

# What is Best for Babies?



Statewide Initiative to Improve Outcomes for Infants  
and Toddlers in the Juvenile Court

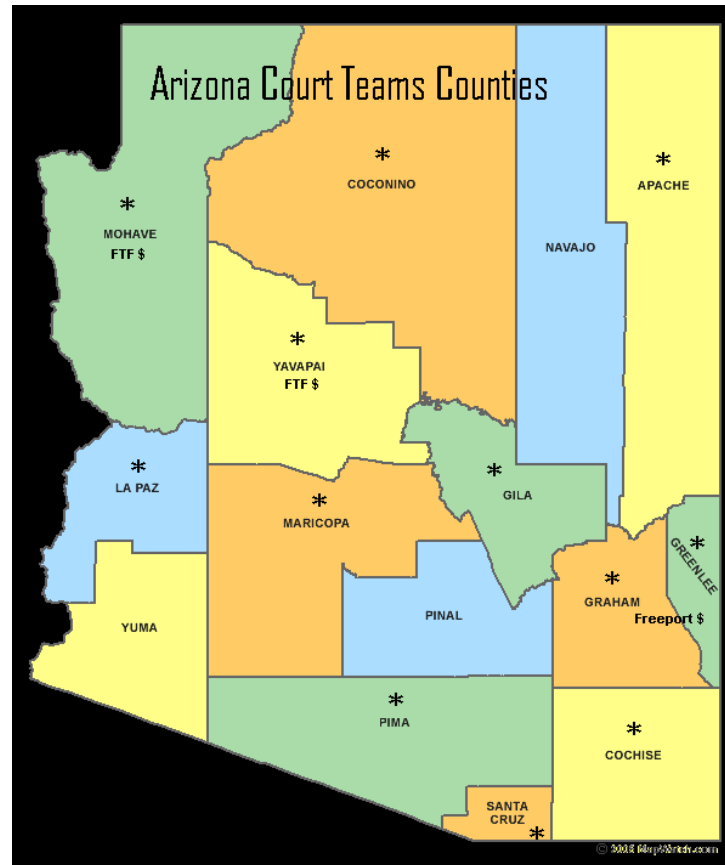


## Best for Babies is:

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- National Initiative of Zero to Three:  
Court Teams for Maltreated Infants  
and Toddlers
- Arizona: 12 of 15 counties
- Funding from AOC & First Things First

# Arizona Court Teams/Best for Babies Counties





# Goals of Best for Babies

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- To increase shared knowledge of unique needs of infants and toddlers in child welfare system
- To improve outcomes through timely, evidence-informed, coordinated services and supports



