Foster Care Review Inc.

Focus on Support for Young Children in Foster Care

For the past twenty years, Foster Care Review (FCR) has been a staple of Miami-Dade's response to the needs of children foster care. Trained volunteers conduct mandatory judicial review hearings on the cases of children in foster care to help assure the community meets its responsibilities. The panels look not only to the safety and wellbeing of children in care, but help keep the system focused on the goal of finding them permanent homes. Children are not supposed to grow up in foster care.

FCR volunteers and staff work to improve the system of care through education, data collection and advocacy. For the past three years, infants and young children have been a special focus of these efforts. Thanks to funding provided by The Children's Trust, FCR has specialized two volunteer citizen review panels on the needs of young children. These panel members have received special training and new protocols have been added to reviews to help them identify possible developmental problems. The goal is to get help to children early. FCR has also provided community-wide educational opportunities on the needs of young children in foster care and has gathered and analyzed data about the children in this age group to help with planning system improvements. This newsletter is our way to share that information with you.

Development Through Relationships and the Consequences of Trauma

When focusing on children under the age of five, it is all about development. Brains are built over time, from the bottom up. Early experiences affect that architecture by establishing either a fragile or a sturdy foundation for all the learning and development that follows. In the first few years of life, 700 new neural connections are formed every second. After this period of rapid growth, connections are reduced to make the brain more efficient.

Both genes and experience shape the developing brain. But relationships, the interaction between a young child and his parents and other caregivers, actually influences the physiology of the brain: An infant cries and is picked up and fed; a toddler points to a bird, the parent names a bird, the toddler repeats, the parent repeats back with delight. These "serve and response" interactions shape the hard wiring of the brain. If they don't occur, or occur unreliably, it can affect future learning and health.

"Our development as humans depends on attachments," says Kate Prendiville, Program Administrator for Children's Mental Health at the Department of Children and Families. "It determines our sense of self, our health issues, and who we are. Attachment is so essential to the young child's ability to cope, that anything that interrupts it is traumatic. So while we may seem most horrified by stories of physical abuse, what is more common is the trauma involved when a parent can't provide a responsive relationship because of immaturity, drug addiction or mental illness."

For infants and young children in an active and influential period of development, traumatic experiences, especially those that interrupt attachment, can have especially negative long-term effects. Trauma is a common term in the foster care vocabulary. It comes from the Greek word that means "wound" but also carries the meaning of "defeat." In foster care, trauma refers to both physical injury and emotional injury from experiences that are beyond the coping abilities of a child. All children entering the foster care system have experienced some kind of trauma. When children are removed from their families to prevent abuse and/or neglect, they inadvertently experience further trauma.

The Miami-Dade child welfare system is charged with minimizing this trauma that accompanies entry into foster care and its damage to the child's ability to attach, whether through efforts at reunification or finding another permanent home for a child. Florida's 11th Judicial Circuit has been nationally recognized for its work in bringing the science of early childhood into the dependency court. Lynne Katz, Ed. D., Director of the Linda Ray Intervention Center at the University of Miami, and Judge Cindy S. Lederman of the 11th Judicial Circuit Juvenile Court, describe this systemic support in a new book, Child-Centered Practice for the Courtroom and Community: A Guide to Working Effectively with Young Children and Their Families in the Child Welfare System. The book was written with Joy Osofsky, Ph.D. of the Department of Pediatrics and Psychiatry at Louisiana State University, and Candice Maze JD, Director of the Dependency Violence Intervention Project in Miami. In the book they present concrete ideas for creating "trauma-informed care" for young children. Because the young child's development is so determined by relationships, much of this care is actually focused on helping parents become more responsive.

How can the system help a child…recover from being abused and neglected by the very people who should have provided unconditional support and security? The healing process—for children, parents and professionals—is slow and enormously challenging…However, working together, teaching, mentoring and supporting parents can be enormously rewarding. Nothing is more rewarding that watching a parent and child smile with joy in response to each other for the very first time in their relationship.
Child-Centered Practices for the Courtroom and Community, p.xxi

What to do?: Be part of providing or supporting "serve and respond" relationships.

"In juvenile court, if we use science and do our jobs well, we can change the tragedy that brings children and families into our courtrooms into an opportunity to heal."
The Hon. Cindy S. Lederman, *Child-Centered Practices for Courtroom and Community*

The increasingly sophisticated science of early childhood development points to the concrete power of positive relationships, "serve and respond" interactions and what some might even call love. The key predictor of resiliency in children, the ability to deal with stress, is a strong relationship with an adult who teaches the child how to "regulate" their emotions. Very young children learn to manage their emotions if they have a good partner. A baby crying with hunger learns to soothe himself when he learns that the parent who says "I'm coming!" actually comes. If the young child doesn't learn that someone will help him feel better, he pushes away. A critical goal in the child welfare system is to provide children with that reliable relationship.

