

From Standard to Practice:

Guiding Principles for Professionals Working With Infants, Toddlers, and Families in Child Welfare



Quality Improvement Center *for* Research-Based Infant-Toddler Court Teams

The Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-CT) is leading an effort in information-sharing and knowledge-building to help ensure that jurisdictions and states have the tools necessary to identify and address the underlying challenges faced by families in the child welfare system and to ensure that infants, toddlers, and families have access to high-quality, evidence-based services. The purpose of the QIC-CT is to support implementation and build knowledge of effective, collaborative court team interventions that transform child welfare systems for infants, toddlers, and families.

The QIC-CT developed the following resource that is intended to provide the reader with:

- Guiding principles for infant-toddler court teams;
- Questions for thoughtful consideration when implementing the principles; and
- Vignettes that provide examples of how the principles can guide practice when working with infants, toddlers, and families involved with the child welfare system, highlighting both the strengths and challenges that are often faced by infant-toddler court teams.



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1 Principle #1: Build Strong Families and Healthy Communities for Very Young Children

One of the ways to build strong families and healthy communities is to address both the physical and mental health needs of young children and the entire family. In Forrest County, Mississippi, a developmental pediatrician has committed to seeing all infants or toddlers brought into foster care for their initial health screening. If they don't have a regular pediatrician, he will continue to see them, serving as their medical home. This is a far preferable option to the common practice of taking children to emergency rooms and urgent care centers for their initial health screening after entering foster care. First Steps, Mississippi's early intervention program, completes an evaluation for each child to determine their eligibility for early intervention services under Part C of the Individuals With Disabilities Education Act. If it is determined that the child is delayed 33% in one area of development or has a 25% delay in two or more areas of development (cognitive, physical [gross motor, fine motor, vision and hearing], communication, social or emotional, and adaptive development) and scores 2.0 standard deviations below the mean in one developmental area or 1.5 standard deviations below the mean in each of the two areas on the testing protocols administered, the child then receives services to address the child's unique needs. In addition, the entire family can receive Child-Parent Psychotherapy to support and strengthen the relationship between the children and their parent(s) or caregiver(s).

Questions for Consideration

- Who do families currently reach out to when they need help?
- What is already available in the community to support the needs of families?
- How can stakeholders providing these resources support one another?
- What issues does the community have that affect parents' ability to safely care for their children?
- What are the barriers to accessing services and supports?
- Who is at the table to work on these issues?

Examples of State and Community Data Points for Consideration

- Children's health insurance status
- Children who have a pediatric medical and dental home
- How often and by whom children are screened for health and developmental problems
- Children under 3 referred to early intervention, Part C of the Individuals With Disabilities Education Act
- Parents' health insurance status
- Parents who receive complete physical and mental health assessments
- Parents who receive services to address mental health needs and substance abuse issues
- Parents found in need of various supports (e.g., housing, education, job training, child care, transportation, food)
- Capacity of local programs to support the needs listed above (waiting lists, accessibility)

- Public health data (e.g., environmental hazards and water quality)
- Poverty rate
- Poverty rate for all children and for children under 3
- Rates of homelessness among parents, children, and youth

For data on infants, toddlers, and families in each state, visit these important resources:

- ZERO TO THREE's State Baby Facts provide a snapshot of how very young children are faring in each state and the District of Columbia. The factsheets help us understand what it is like to be a very young child in each state, presenting infant and toddler data in the framework of good health, strong families, and positive early learning experiences and providing a comparison to national averages. www.zerotothree.org/policy/statebabyfacts
- The KIDS COUNT Data Book from the Annie E. Casey Foundation assesses child well-being nationally and across the 50 states, as well as the District of Columbia and Puerto Rico. Using an index of 16 indicators, the report ranks states on overall child well-being in: (1) economic well-being, (2) education, (3) health, and (4) family and community. www.aecf.org/work/kids-count

2 Principle #2: Respect and Honor Family and Community Strengths, Vulnerabilities, and Diversity

Family team meetings (FTM), a core component in the Safe Babies Court Teams (SBCT) approach, are used with families in Iowa who come to the attention of the child welfare system as an approach to engage families in an authentic way through identifying and building on family strengths. During an FTM, the critical first step is to identify the family strengths as the introductory focus in the problem-solving process. Throughout the FTM, professionals model strength-based dialogue by validating the identified strengths and supporting parents in understanding how they can use this strength to overcome the barriers. Soon, the “us against them” undertones dissipate and an atmosphere of trust begins to evolve.