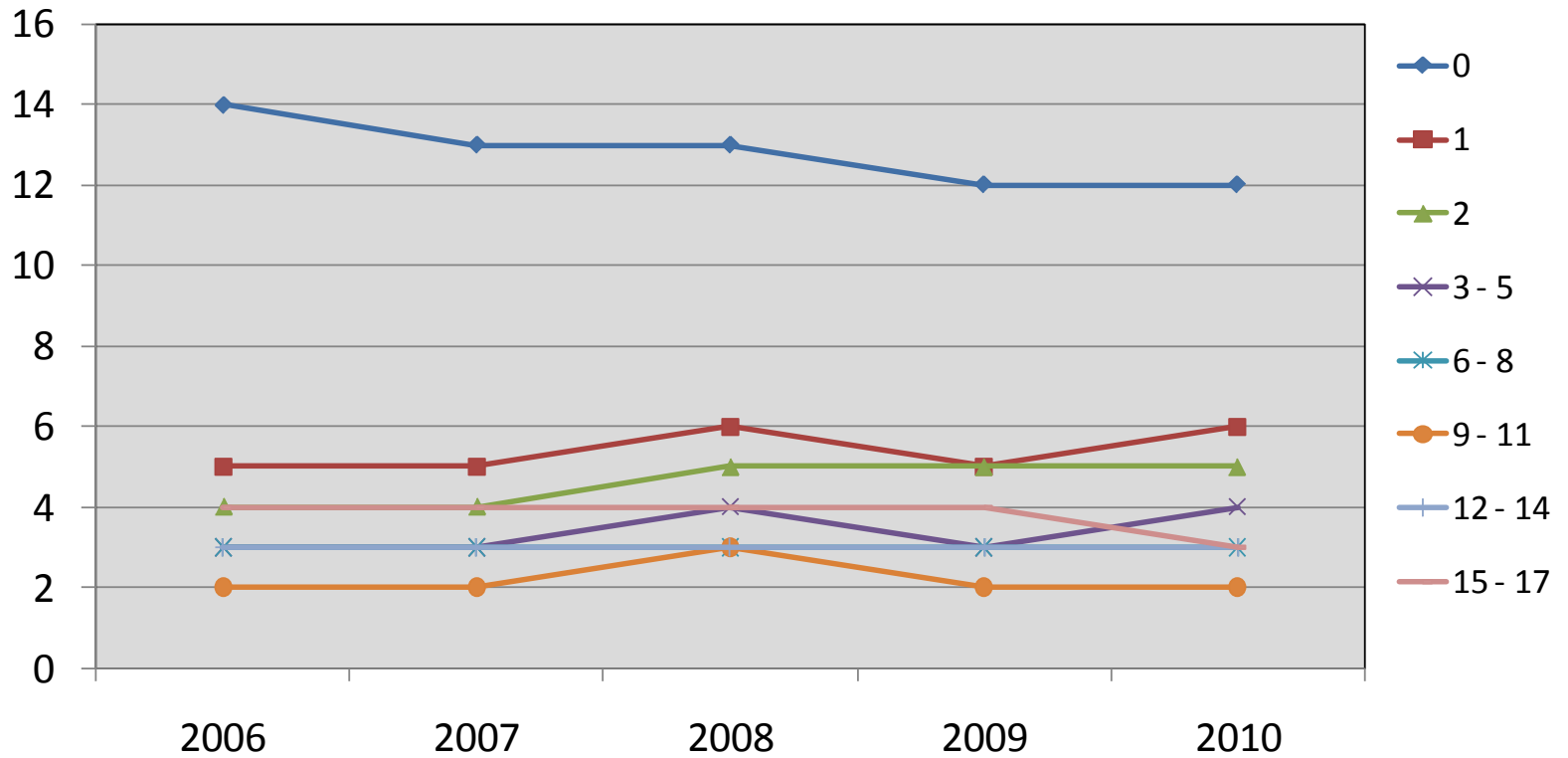
# Birth to Five = 40% of Placements

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- Young children under six represent over forty percent of dependencies
- Babies under one year are removed by CPS at twice the rate of all other ages

# Entry Rate per 1,000 Children by Age

## First Admissions - CPS



# The Human Brain Grows Fast



- Infants are helpless
- Babies experience everything through relationships
- By age three the brain is 80% its adult size, is “wired up” neurologically



# Infants under one year...

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- Are more likely to be severely abused
- Longer stays in foster care than older children
- Most likely to return to care within two years because of re-abuse



# Infants in Foster Care...



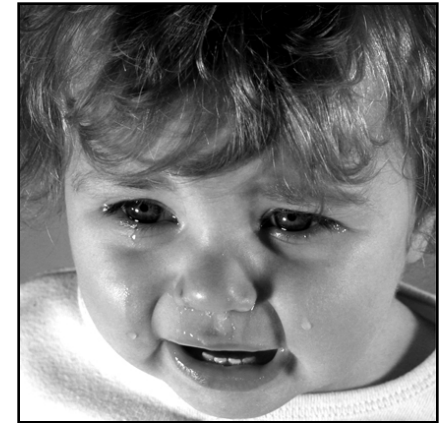
- Almost 80% prenatally exposed to drugs and/or alcohol
- 40% born at low birth weight
- 48% seriously physically neglected



# Toddlers in Foster Care...

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- Have experienced “toxic stress”
- Abruptly separated from everything familiar
- Experience anxiety, depression, problems sleeping, eating





# Most Harmful Trauma

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- When your caregiver is being hurt
- When your caregiver hurts you

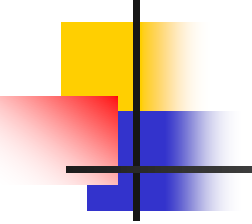
In either case, young child experiences as an overwhelming threat to survival



# Trauma has Consequences

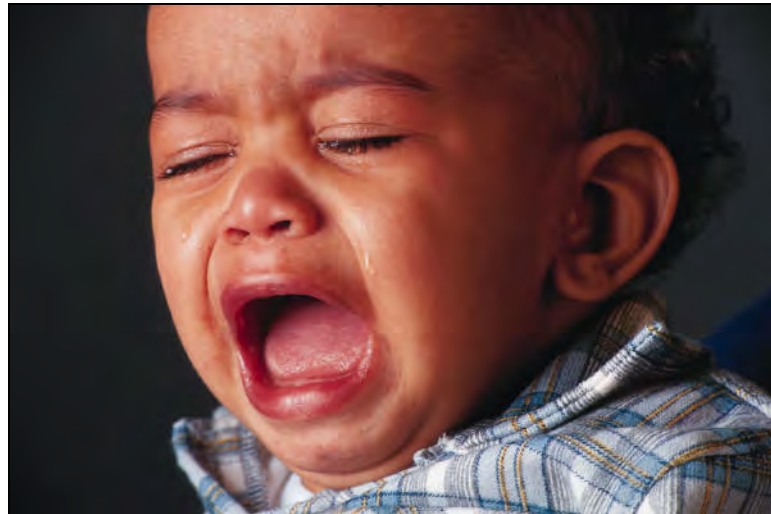
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- Chronic stress changes architecture and chemistry of the young brain
- Can disrupt all aspects of development
- Predisposes children to adult depression, anxiety disorder, addictions, chronic disease
- Future relationships impaired



It is rare that a maltreated  
infant has no symptoms.

