger at the end of the visit).[7]

CPP: In this intervention, the clinician seeks to heal the relationship between the child and the parent by helping the parent develop a realistic assessment of the child's needs and abilities. Through the course of treatment, the therapist helps the parent address the trauma in the parent's past that is clouding the parent's view of the child. CPP has been demonstrated to help maltreating parents achieve a healthy relationship with their young children while they address the underlying reasons for their parenting deficits.[8]

Developing this continuum of services: Most Safe Babies Court Teams need to develop this continuum of services. The first step, typically initiated by the community coordinator, is to undertake a series of meetings with service providers to learn more about what services are currently available in the community and to describe the goals of the Court Team to them. Ideally providers will be invited to present information about their services at Court Team meetings and will continue to participate as active members. Once these partnerships are established, the Court Team, with help from ZERO TO THREE, can devise a plan to develop a full continuum of infant mental health services in the community.

9. **Training and Technical Assistance:** ZERO TO THREE staff and consultants provide training and technical assistance to the Court Team community on topics such as: infant and toddler development; parenting interventions; services available to foster children in the community; children and trauma; and parental substance abuse, domestic violence, mental illness, and poverty. Through weekly team meetings and individual supervisory calls, the director and supervising community coordinators provide support and direction to each of the community coordinators. By participating in ZERO TO THREE's Scientific Meeting and National Training Institute and in the Safe Babies Court Teams annual Cross Sites meeting, the community coordinators, judges, and key members of the Safe Babies Court Teams are integrated into the larger framework of ZERO TO THREE's efforts on behalf of infants and toddlers.

   ZERO TO THREE staff and consultants provide resource materials for use by the Safe Babies Court Teams and for national dissemination. These resources include:

   - ZERO TO THREE's 55-minute DVD, *Safe Babies Court Teams; Building Strong Families and Healthy Communities;*
   - ZERO TO THREE publications such as *Infants in the Child Welfare System* by Dr. Brenda Jones Harden;
   - *A Call to Action on Behalf of Maltreated Infants and Toddlers*, a collaborative report by ZERO TO THREE, the American Human Association, the Center for the Study of Social Policy, the Child Welfare League of America, and the Children's Defense Fund; and
   - Reports from organizations doing related work (e.g., the National Council of Juvenile and Family Court Judges, federal information clearinghouses).

   In addition, *Healthy Beginnings, Healthy Futures; A Judge's Guide*, jointly published by the American Bar Association Center on Children and the Law, the National Council of Juvenile and Family Court Judges, and ZERO TO THREE, provides developmental information specific to the needs of very young children in foster care. Although written for judges, this volume presents the latest research in a format useful to all professionals working with young children in foster care.

10. **Evaluation:** Each Court Team evaluates its work. Information is collected about:
    - Knowledge enhancement among professionals working in or with the child welfare system.
    - Collaboration among providers working with the child welfare system (systems change).
    - Services for children and families.

    The approach is focused on bringing key participants into the evaluation planning and implementation activities. The evaluator shares results with staff in a timely manner to be useful for quality improvement purposes as well as to understand the outcomes of the

initiative. Program information and outcomes are shared with local, state, and national level stakeholders.

To date, three external evaluations of the Safe Babies Court Team model have been completed:

1. Independent evaluation undertaken by James Bell Associates (JBA) with funding from the U.S. Department of Justice. Their exploratory evaluation examined the implementation of the Court Team model in four sites and indicated that the teams have made significant gains on key child welfare indicators monitored by the federal government.[9]

2. Doctoral dissertation on the effect of the Safe Babies Court Team approach on time to permanency. When compared with a matched sample of children included in the National Survey of Child and Adolescent Well-Being (n = 511), the children served by the Safe Babies Court Teams in the same four sites as JBA's evaluation (n = 298) reached permanency two to three times faster. **Children served by the Safe Babies Court Teams exited the foster care system approximately 1 year earlier than children in the comparison group.** Not only are children served by the Court Teams reaching permanency on average 1 year faster than children in the control group, but these children are more likely to reach permanency with a member of their biological family. Reunification was the most common type of exit for Court Team children (38%) while adoption was the most typical for the comparison group (41%). If kinship families are included, 62.4% of the Court Teams children ended up with family members while only 37.7% of the comparison group did.[10]

3. Study of the cost effectiveness of the Safe Babies Court Teams on the basis of one positive outcome, expedited permanency. In order to evaluate any savings, Economics for the Public Good first calculated an average direct cost of $10,000 per child. These costs are similar to or substantially lower than those found in other early childhood interventions. Short-term savings generated by the earlier exits from foster care by Court Team children are estimated at an average of $7,300 per child. In other words, the Court Teams' **reduced costs of foster care placements alone cover two thirds of the average costs per child.** Longer-term savings—such as increased health and well-being, fewer subsequent high-risk pregnancies, and improved school performance—may also exist, but they were not the subject of this study. This study also showed that children involved with Safe Babies Court Teams access more services than the comparison group. In particular, Court Teams children were significantly more likely to receive a developmental screening (92% v. 25%), health care visit (94% v. 76%), and dental visit (29% v. 18%). The study also demonstrated Safe Babies Court Teams' ability to leverage substantial in-kind resources: for every grant dollar received, the Court Teams were able to generate another dollar of in-kind support.[11]

We are currently exploring the next phase of this research which will look at the effect the Court Team approach has on the children's well-being. We also hope to evaluate the lasting impact of the Safe Babies Court Teams to determine if the children are protected from further harm and are thriving over the long term.

References

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