Ellen, a mother of two children under 3, attended an FTM and was visibly nervous about the group around the table. When the facilitator asked for strengths, Ellen and her baby's father could not come up with any for themselves. A professional then looked genuinely at Ellen and spoke up, easily naming multiple strengths. As the strengths were recorded on the flip chart, the physical transformation began. Ellen started to exude confidence in her ability to contribute to the team. At the end of the meeting, Ellen asked for the flip chart poster so she could hang it in her home. She told the group that nobody had ever said anything so nice about her before. When a facilitator records strengths for the entire team to view, parents are more able to recognize the important contributions they make to the process. This empowerment ultimately provides them with the strength needed to take on the issues that led them into the child welfare system.

Professionals come to the table with individual experiences that evolve into a diverse set of perceptions. At times, there may be circumstances that can trigger past memories, both personal and professional. Professionals are also human beings with vulnerabilities and strengths that shape their work. Just as there is a need for honoring families with dignity and respect during this difficult time, it is vital for professionals to recognize when they or another professional may be struggling to keep their focus strength-based and objective. In a culture where self-care is many times overlooked among professionals, the community coordinator of an infant-toddler court team has the opportunity to be aware of these dynamics among the professionals with whom they work and should take time to recognize, acknowledge, validate, and support colleagues. When this is done, the return on the investment ultimately creates a positive climate for the work done with families.

Questions for Consideration

- What approach is taken with families to build on their strengths?
- Are families encouraged to develop a support system?
- Are the people parents select for their support system treated with respect?
- Do professionals encourage families to participate and feel valued?
- Do the professionals who support families have access to the supports that they need?
- Does the community respect and honor how each family defines their composition and structure?

3 Principle #3: Ensure Equity for Infants, Toddlers, and Families

In one of the SBCT sites, the local team had been meeting for 6 months when, at a meeting, the results of their self-assessment were discussed. The assessment tool used, ZERO TO THREE's "[A Developmental Approach to Child Welfare Services for Infants, Toddlers, and Their Families](#)," helps states and counties examine how well their child welfare policies and practices address the needs of infants and toddlers, identify where and how policies and practices can be improved, and engage partners in taking constructive action. The section of the tool focused on assessing children's health and mental health needs revealed that infants and toddlers in the local child welfare system were not receiving medical screenings, follow-up, or continuous medical care with any regularity. In fact, many of the babies were receiving piecemeal medical care in emergency rooms and urgent care facilities rather than at an established medical home.

One of the local pediatricians who happened to attend this meeting was unaware of this problem until hearing the results of the self-assessment. He listened carefully, discussed a few options and possibilities with other community stakeholders, and told the community coordinator that he would be contacting her soon. Within a week, the pediatrician contacted the community coordinator and informed her that, beginning the following week, he would be reserving slots in his practice for children who are part of the SBCT. He would offer the full medical screenings, assessments, care, and follow-up plans for these children as he would for all other children in his practice. He asked that the coordinator work with the families referred to his practice to ensure that, when and where possible, both birth parents and foster parents attend the appointments for the children so that he could obtain a complete and accurate history and, subsequently, develop individualized medical recommendations, plans, and follow-up for each child.