Larrieu, 2002, Institute of Infant and Early Childhood Development,  
Tulane University Medical Center



# Attachment is.....

what babies are wired to develop with caregiver, whether secure or insecure



# All Children Have Attachments

- Secure
- Insecure



# Insecure Attachment

- Resistant
- Avoidant
- Disorganized







# First Year of Life

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- Regulation of temperature, sleep/waking, hunger
- Recognition of mother by smell, voice at birth
- Brain wiring up for attachment
- Rapid development
- Social being

By seven months, no one else  
will do...





# Second Year of Life

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- Walking and talking
- Learning about self and world
- Increasing independence
- Secure base is critical for competence



# Best for Babies: Core Components

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- Judicial leadership & oversight
- Recognition of need for change
- Capacity to focus on well being
- Information on child, tx needs
- Coordinated services
- On-going assessments
- Court as time keeper



# Best Practices for Babies

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- First placement, last placement
- Focus on healing, thriving
- Support for secure attachments
- Frequent child-centered visitation
- Successful reunification
- Twelve months to permanency



# Every Baby Needs a Team

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- Judges who hold parents and providers accountable on behalf of infants and toddlers
- CPS staff who know unique needs of maltreated young children
- Foster parents who can partner with bio parents for baby's benefit



# Every Baby Needs a Team

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- Attorneys who understand what baby's needs are, best interest position
- CASAs specially trained to advocate for infants and toddlers with research to guide recommendations to the court



# Comprehensive Assessments

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- Behavioral Health – Rapid Response
- Birth to Five OR Ages & Stages
- Pediatric assessments
- Findings guide services
- Comprehensive information to court
- Track health & development over time





# Visitation is a powerful tool...

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- For every additional day per week visitation takes place, reunification is three times more likely  
Potter & Klein Rothchild, 2002 US DHHS 2005a); (N=250).
- Therapeutic visitation should be considered when there is a history of injury, failure to thrive, or sexual abuse

# Concurrent Planning

- Begin at removal
- Assess Reunification Prognosis
- Permanency Hearing at six months



# Baby CASAs

- Unique role on baby's team
- Access to everyone important to baby
- Objective position on baby's best interest



# CASA's Role

- Assure health and developmental care
- Observe important relationships—working?
- Connect parents (bio and foster) with key resources



# B4B Support for CASAs

- Special Training and Support Forums twice a month
- Talk about cases
- Provide training
- Reflective Supervision



# We Are Here to Save the Day





# Resources

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ZERO TO THREE Court Teams Project  
[www.zerotothree.org/courtteams](http://www.zerotothree.org/courtteams)

ABA Center on Children and the Law  
[www.americanbar.org/infants](http://www.americanbar.org/infants)

National Council of Juvenile and Family Court  
Judges      [www.ncjfcj.org](http://www.ncjfcj.org)



# Contact Information

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# Contact Information

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928-925-2013

# The End



# **BABY CASAS**

National CASA Conference

Washington, DC

June 10, 2012

# WHAT CAN A BABY CASA DO?

- ◉ Observe baby in key *relationships*
  - Foster family
  - Bio parents
- ◉ Focus recommendations to the Judge on *baby's well-being*



# WHAT CAN BABY CASA DO?

- ◉ Build **alliances** with all caregivers
- ◉ **Connect** foster and bio parents to I/T resources
- ◉ **Listen**, especially for motivation, responsibility
- ◉ Acknowledge **trauma**
  - Parental
  - Historical



# WHAT CAN A BABY CASA DO?

- ◉ **Share** information with team (CPS, GAL/Atty)
  - Family strengths
  - Parents' services
  - Identify barriers
- ◉ Identify recommendations not being followed



# BABY CASA RECOMMENDATIONS

- ◉ Change Parent Aide
- ◉ Get mom glasses, GED
- ◉ Increased Visits-- at the Foster Home
- ◉ Nurse/ Therapists train mom during visits
- ◉ Mom attend all medical appointments
- ◉ Multiple meetings with State to find solution
- ◉ Present plan to judge
- ◉ Connect family to ongoing and post-decision supports

