

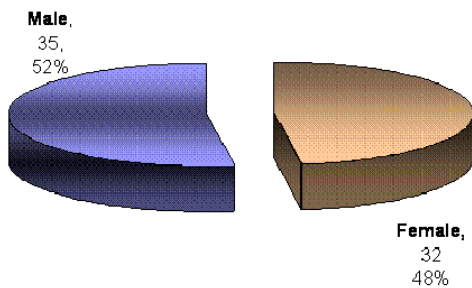
Panel Reviews of Children Ages 0-5

What Does the Data Tell Us?

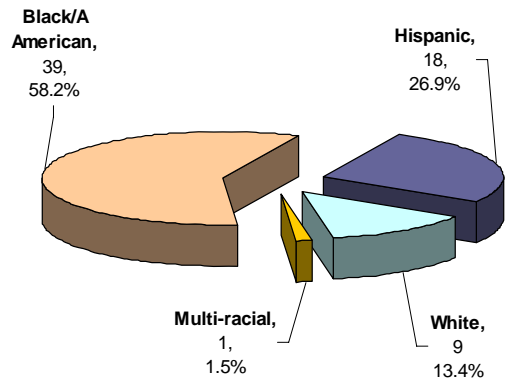
Since October 2008, FCR has reviewed 67 children ages zero to five years old. This is what we have been able to determine based on those 67 children.

Demographics

Gender for Children Ages 0-5



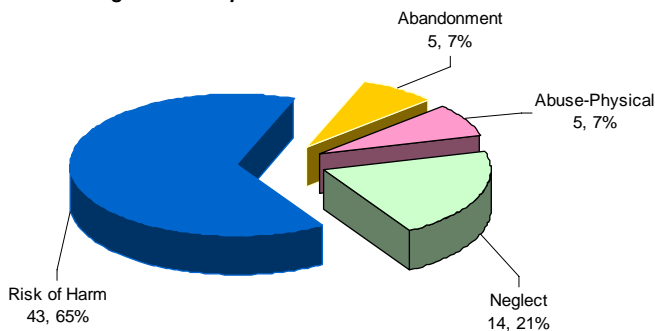
Race for Children Ages 0-5



The Reasons for Removal

Children in this age group were often removed in their infancy with "risk of harm" as the primary reason for removal. Risk of harm includes being removed from the hospital if the mother tested positive for drugs, domestic violence in the home, mental health issues of the mother, etc. In contrast, our data indicates that children ages six and above are primarily removed for neglect and physical abuse.

Legal Reasons for Removal
Ages 0-5 Group



Case Plans & Length of Stay

Permanency is not a process, a plan or a placement – permanency is a family relationship that is intended to last a lifetime.

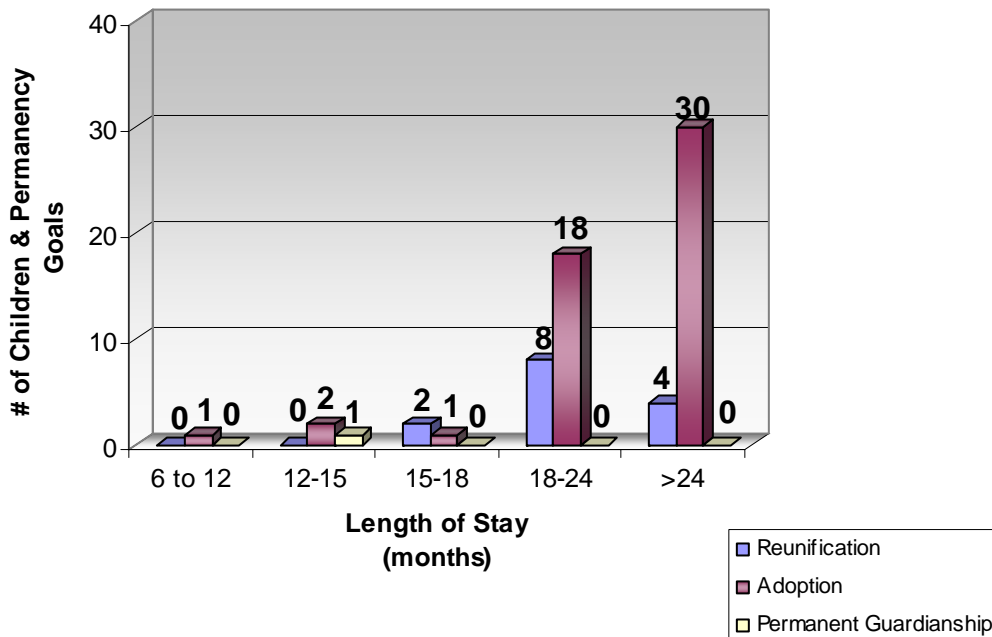
-- Lauren Frey, MSW, LICSW, Project Manager, The Casey Center for Effective Child Welfare Practice

The most common permanency goals for this group of children are reunification and adoption.