Questions for Consideration

- Is there a community awareness of racial equity? Are conversations ongoing about the impact of racism on the challenges faced by families involved with the child welfare system?
- How is the community confronting the argument that colorblindness is the way to move forward? That the advantages enjoyed by white people (e.g., better job opportunities, better schools, better neighborhoods) do not lead to inequality?
- Has the jurisdiction identified the racial and ethnic groups of families and young children present in the community?
- Are the racial and ethnic groups affected by child welfare policy and practice decisions at the table?
- Are policy and practice areas reviewed regularly for their impact on disparities in child welfare services?
- Are families of every race achieving key indicators of family well-being at the same rate? Families of various socioeconomic background? Families in all geographic locations?
- Do all families and children have access to comparable services? Are these services tailored to meet the needs of each child and family?
- Is there a unique plan for each child and family?
- Is ongoing support given to families to explain the court processes? How are judges and attorneys brought into this process?
- How are the unique strengths and challenges of each child and family recognized?
- How is the system organized to support families?

Examples of State and Community Data Points for Consideration

- Children under 3 by race and ethnicity
- Children under 3 in the child welfare system by race and ethnicity
- Language spoken by children and families in the community
- Language spoken by providers in the community
- Accessibility of services by demographic and geographic metrics
- Children who are in the child welfare system due to a parent being detained because of legal status
- Children in justice-involved families
- Rate of parent incarceration
- Parents who were previously in the child welfare system
- Rate of teen pregnancy and childbearing
- Adolescent parents involved with child welfare, including rates of delinquency

4 Principle #4: Commit to Social Justice for All Infants, Toddlers, and Families in Their Communities

At a quarterly state-level Department of Social Services meeting, the clinical manager for review and assessment presented data revealing that, over the past 5 years, infants and toddlers in rural communities had been removed from their homes and placed in foster care at disproportionate rates, rates that far exceeded the rates at which infants and toddlers from the same region's major urban centers were removed and placed into foster care. The regional administrator asked that, prior to the next quarterly meeting, all clinical and case managers review their removal records for the past 5 years, discuss this issue with staff, and develop action plans to address the disproportionality in their respective regions.

Upon further examination of the data, the clinical and case managers found that children in rural areas from homes affected by domestic violence were more likely to be removed and placed in foster care than their urban counterparts. Data also revealed that families suffering from deep poverty in rural communities were more likely to be investigated for child abuse and neglect than similar families in urban centers. After meeting with a group of national consultants to explore some of the reasons for these disparities, such as cultural issues and sensitivity and understanding trauma and generational poverty, the managers developed a plan for training and continuous consultation for staff to address these issues moving forward and an overall plan to work to reduce this disparity in their region.

Questions for Consideration

- Are there supports in the community to assist people transitioning from prison with attaining employment? Are there proper mechanisms in place to assess the effectiveness of these supports? (e.g., New Haven, Connecticut, passed legislation to prohibit job applications from asking about prior criminal records. Des Moines, Iowa, and several other sites have started lists of employers who will hire people with prior criminal records).
- Does the workforce reflect the families needing assistance?
- Does the community understand the difference between poverty and maltreatment?
- Is training provided to those working with children and families to understand and address disparities in child welfare across race, ethnicity, and geographic location? Is training provided on cultural competence? Are these trainings available on an ongoing basis?
- Is data being used to make decisions across the state regarding the removal of children? Is this data free from stereotypes and checked for biases?

5 Principle #5: Demonstrate an Attitude of Self-Awareness, Respect, and Humility Toward Diverse Points of View

During a national annual meeting of child welfare professionals, several colleagues came together for what began as an informal gathering but developed into a very passionate discussion about the state of child welfare, the most strategic point of entry on which to focus efforts, and how best to address the issues. The national director of a chain of substance abuse treatment centers stated that efforts should be focused solely on adults with addiction problems, saying, “If only we could sober up our adults, we could solve a large portion of the problem of children entering foster care.” The executive director of the local infant mental health association argued for more attention to be directed toward infants, toddlers, and families, suggesting, “Our focus should be on repairing the relationships between parents and children and supporting the social-emotional needs of the infants and toddlers in care.” The national Medicaid administrator remarked, “Every time I attend one of these meetings we talk about the same issues; all ‘pie-in-the-sky’ ideas about what we need to do to improve our child welfare system. I just don’t know how you all think these services are going to get paid for.”