# BABY CASA RESPONSIBILITIES

- Must have substantial contact with child--know baby's needs, health, development, behavior, *key relationships, well-being*
  - Once every 2 weeks at minimum
- Obtain and review specialist reports
  - Medical/dental
  - Behavioral
  - Developmental
- Assure child's primary attachments are central in placement decisions





# CHILD CENTERED

- ◉ Focus on quality visitation
  - Recommend suspension if visitation harmful to child
- ◉ Help plan for child centered transitions
- ◉ Assure concurrent case planning to promote permanency and remedy reason for foster care



# USE RESEARCH

- Use Research in Court Reports
  - Cite new science on brain development, early childhood, child/parent interactions
- CASA's Recommendations
  - Connect this child's development and interactions with what science says



# PLACEMENT CONCERNS

- Observe
- Pay attention to gut, concerns
- Use broad questions to find out how placement handles:
  - Affection
  - Discipline
  - Supervision of child
  - Ability to follow up with medical appointments
- Ask about motivation to have this child
  - What if don't get this child?



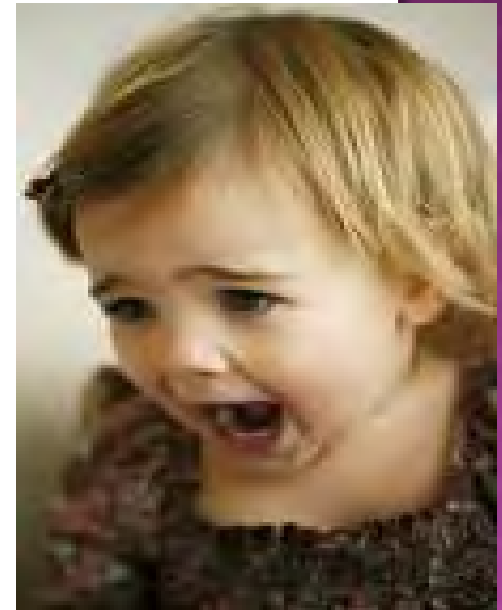
# HOW TO BRING UP CONCERNS?

- ◉ Talk to CPS Case Manager
- ◉ Ask GAL to work thru Court
- ◉ Bring to Baby CASA Forum
- ◉ Discuss with FCRB
- ◉ Put in your Court Report to the Judge and all parties
- ◉ You are child's advocate at critical time in his life



# HELP FOR BABY CASAS

- **Baby CASA Training and Support Forums 2x each month**
  - Talk about your case
  - How it affects you—Babies are Evocative!
  - Learn about
    - Child development
    - Research to use in reports
    - Community Resources
- **Reflective Supervision opportunities**
  - Monthly Baby CASA Forums
  - Phone conversations with RS Consultants



# SELF SUPPORT

- ◉ Recognize own stress
  - Own trauma history may affect you/relationships
  - Do you sense you overreact, strong feelings are intolerable ?
  - Feel numb, helpless, overwhelmed?
- ◉ Boundaries
  - Can't help all families
- ◉ Dealing with Bureaucracy and BABIES!
- ◉ Reach out to RS Consultant