WARNING SIGNS

Caregivers and child welfare professionals should be alert to the signs of reacting to trauma and violence in the young child. Some of these signs can be:

- Irritability or fussiness, trouble settling down
- Easily startled or frightened
- Reversion to more childish behaviors, like thumb sucking, bed wetting or fear of the dark
- Frequent tantrums
- Clinging to caregivers
- Changes in level of activity

- Repetition of events over and over in play and conversation
- Over-compliance
- Passivity and loss of interest

What can child welfare professionals do?

- Screen for exposure to violence and symptoms of mental health needs of the child and their families.
- Refer for individualized comprehensive mental health assessments.
- Plan for individualized services that consider the traumatic experience for both caregivers and children.
- Facilitate access to evidence-based interventions.
- Help child welfare staff exposed to violence.

What can caregivers do?

- Remain calm and provide a stable and safe environment.
- Keep a regular schedule for meals, quiet time, playtime and bedtime.
- Help children prepare for changes and new experiences.
- Spend more time together as a family.
- Be patient and let the child identify and express feelings.
- Provide extra attention, comfort and encouragement.

(Adapted from Safe Start Center)

FOSTER CARE REVIEW's ZERO TO FIVE FOCUS

FCR's citizen review panel volunteers review the cases of children who have been removed from a parent due to abuse or neglect. For this young population it is critical that panels assess whether a child has received the proper screening and services to address the effects of the abuse, if applicable, and to promote healthy development.

Panels monitor whether children have had comprehensive assessments and developmental screenings, and review the recommendations of the screenings. They ensure that the foster care agencies have referred the children for services, which may include behavioral or educational services. The most common services recommended are play therapy, speech therapy, and an appropriate educational setting (daycare or early intervention program).

When the goal is to reunify children with their parents, panels focus on the quality and quantity of interaction between the parent and child. In order to help neutralize the impact of the separation, visitation between parents and children should be closely monitored and increased once it is deemed appropriate.

Review specialist Agata Curbelo has been a key FCR staff person for The Children's Trust funded 0-5 project. Curbelo has been with FCR for seven years, and before that spent over ten years as a caseworker with CHARLEE, one of Miami-Dade's foster care agencies. She appreciates the growing attention to the needs of young children.

"There is such a better understanding of these needs," she says. "We didn't use to pay attention to attachment issues in young children. We didn't understand what was going on. They were just babies. Now we know we were missing some really important questions."

"When you understand the importance of early attachment and you see a one-year-old child who has been in five or six placements, you realize the depth of the tragedy," Curbelo says. "We also understand now that attachment is not just about the parent or primary caregiver. We have to look at childcare. Who is the child attaching to there? Are there disruptions in those relationships too?

We didn't ask before about that before. The case workers need to visit those settings, not just the home."

Curbelo is pleased with the improvements in the 0-5 review process. "We now ask for caregivers to provide us with results from the Ages and Stages Questionnaire to determine if a child is having developmental problems. Sometimes the caseworkers are doing this screening, but really it should be the caregiver who sees the child all the time. If we can get help to the child early, we could avoid having a thirteen-year-old with problems that are much harder to solve."

Because the information that caregivers provide is essential to learning about the needs of the young child, another objective of the 0-5 project has been to increase caregiver participation. In the past year there has been an increase in attendance at reviews by parents or foster parents: 85% of caregivers participated.

The new understanding of the needs of this age group doesn't always translate into follow-up services that can meet the urgency. "If a significant language delay is indicated in the screening," Curbelo says. "It can still be five months before an evaluation can be scheduled. The whole system needs to be more responsive. Five months in this developmental stage is too long and sometimes too late."

Glenda Whatley has been a volunteer with Foster Care Review for thirteen years, and has served as the chairperson of one of the two panels developed to focus on the 0-5 age group.

"We used to do all ages together, 0-5, preteen, independent living. We'd hear them as they came up. With the young children, it seemed like we didn't have that many questions to ask: How is the baby doing? That was kind of it."

"Now that the panels specialize in the different age groups we have more structure. We use the Ages and Stages Questionnaire to guide our reviews. We know how to ask about development, and the case workers are much more in tune with what has happened."