Having successfully navigated the child welfare system just 6 months earlier, the national parent partner representative added, “You all make great points. Part of my plan when my family and I were in the system was to go through a substance abuse facility and participate in Child-Parent Psychotherapy and visitation with my children. I was also expected to keep all of my medical appointments, court hearings, family team meetings, and hold down a job. I was so overwhelmed and sometimes didn’t know if I was going to make it back to my children. The parents I work with now want to get to the place I am and have every intention of doing their very best, but we have to figure out how to better integrate services so that they can actually succeed and reunify with their children.”

Finally, the program officer of a prominent national foundation focused on promoting positive outcomes for children in child welfare stated, “So what are we waiting for? Looking around this table I see some major pieces of the puzzle and points of view represented. Why only focus on 1-2 pieces? Why can’t we develop a comprehensive plan that could potentially reform the child welfare system for the better? If we’re all serious about making this happen, then develop an action plan, turn it into a proposal, and have it on my desk for consideration in 2 months. Our next quarterly board meeting happens in 4. If you do this well, I’ll get behind it and sell it to the board and president. We are partnering with other funders and looking for a good comprehensive plan that can be used as a national model to reform the child welfare system. So now is the time.” And with that, the colleagues got to work.

Questions for Consideration

- Has the community established an atmosphere where people feel that they can express their point of view without fear of intimidation or retribution?
- Do parents receiving assistance feel that they can contribute to the discussion on treatment needs? On needs beyond treatment, such as literacy support and transportation challenges?

- Are parents aware that they can challenge decisions that are made in court? Do parents understand their rights?
- Do all professionals working with children and families embrace the idea that the parents' opinions matter?
- What cross-system partnerships and processes that encourage collaboration are currently in place?

6 Principle #6: Build Genuine Relationships Based on Mutual Trust and Respect

The fundamental system of child welfare has historically involved courts in problem solving. When cases start out in a culture of “us against them,” the simplest of actions and statements can create a culture of mistrust, doubt, skepticism, and accusatory fact finding. This is evident not only between families and professionals, but among diverse professionals. From the onset of a case, the approach taken serves as a catalyst for relationships to evolve in the interest of the children and their families.

In Iowa, one such approach is the heading of the court orders in the child welfare cases. Instead of the court order reading “State of Iowa vs [parent(s) name(s)]” it reads “In the Interest of [child(ren) name(s)].” This simple change can become a tool for judicial leadership to set the tone for the entire team to recognize and base their approach with families, and each other, around a foundation of decision-making in the interest of the child. While there are times when the court must take action to protect the child or keep the child safe, the respect that has been built in the journey through simple re-phrasing of statements and inquiries paves a path of dignity and honor that allows for life-changing moments for the family beyond their child welfare case.

A mother, Jan, who had previous terminations with her children, was yet again brought to the attention of the child welfare system and, for the first time, to the attention of the SBCT. The professionals working on the case, including the legal counsels, knew of Jan's trauma history. Jan had experienced and continued to experience domestic violence from her partner, with whom she lived and did not feel she could leave. Jan participated in the SBCT throughout the course of this case, as the team worked closely with her and connected her with critical services for both her and her baby, such as Child-Parent Psychotherapy. Unfortunately, as the case continued, the team began to see that the case picture had already been painted and that Jan was unable to keep herself safe, let alone her baby. During testimony, the attorneys designed their approach so Jan would not feel victimized by the questioning. Likewise, during the clinical professional's testimony, there was an understanding that the clinician would have to continue the therapeutic relationship with Jan or she would likely be further victimized in her life and reappear in the system with a new baby. Careful, tactful, questioning during the clinical testimony allowed for the clinician to deliver the necessary information, yet maintain her trusting relationship with Jan. In her closing remarks, Jan felt safe enough to voice, “I know I can't safely take care of my child, but I can't sign away my rights because I don't want them to think I didn't care enough to fight for them. So I won't sign the consent, but I don't want to fight it.”