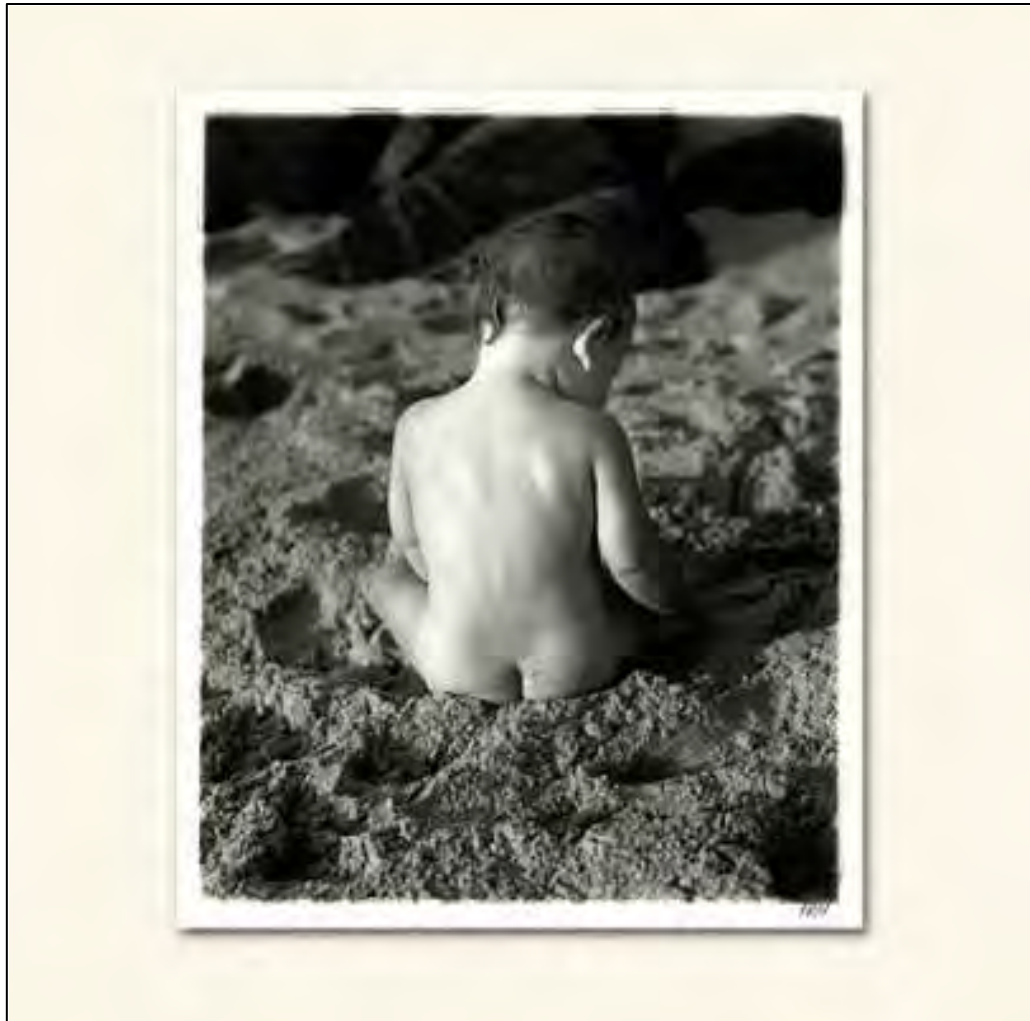


# HELP US RECRUIT!

- ⦿ CASAs make a difference!
- ⦿ Invite more to take Baby cases



# Q & A





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# Advocating for Infants and Toddlers in the Juvenile Court

National CASA Association Conference  
June 10, 2012  
Washington, DC

Kimberly P. Diamond-Berry, Ph.D.  
Assistant Director  
Safe Babies Court Teams Project

# Overview

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- Healthy Infant and Toddler Development
- Impact of Trauma on Infants and Toddlers
- Child Welfare Statistics
- Safe Babies Court Teams Project

# ZERO TO THREE's Mission

To help professionals,  
policy makers and  
parents to promote the  
healthy development of  
infants and toddlers.