"There was a case where a child didn't seem to be on track," Whatley recalls. "She was two and a half and the case worker said she wasn't talking, just making sounds. We asked for a more comprehensive exam. They found that the child did have some delays and some health problems as well. Fortunately, we reached that child in time to address her development issues."

"We do have to encourage some foster parents to fill out the Ages and Stages Questionnaire," Whatley says. "I think some of them are afraid that if delays show up it reflects on the care they are providing."

"Another thing we have learned about as a result of this project is the need for the biological parent(s) and the foster parent(s) to communicate, or to co-parent. That's another focus of our reviews. It can make a significant difference in the child's development and wellbeing if the parent and foster parent share information about the child."

REFERENCES AND RESOURCES

1. Center on the Developing Child, *www.developingchild.harvard.edu, accessed* April 2011. Provides a variety of briefs and media presentations to make the science of early childhood accessible for parents, professionals and communities.

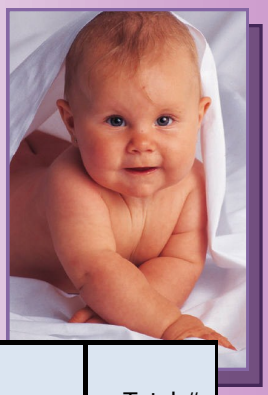
2. Center for Disease Control and Prevention, Adverse Experiences (ACE Study) http://www.cdc.gov/ace/index.htm accessed April 2011. A variety of papers and presentations related to the ACE study.

3. Center for Prevention and Early Intervention Policy, Florida State University.

3. Katz, L., Lederman, C., Osofsky, J. (2011). *Child-Centered Practices for the Courtroom and Community: A Guide to Working Effectively with Young Children and their Families in the Child Welfare System.* Baltimore, Paul Brookes Publishing.

4. National Child Traumatic Stress Network, www.nctsn.org, accessed April 2011. A great site for information on child trauma with resources for both parents and professionals. Jointly coordinated by UCLA and Duke University.

5. Zero to Three National Center for Infants toddlers and Families, www.zertothree.org.



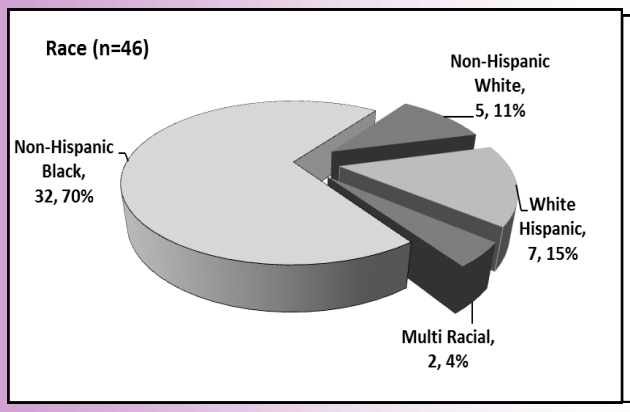
Early Childhood Reviews by FCR's Citizen Review Panels

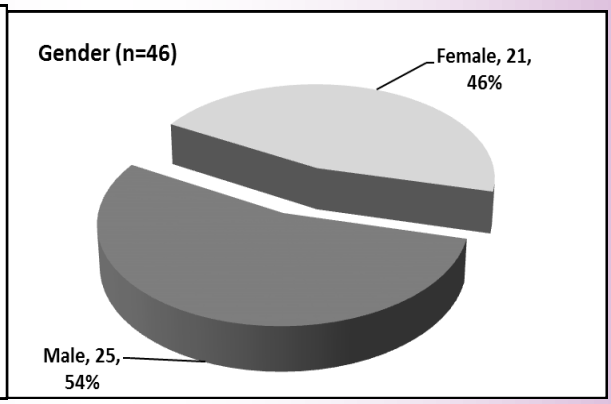
Below we have provided a synopsis of the information collected by Foster Care Review on 46 children ages 0 to 5 at review hearings during an 11- month period. Most of the children were reviewed more than once.