Every professional fought back emotions. It was at this point that the judge was able to deliver encouraging, positive statements to Jan in hopes of building her up once she left the court and case.

The team recognized that Jan did not have a support system and helped her create a plan to focus on her own self-care. As Jan walked down the courthouse stairs alone, the community coordinator asked to be dismissed so she could take her home. This simple gesture turned into an opportunity for the coordinator to walk Jan through the rest of the day, the rest of the week, and how to move forward. Once back at the courthouse, the team needed to process the termination. On the one hand, there was relief that they were able to provide safety with the child's placement; on the other hand, they recognized a mother who had endured more hurt in her life than anyone should. Each of the professionals needed to validate those emotions with each other, simply by acknowledging the mutual grief and sense of helplessness each of them felt. It is during these times that a strength-based approach in interacting with the diverse professionals looks very similar to how effective work with families is achieved. Professionals also need to hear what they did right in addition to what they would or could do differently. Several years later, the community coordinator happened upon Jan and learned that she had since had another child who was now 2 years old, and she had left her previous partner. Jan had gained the necessary skills during her involvement with the SBCT so that she was able to safely care for her new child without being part of the child welfare system.

Questions for Consideration

- What strategies are used to foster safe and genuine relationships between and among community stakeholders, services providers, and the families served?
- Are service providers and clinicians trauma-informed?
- Are judges, court personnel, and child welfare staff trauma-informed?
- Are professionals working with families—such as service providers, judges, attorneys, and community coordinators—aware of their own compassion fatigue? Do they have access to supports that address compassion fatigue?
- Does the team create opportunities for families to participate in designing a plan to create safety for themselves and their children?
- What opportunities exist for families in child welfare to interact with each other to provide peer support and exchange strategies for successfully navigating the child welfare and court systems?

7 Principle #7: Practice Openness in a Dynamic Learning System With an Understanding That Everyone Has a Contribution to Make

The Forrest County SBCT in Mississippi has been successful in helping to create a collaborative working relationship among service providers, which has helped put those same service providers in a better position to serve families. For example, the procedure for enrolling children in Early Head Start has been simplified, the evaluation process for early intervention/Part C has been streamlined, and families can receive multiple services from the same service providers, such as family counseling and parenting classes.

In addition, service providers now come to court and provide updates on each family's progress, which has helped the service providers recognize the vital role they play in the process. The Forrest County SBCT has helped change the perspectives of the state child welfare agency, service providers, court system and attorneys, helping to create a situation in which all of these entities see themselves as equal members of the same team.

Questions for Consideration

- How does the local infant-toddler court team ensure that anyone in the community who touches the lives of infants and toddlers is able to contribute, be engaged with the team, and provide their support and perspective?
- Is there an ongoing process for inviting new community stakeholders to the court team? Are non-traditional stakeholders identified who could be helpful in shaping local process and/or state and federal policies and procedures?
- As agencies change leadership, are relationships with the agencies maintained by engaging new stakeholders?
- Are strategies implemented to address any barriers that may arise from past experiences of stakeholders and agencies?
- How does the infant-toddler court team ensure that the team is continually understanding and addressing the needs of foster parents and birth parents?