Reunification. Of the 14 children with the permanency goal of reunification, only 2 are close to returning home with their parent.

As the FCR data indicates, the majority of children are remaining in care for longer than 12 months, an inappropriate amount of time according to the Adoption and Safe Families Act (ASFA). Barriers to reunification have been: court delays, parental substance abuse and mental health issues resulting in disruption of services and failure to comply with case plans, unstable housing and the incarceration of parents.

**Length of Stay and Goals
for Children Ages 0-5**



Case Scenario. One of the four cases that continues to have a case goal of reunification, even after 24+ months, involves "Johnny". Johnny was removed from home in 2006 when he was one month old due to his mother's neglect (home was found in deplorable and hazardous conditions), mother's mental health issues and her noncompliance with previous case plans (mother has two previous children who are in foster care).

Johnny's original case plan was reunification with his mother but his mother was not meeting her case plan goals. She failed to comply with treatment and medication, parenting classes and was unable to maintain employment.

During this time, Johnny's mother was also unable to identify Johnny's biological father. The first man she identified took a paternity test and it was negative. She, then, identified a second man who also did not yield a positive paternity test. A diligent search for Johnny's father was never done.

Finally, in 2008, the third man identified by Johnny's mother proved to be Johnny's biological father, 2 years after Johnny was removed. Since then, Johnny's biological father has appeared in court and wants to obtain custody of Johnny. Johnny's full case management agency and the citizen review panel are recommending that Johnny be reunited with his father who was never charged.

As this time, Johnny is living with his father and it appears that Johnny will be reunified with him shortly. So, while Johnny remained in care for 36 months due to several reunification barriers, i.e. noncompliance by his mother and an inability to identify his father, Johnny has a home.

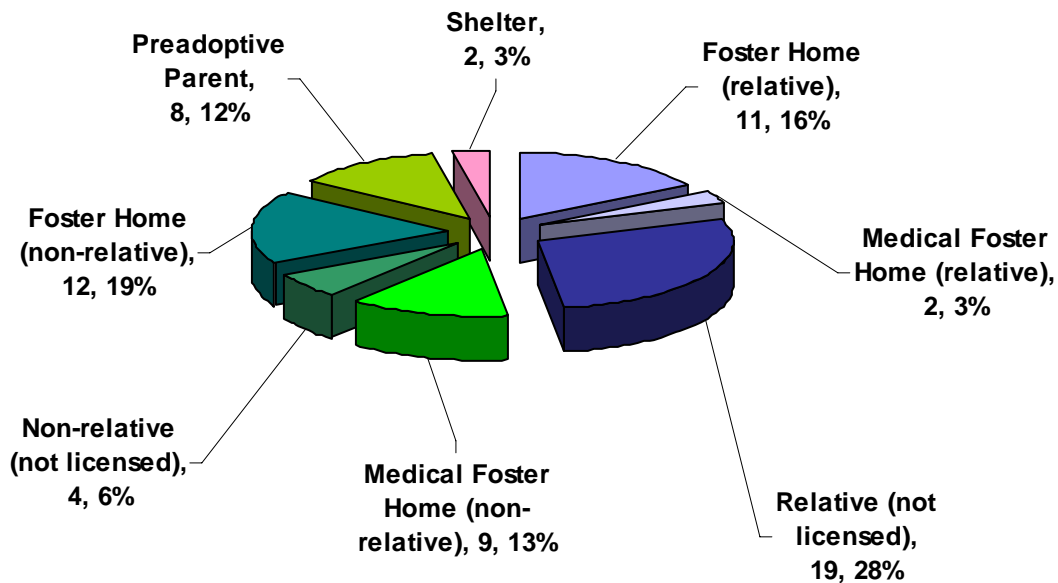
Adoption. Since October 2009, out of the 67 children, 6 have been adopted (9%), all of whom were in care for over 24 months. The 30 children who have been in care more than 24 months are not being adopted for the following reasons:

- TPR petitions for both parents not filed timely which slows down adoption proceedings;
- diligent searches for biological fathers not being done;
- slow progress with Interstate compact;
- delays with providing pre-adoptive parents with the adoption packet and helping them complete it;
- pre-adoptive parents and Our Kids not agreeing on adoption subsidy;
- unable to find pre-adoptive home for child;

- and Judges granting 3-month last chance case plans multiple times to ensure that parents were given every opportunity to succeed.