Sarah Merrill



# Early Experiences Matter

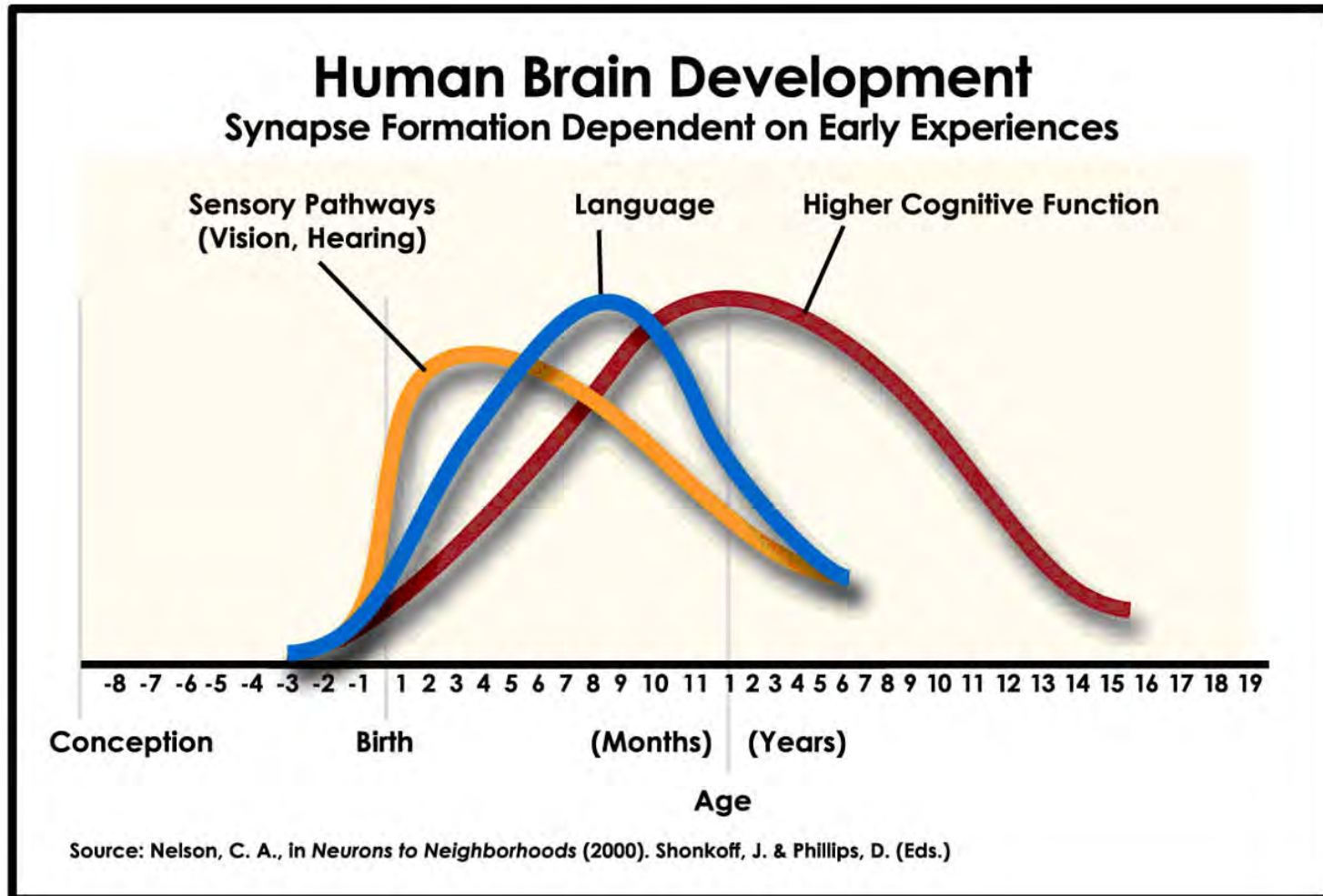


We are all a product of our earliest experiences.



Veer

# Brain Develops Early



(Center on the Developing Child at Harvard University, 2007)

# Factors Influencing Healthy Infant and Toddler Development

## ***Health***

- Prenatal Care
- Maternal Health
- Child Health



## ***Relationships***

- Infant/Caregiver;  
Child/Caregiver
- Attachment

# Factors Influencing Healthy Infant and Toddler Development

## *Environment*



Predictable

## *Safe*



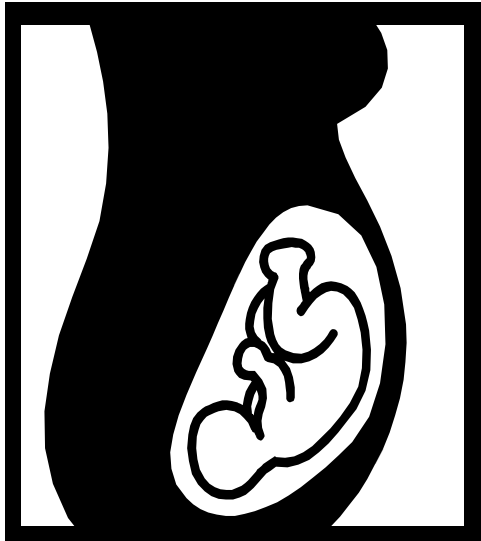
Routines



# Impact of Trauma on Infants and Toddlers

***Two types of trauma causing inability to thrive:***

*Before birth (congenital)*



*After birth (difficult  
infant/caregiver  
relationships)*

## ***Congenital examples of:***

- Fetal-Alcohol Spectrum Disorders
- Babies born addicted to drugs
- Other genetic disorders

## ***Cause:***

- Failure to thrive
- Difficulty making all necessary neural connections
- Difficulty learning and developing to full potential

## **Disrupted infant/caregiver relationships occur when :**

- Infants and toddlers are exposed to chronic maltreatment (violence/abuse);
- Infants and toddlers experience irregular daily routines;
- Infants and toddlers are consistently neglected;
- Infants and toddlers are separated from trusted caregiver

## Infants and Toddlers in Child Welfare and the Courts

- Many infants and toddlers in child welfare exposed simultaneously to congenital and social-emotional traumas.
- Intergenerational cycle of trauma that needs comprehensive intervention strategies



# Why This Matters- Child Welfare Data

- In 2010 Children's Defense Fund reported:  
**3.3 billion allegations of child abuse and neglect**
  
- That same report found:  
**695,000 children in 50 states, District of Columbia, and Puerto Rico were determined to be victims of abuse or neglect**

# Why This Matters- Child Welfare Data



- A report in Child Maltreatment (2010) found that:

**infants aged birth to 1 year had the highest rates of victimization (20.6 per 1000);**

**nearly 80% of all child fatalities happened to children under 4 years of age;**

**34% of children aged 0-3 were victims of abuse and neglect.**

## Why This Matters- Child Welfare Data

- National Survey of Child and Adolescent Well-Being (NSCAW-1997-2010) estimates that:

**over 530,000 children are currently in Foster Care**

- Adoption and Foster Care Analysis and Reporting System (FY2010) estimates:

**34% of children in foster care are infants or toddlers**



# Safe Babies Court Teams Project

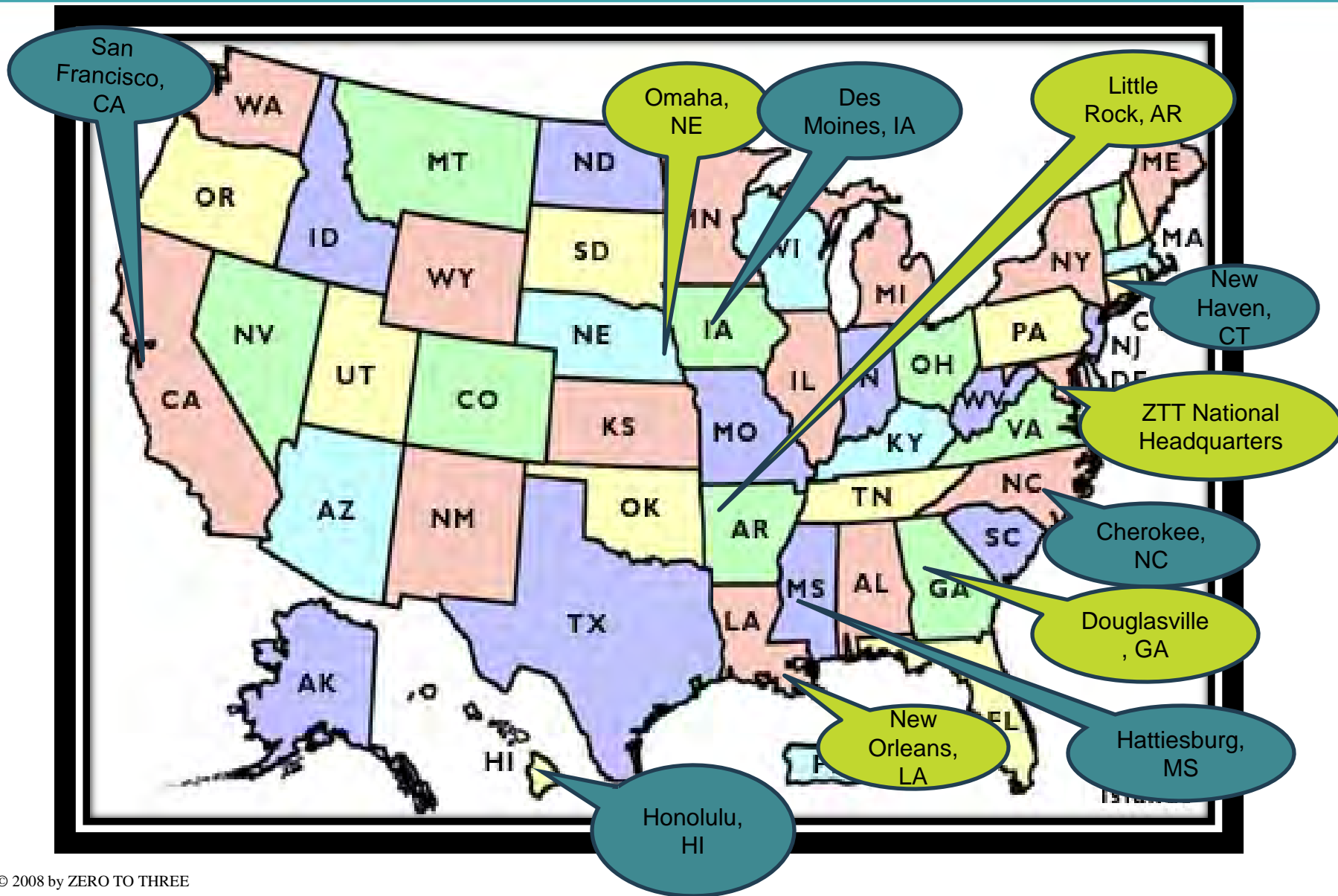
**Help maltreated infants and toddlers reach safe, loving, permanent homes quickly.**