8 Principle #8: Maintain Transparency in Research and Evaluation That Is Relevant and Useful for the Community

The QIC-CT project is ensuring that our research is understandable and useful by clearly defining our research and taking a consistent approach to the project evaluation. This approach involves broadly sharing the diverse structure of each infant-toddler court team site, the diverse ways in which each site is implementing the SBCT approach, as well as each site's desired practice change. One way in which the QIC-CT carries out this principle is through the collection and sharing of data. Each site is collecting data, which will be shared through graphs and charts that depict the data in a way that is easy to interpret. Through the QIC-CT's implementation of a process for Continuous Quality Improvement, data will be analyzed by the QIC-CT and the demonstration sites. The QIC-CT will support the infant-toddler court teams throughout the Continuous Quality Improvement process as they analyze trends and findings from their data

and identify any emerging issues in project implementation. This process will be very important in providing continuous feedback and allowing each site and the project to see how each site is making a difference in their community or state using the SBCT approach. The information gathered will serve as one piece of data that is used as teams develop an action plan for their infant-toddler court team.

Questions for Consideration

Infant-Toddler Court Team Level

- How does the infant-toddler court team ensure that all stakeholders (e.g., court personnel, child welfare workers, service providers, policymakers, parents) are engaged in the design and development of research and evaluation that is relevant and reflects the values of the community?

QIC-CT Project Level

- Are these same stakeholders engaged in the research and evaluation of the QIC-CT project?
- Are communities receiving data from the QIC-CT to analyze and understand their progress?

9 Principle #9: Empower Communities to Improve Programs and Transform Systems

A community coordinator who had just begun to form a court team in her city met with a group of Department of Human Services (DHS) employees to discuss the SBCT approach. During this meeting, one of the DHS employees asked the community coordinator, “How are you going to make sure that SBCT children are placed in our area? Otherwise, frequent visitation will never work for us.” The community coordinator gave a simple reply: “I alone am not going to do anything; we are, as a community.” The community coordinator then invited this DHS worker to attend monthly stakeholder meetings and be a part of the foster care improvement work group. The group is currently working to improve the foster care system in the community, including decreasing the distance between foster care placements and birth families. The DHS worker has become one of the leaders of this work group and has assisted the community coordinator in several community presentations to educate other service providers on the SBCT approach.

Questions for Consideration

- How are different agencies, service providers, and stakeholders in the community encouraged to begin taking ownership for what happens to infants and toddlers in child welfare? How are court team members empowered to play a key role in decision-making?
- What are the strategies for community team-building?

- Are professionals working with families—such as service providers, judges, attorneys, and community coordinators—aware of their own compassion fatigue? Do they have access to supports that address compassion fatigue?
- How will the infant-toddler court team help “move” local agencies from working in separate silos into a cohesive, seamless community ready to tackle all of the challenges of meeting the needs of infants and toddlers in foster care and their families?
- What are the challenges in integrating data across systems? What barriers exist that may prevent agencies from sharing data?

10 Principle #10: Improve Practice by Bringing the Science of Early Childhood Development Into the Courtroom

Because the healthy development of infants and toddlers depends on whether they are encircled by consistent loving adults, every court case is scrutinized for the extent to which the child is sheltered from inconsistent caregiving. Finding foster parents who can provide loving care for the baby while supporting the baby’s relationship with the birth parents is ideal. When Adriane was born, she tested positive for cocaine. Her young mother, Holly, agreed to enter a treatment program, but she could not take Adriane with her immediately. Foster parents Martha and Hal Jessup met Adriane in the hospital and brought her to their home, and they then met Holly at the first court hearing. The Jessups had brought Adriane with them to the hearing. As the parties to the case assembled in the courtroom, Martha asked Holly if she would like to hold Adriane. When Holly nodded, Martha put Holly’s baby in her arms. Together they waited for the judge. While Holly gently touched her baby’s cheek and made responsive sounds to Adriane’s coos, Martha told her about the baby’s daily routine. She took pictures of Holly holding her daughter and texted them to Holly, after they exchanged cell phone numbers. Martha promised Holly that she would send her at least one picture of Adriane every day.

Questions for Consideration

- Has training and ongoing consultation on early childhood development and brain development been offered to court personnel? Are these trainings available on an ongoing basis?
- What steps have been taken to ensure the courtroom is trauma-informed?
- Is there a plan in place for ensuring that all court personnel and community members receive ongoing training, including examples of practical strategies and tools (e.g., a glossary of key terms, benchcards) that can be implemented in local and statewide courts to support optimal development for infants and toddlers and support the needs of their families?