# of children ages 0-5	Number of times a review was performed in the date range.			Total # Reviews
	1x	2x	3x	
46	23 children	19 children	4 children	**73**

Who are the children? Demographics

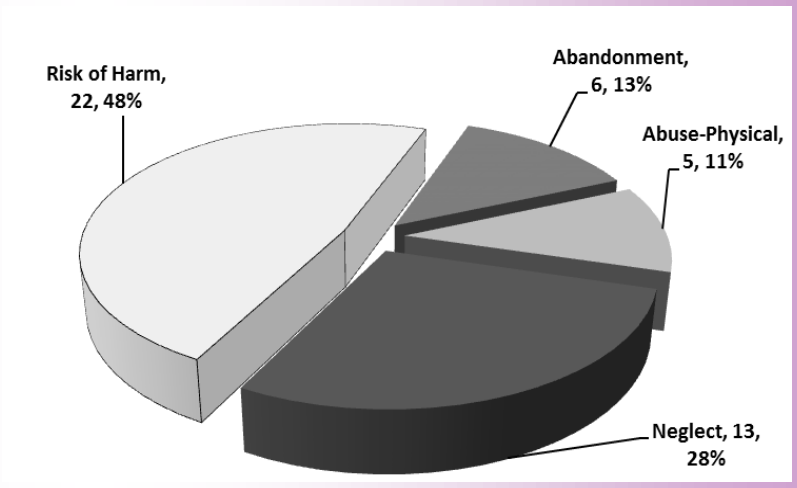
There were more males than females in this age group. There was a disproportionate number of Black/African American children, followed by White and Hispanic children.





Reasons for Removal

For the 0 to 5 age group the most significant reason for removal is "risk of harm". The most common reasons for this include substance abuse of the parents, domestic abuse, and babies born cocaine exposed. In comparison, older children are more often removed due to neglect or physical abuse.



The Goal! Children Reaching Permanency

Of the 46 children reviewed in the 0 to 5 age range by FCR during August 2010 to July 2011, 11 were adopted after their citizen review panel hearing.

Case Plan Goals

The most common case plan goals for ages 0-5 are adoption and reunification. Of the 46 children reviewed, 37 children had the goal of adoption, 2 had the goal of reunification with the father, 6 had the goal of reunification with the mother and 1 had the goal of reunification with both parents.

Case Plan Goal by Length of Stay (in Months)

Case Plan Goal	0-12	13-24	25-36	37+	Total
Adoption	5	17	13	2	37
Reunification with a parents		1			1
Reunification with Father		2			2
Reunification with Mother	1	2	3		6
Grand Total	**6**	**22**	**16**	**2**	**46**

Placement and Length of Stay The average length of stay in foster care for young children reviewed is 12 to 24 months.

Permanent placements Of the 46 children reviewed, 19 (41%) were living in a pre-adoptive placement, either a relative, non-relative, or foster parent that was in the process of adopting. This increased from last year when there were more children in foster homes than in adoptive placement.

Foster placements The number of children placed in foster homes or other licensed placements, such as shelters or medical homes, was 18 (40%).

Relative placements There were 8 children (17%) living with relatives who were not in a permanency situation.

Current Placement and Length of Stay in foster care (months)

Placement	0-12	13-24	25- 36	37+	Total	Percent
Foster Home	3	6	4		13	28.2%
Medical Foster Home		1	1		2	4.3%
Non-relative (not licensed)		0	1		1	2.1%
Nursing Facility		1			1	2.1%
Pre-adoptive Foster Home		2	2		4	8.7%
Pre-adoptive Non-Relative Home	0	2	5	1	8	17.3%
Pre-adoptive Relative Home	1	4	2		7	15.2%
Relative Care (Not Licensed)	2	4	1	1	8	17.3%
Shelter		2			2	4.3%
Grand Total	**6**	**22**	**16**	**2**	**46**	

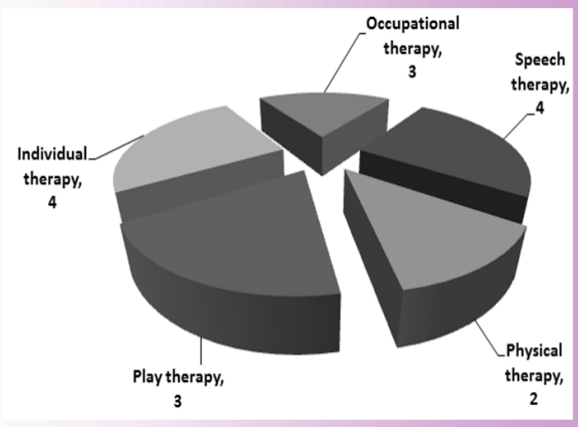
Placement Disruptions

Eight of the 46 children ages 0 to 5 who had been reviewed in this timeframe experienced placement disruptions within a 6 month period. Of those, 4 were positive circumstances - the children moved to pre-adoptive homes. Two children were removed after a foster home lost its license and was closed. One child was removed from a pre-adoptive placement due to allegations of abuse by the relative. One child was removed from her mother after reunification failed and she was placed back in foster care. The majority of young children reviewed by FCR volunteers remain with the same caregiver before reaching permanency.