Photo: Debbie Rappaport



# The Safe Babies Court Teams





# Safe Babies Court Teams Strategy

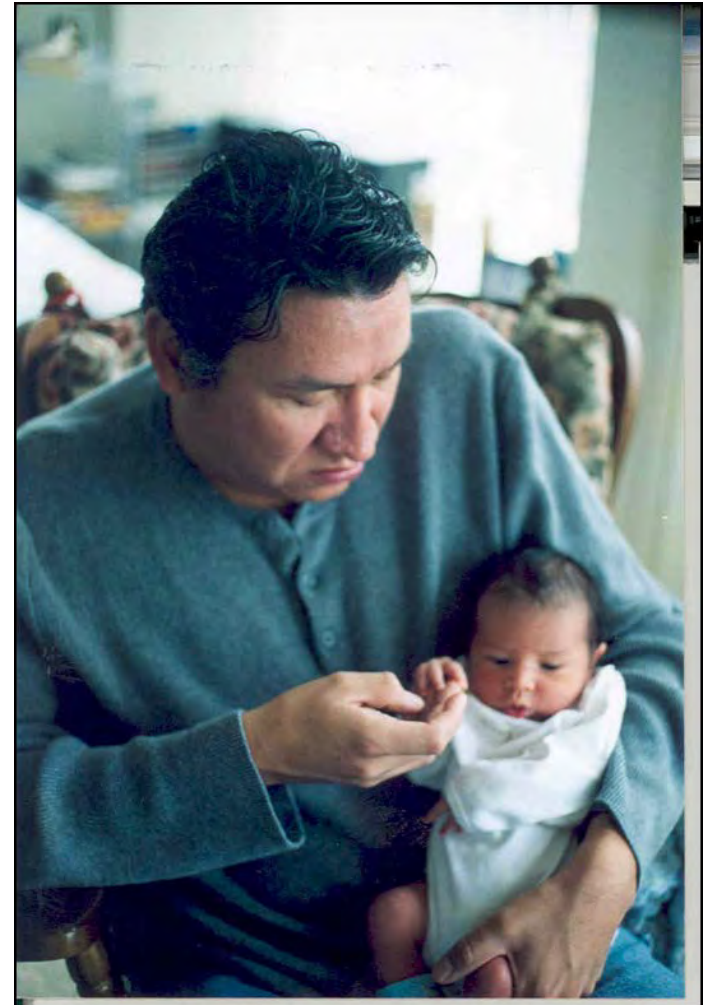
**Judicial leadership + Community partners =**



Enhanced and better coordinated services

# The Core Components

- Judicial leadership
- Local Community Coordinator
- Active Court Team focused on the big picture



# The Core Components



- Making the first placement the last placement
- Concurrent planning
- Monthly Family Team Meetings to review all open cases

# The Core Components

- Parent-Child Contact  
(visitation)
- Continuum of Mental Health  
Services
- National Learning  
Community
- Evaluation: are we meeting  
our goals?



# The Safe Babies Court Teams Structure



## Leadership provided by:

- Juvenile/Family Court Judge
- Local Child Welfare Agency
- ZERO TO THREE Community Coordinator

# The Safe Babies Court Teams Structure



## **Members include:**

Court Appointed Special Advocates

Health care providers

Mental health clinicians

Substance abuse treatment providers

County attorneys

Private attorneys

Early interventionist

# The Safe Babies Court Teams Structure



## Members include:

Foster parents

Faith community

Community foundations

Early childhood education community

Parenting education programs

Private foster care agencies





# The Safe Babies Court Teams - On the Ground



- Process and Outcome Evaluation completed in 2009;
- Examined physical, developmental and mental health services to maltreated infants and toddlers;
- Findings indicated major improvements on key child welfare indicators.

## Findings:

- 97% of medical and mental health service needs of infants and toddlers either fully met or in process;
- Timely permanency achieved in 11.7 months;
- Daily parent-child contact in 32% of cases;
- In 2/3 or 72% of cases, children remained in 1 or 2 placements;
- Prevented infants and toddlers from further maltreatment in 99.05% of cases.

# Safe Babies Court Teams Evaluations (UNC-Chapel Hill)



- Evaluation completed by Kimberly McCombs-Thornton, Ph.D., at UNC-Chapel Hill in 2011;
- Assessed the effect of the project on time to permanency;
- Data used from four original sites (n=298) and compared to similar young children in foster care (n=511 from NSCAW\*);
- Interviews conducted with community coordinators in study sites to understand how project affects time to permanency.

\*National Survey of Child and Adolescent Well-Being

# Safe Babies Court Teams Evaluations (UNC-Chapel Hill)



## Findings:

- Children in the Court Teams project exit foster care nearly 3 times as fast as the comparison group;
- Reunification was the most common type of exit for ZTT children (38%) while adoption was the most typical for the comparison group (41%);
- ZTT cases exited foster care faster regardless of the type of exit:
  - 8 months faster** on average among those reunified;
  - 10 months faster** on average of those who were adopted;
  - 3 to 4 months faster** on average across those who exit to a relative guardian;
  - 10 to 13 months faster** on average among those who exit to a non-relative guardian.

## Findings (cont.):

- The parents' approach to complying with the child welfare service plan is at the center of the permanency process;
- The judge and the monthly case reviews appear to play key roles in reducing time to permanency.

# Contact Information

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**[www.zerotothree.org/maltreatment/safe-babies-court-team/](http://www.zerotothree.org/maltreatment/safe-babies-court-team/)**