Placements

Placements Types for Children Ages 0-5

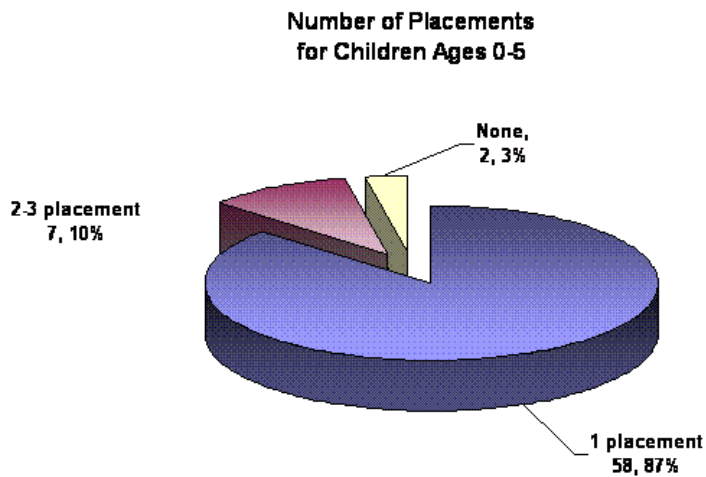


Relatives. One interesting thing to note is that of the 67 children we reviewed, a total of 31 were placed with relatives. This demonstrates that full case management agencies are making strong efforts to keep these young children with their biological relatives. The Child Welfare League of America has found that placement with relatives offers greater stability and that child welfare professionals should engage families in the decision making process to establish a legal permanent plan.

The 11 relatives that are listed as “foster home (relative)” were those relatives who made the effort to become licensed foster homes. They include 3 maternal aunts, 6 maternal grandmothers and 3 paternal grandparents. These families are now able to receive more services and support from the full case management agency as a result of becoming licensed. Becoming licensed is a recommendation that FCR’s

citizen review panels often suggest to non-licensed relative caregivers because it allows them access to services and financial assistance.

Number of Placements



The 2 children that are indicated as having “none” for number of placements are children that are still in the initial shelter placement upon being removed from their home. At the time of their review hearings they had not yet been placed in a foster home.

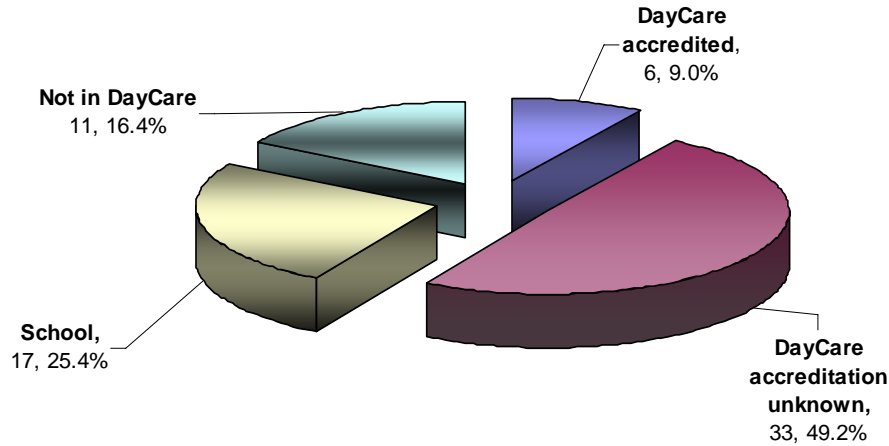
As the data indicates, most of the children ages 0-5 (87%) have remained in the original foster home or relative caregiver home since entering care.

This positive finding indicates that full case management agencies are making strong efforts to decrease the number of placement disruptions for these children. These children are able to form healthy trusting relationships by forming secure attachment to a caregiver. Research states that higher number of placement disruptions contribute to emotional and social problems, as well as biochemical consequences in developing brains.¹

¹ Dicker, Sheryl, Gordon, Elysa. (2004). *Ensuring Healthy Development of Infants in Foster Care: A Guide for Judges, Advocates and Child Welfare Professionals.*

Enrollment in Daycare & Early Education

Daycare & Early Education of Children Ages 0-5



A total of 58.2% of the children reviewed were in out-of-home daycare although only of 9% were placed in a daycare known to be accredited.

The 16.4% of children who are not in daycare are either medically needy, developmentally delayed or are too young to be in daycare. The children that are medically needy and/or developmentally delayed are receiving therapies during the day (occupational, physical and speech) at a variety of places (Easter Seals, Children's Medical Services, etc.). These children are in Medical Foster Homes and their caregivers are home with them when they are not receiving services.

The 25.4% of children in the category of "school" are either in a Pre-K or Kindergarten through Miami-Dade County Public Schools.