11

Principle #11: Base Our Work on Research Related to Evidence-Based Practices and Interventions

Traditional case planning often relies on a standard list of services: parenting classes, anger management, GED classes, and drug screening, among others. However, there is a lack of research evidence to suggest that any of these services are likely to have the desired effect. Further, the standard list does not take into account the unique challenges and strengths of individual families. One of the evidence-based mental health services appropriate for very young children is Child-Parent Psychotherapy. Beginning in 2009, the SBCT Project, and in 2014, the QIC-CT devoted resources to training infant mental health clinicians in Child-Parent Psychotherapy in every court team community. SBCT community mental health clinicians at the Eastern Band of Cherokee Indians' mental health program in Cherokee, North Carolina, participated in Child-Parent Psychotherapy training. One parent commented,

The biggest thing is learning to bond with my kids. How you treat your kids and tell them things and congratulate them when they do good, and now that I know it I do it even more. I've learned more about me. I've learned that a lot of my behavior came from my drinking and being in a dysfunctional family. Now I have a good relationship with my daughter, and there are still things that I am working on.

Questions for Consideration

Infant-Toddler Court Team Level

- How are current resources, services, and interventions selected by the community and child welfare system?
- How will the infant-toddler court team **examine the current interventions used** in the local and statewide community to determine whether or not those interventions are evidence-based for infants and toddlers in child welfare?
- What method will be used to **identify evidence-based interventions** that are appropriate for infants and toddlers and their families in child welfare and meet the unique needs of the community?
- How will the infant-toddler court team **influence decisions that are made at the local and state level on implementing evidence-based interventions** for infants, toddlers, and families?

QIC-CT Project Level

- How does the QIC-CT support infant-toddler court teams in understanding evidence-based and evidence-informed practices?
- How does the project support infant-toddler court teams in making decisions on the appropriateness of specific evidence-based interventions for their community?

For resources from the QIC-CT that help child welfare systems and agencies increase their capacity to incorporate evidence-based practices that strengthen parenting and promote healthy

development for very young children and families—including a decision-making framework for sites, communities, or states to evaluate current approaches being used and to investigate other interventions that demonstrate appropriateness for infants and toddlers—please visit: www.qicct.org/evidence-based

12 Principle #12: Disseminate Project Findings and Other Resources in a Clear and Relevant Manner That Supports Project Replication, Program Improvement, and Sustainable Systems Change

At Florida's statewide kickoff for the implementation of the SBCT Project—which in Florida is known as Early Childhood Courts—a CEO of a community-based care agency provided a very detailed, yet easy to understand, explanation of why he has chosen to prioritize funding for this project. He started by providing an overview of how agencies such as his receive their funding and how it is determined what their contracted dollars may be spent on. He made it clear that his agency has not received any extra funds to implement this project but that he is confident he will see a cost savings in the future. He discussed the outcomes he has seen in just the short time of piloting this project by providing very clear and convincing details. He reiterated that this is why he chose to put extra resources into this project. Results are as follows: (1) There has been an increase in reunification for children birth to 3 in out of home care; (2) Children from birth to 3 are reaching permanency much quicker; and (3) There has been a decrease in the number of children birth to 3 returning to care.

This overview was heard by more than 20 other court teams who are in the process of gearing up for the implementation of this same project. The CEO explained that because of the predicted fiscal savings and well-being outcomes, he chose to approve funding a position to focus solely on the implementation and sustainability of this project.

Questions for Consideration

Infant-Toddler Court Team Level

- How will the infant-toddler court team keep members informed about the progress they are making with families in the child welfare system in their community?
- How will they ensure transparency?

QIC-CT Project Level

- What is the plan for sharing project outcomes and evaluation outcomes with the local, state, and national community about the QIC-CT project?

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