Developmental Screening and Services

Ages and Stages Questionnaire Completed?	
Yes	34
No	12
Total	**46**

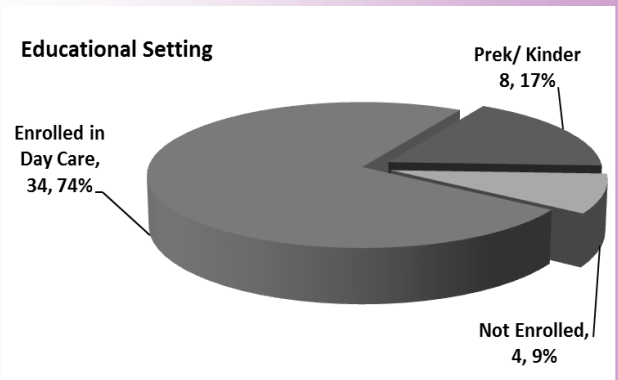
All children in the 0 to 5 age group are required to receive ongoing developmental screening. Only 34 children (74%) received a current Ages and Stages screening – the tool used by the case management agencies.



Of those screened, there were 9 children who received one or more of the following services:

Educational setting

Most children are in an educational setting for social and emotional growth. Of the 38 children eligible for daycare, 34 attend an accredited day care. Four of the children are under 2 years of age and stay at home with their caregivers. Eight children are attending either Pre-K or Kindergarten.



Medical Services

All of the 46 children reviewed had seen a doctor for a physical exam and 43 (93%) had their vision tested within a 12- month period.

Only 39 children were of age to receive a dental examination. Of those, 26 (67%) had visited a dentist in a 12 month period.

Caregiver Participation at Court Hearings

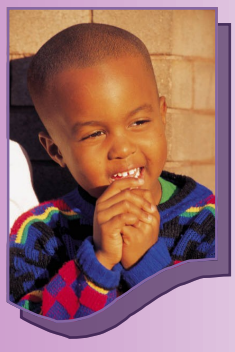
One objective of the early childhood reviews was to increase the participation of caregivers at reviews. When caregivers are present, it results in the panels receiving more information regarding the development and permanency plans of the children. Prior to the review, the FCR Review Specialist calls foster parents/ caregivers to notify them of the hearing. As a result, caregiver participation has steadily increased from 78% to 85% during the 2010/2011 reporting period.

From the Executive Director: Our issue on trauma

This newsletter is dedicated to the subject of trauma in the lives of young children in foster care - specifically as it relates to early relationships and attachment. Although the percentage of children that FCR reviews who fall in the zero-to-five age range is small, the opportunity to intervene and promote healing in their lives is significant and also urgent. The ability to help, however, depends on the collective efforts of all those who touch the lives of these children. In the past three years, as a result of a grant from The Children's Trust, FCR has increased its focus on younger children by specializing two citizen review panels on children ages 0 to 5; offering training to the child welfare community on child development and child trauma; and collecting data to help us identify issues in need of advocacy. In response to our efforts, participation at reviews increased by both foster parents and biological parents, resulting in increased information about the status of these children. Another positive outcome of this 0 to 5 initiative is that case managers have started coming to reviews better prepared with the information requested by our specialized panels.

So, what have we learned from our 0 to 5 initiative? We learned that addressing trauma in children at an early age can help prevent poor developmental outcomes later on in their lives. And that the key is early intervention—before the abnormal patterns are entrenched. We also learned that it is not easy to identify the signs of trauma which are often masked as behavior problems, delays and attachment issues. Yet there are things we can do, without being experts in trauma, to help young children get the treatment they need. At each review, focus on the child's well-being: regular check-ups, developmental screenings and mental health services. Advocate for quality child care, evidence-based parenting programs and parent-child psychotherapy. And most importantly, insist that everyone involved in the child's case do everything possible to place the child a safe permanent home, as quickly as possible. Sadly, the longer children remain in the system, the more difficult to get out unscathed.

As always, we thank our funders, volunteers and partners in the community for joining us in our mission to positively impact safety, wellbeing and permanency outcomes for children in foster care. These precious young lives deserve no less. To become involved through volunteering, donating or supporting us in other ways, please contact us.



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