When Less is Better: Reducing Out-of-Home Care Placements for Young Maltreated Children

What Can You Do?

- Offer a pre-removal conference with parents to get their input on an out-of-home placement that is best-suited for their child’s well-being and stability.
- Clearly state to parents the court’s expectations for placement stability for the child. This helps parents understand the urgent need to identify a permanent family for their child.
- Use concurrent planning, a technique that requires the rapid identification of, and placement with, caregivers who are willing to become the child’s permanent family if reunification with the birth parents is not possible.
- Provide training and support to caregivers to provide loving care for children placed with them, to advocate for the children in their homes, and to mentor the biological parents, siblings and extended family.
- Promote frequent parent-child contact, several times a week or even daily; use each opportunity to provide parent coaching.

The Safe Babies Court Team™ (SBCT) Approach and the QIC-ITCT

In response to the needs of maltreated babies and toddlers entering the child welfare system (CWS), ZERO TO THREE developed the SBCT approach: a collaborative, problem-solving systems-change innovation focused on supporting the health, mental health, and developmental needs of adjudicated babies and toddlers and expediting safe, nurturing permanency outcomes. SBCT offers a structure for systems to work together—the court, child welfare agency, and related child-service organizations—to ensure better outcomes for the youngest children in care and for their families. The structure comprises (1) a Family Team (attorneys, case planner, service providers, and family) that comes together at least monthly to identify and address barriers to reunification, and (2) a community stakeholder team, or Active Court Team, that engages in broader systems reform efforts. In 2014, the Children’s Bureau provided a grant to ZERO TO THREE and its partners to develop the Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-ITCT), which provides technical assistance and training to participating sites. The QIC-ITCT provides access to evidence-based interventions and best practices for individuals and agencies working with the birth-to-3 population. The mission of the QIC-ITCT is to support implementation and build knowledge of effective, collaborative court team interventions that transform child welfare systems for infants, toddlers, and families (see http://www.qicct.org/).
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Background

Childhood abuse and neglect can have lasting effects. Maltreatment changes young children’s need for parental physical closeness and care. It also heightens typical fears of early childhood, including fear of losing the parent, losing a parent’s love, being hurt, and being bad [1]. For children involved with the child welfare system (CWS), being separated from their biological caregiver—usually a sudden occurrence—and placement in foster care with a stranger can add to these effects. The resulting sense of profound loss and fear can overwhelm the child’s ability to cope. The chronic stress of maltreatment and of being removed from the home and placed in foster care impacts the child’s developing brain. In these ways, CWS interventions aggravate the original harm caused by maltreatment. This complex clinical picture, which has been described as developmental trauma disorder, can lead to wide-ranging and persistent health, social, and psychological problems [2].

SBCT Solution

As a community engagement and systems-change approach focused on improving how the courts, child welfare agencies, and related child-serving organizations work together, share information, and expedite services for young children in the CWS; several core components of the Safe Babies Court Team™ (SBCT) approach are fundamental in reducing the number of placements of young children [3]. These include Concurrent Planning and Limiting Placements; The Foster Parent Intervention: Mentors and Extended Family; and Pre-Removal Conferences and Monthly Family Team Meetings.

SBCT Core Components

- Judicial Leadership
- Local Community Coordinator
- Active Court Team Focused on the Big Picture
- Targeting Infants and Toddlers Under the Court’s Jurisdiction
- Valuing Birth Parents
- Concurrent Planning and Limiting Placements
- The Foster Parent Intervention: Mentors and Extended Family
- Pre-Removal Conferences and Monthly Family Team Meetings
- Frequent Family Time (Visitation)
- Continuum of Mental Health Services
- Training and Technical Assistance
- Understanding the Impact of Our Work

http://www.qicct.org/safe-babies-court-teams

These are pretty stable placements. We try not to move kids around too much, especially when they are really young. We try to keep them stable because [instability] can be very detrimental to the child.

-Family team member
Foster parents are important members of the family team. Training and support from the child welfare agency are given prior to and while foster parents are engaged with a child and his or her family. The training and support promote the foster parents’ roles, which include providing loving care for children placed with them, advocating for the children in their homes, and mentoring the biological parents, siblings and extended family. Emphasis is on placement with kin, but not to the detriment of the parents’ ability to successfully reunite with their children.

“...has to do with [the child welfare agency] empowering the parents to have a say. A lot of times the parents don’t feel like they have a choice. Giving the parents a say. We always say nobody knows your kids better than you do. Where do you think they’ll thrive best?”

-Family team member

Pre-removal conferences are held prior to the child being placed in foster care. This gathering includes the family, their support system, the case investigator, the foster care case worker, and the community coordinator. It sets a welcoming tone for parents who are frightened and communicates to parents that the goal is reunification.

In addition, each month, the family, foster parents, community coordinator, and a team of service providers, attorneys and child welfare agency staff hold a family team meeting to review the family’s progress and track the referrals made, services received, and barriers encountered. Family team meeting goals are to bring quicker resolution of cases, build trust and communication among those invested in the child’s case, and speed access to services.

“The judge doesn’t make any qualms about case direction. All my clients know what to expect. They are really good at covering that from the beginning and knowing we have to look at all options. It’s because we are meeting every month and during that month people are being held accountable.”

-Family team member

The family team recognizes that many parents of young children who enter the CWS have their own history of trauma. Because the primary goal of the SBCT approach is to help parents and children reunify, parents receive comprehensive medical and mental health assessments including evaluation of their own childhood trauma, prenatal alcohol exposure, substance use disorders, and domestic violence.

As stated in the SBCT core components, “Very young children make sense of their world within the context of their relationships with a few very special caregivers” [3]. For this reason, the family team tries to place the child within the same county to make parent-child contact easier. Judicial leadership is also critical for placement stability and concurrent planning, both in terms of clear expectations from the court that this would be a focus of the family team, as well as in terms of setting expectations for parents and caregivers. The stability expectation helps parents understand that the focus is on the urgent need of children for a permanent family.
How Do We Know the Approach Is Working?

At each SBCT site, family teams work diligently to identify placements for children and support caregivers to minimize changes and trauma. The evaluation team analyzed the data collected for about 250 infants and toddlers and their families served by the family teams from the initiation of the QIC-ITCT project at each site* through May 1, 2017.

About half of children were placed in foster care (including non-relative placement, foster adopt home, medical foster home, therapeutic foster care, and other foster care), about half were placed with kin living separately from their parents, and a few remained at home with their parents.

About three quarters of children were placed in the same county as their parents and only a few out of state (less than 1%, who were placed with kin willing to be the concurrent plan).

Almost 60% of children had one placement, 27% had two placements, and 14% had three or more placements since removal from home.

These results can be compared to the national Child Welfare Outcomes Report to Congress [4]. In 2014, the reported median was 86% of children with no more than two placements among those in care less than 12 months (range from 74% to 91%). Among children in care between 1 and 2 years, the median was 66% (range from 44% to 77%) [4]. The QIC-ITCT sites did better than the upper limit of the national range with 94% of children in care for less than 12 months having no more than two placements, and 79% among those in care from 12 to 23 months have no more than two placements. The results for QIC-ITCT sites were also analyzed by race and ethnicity and found no differences in number of placements or time in care. In other words, family teams seem to serve children of all races and ethnicities equally well.

* The first QIC-ITCT site was initiated on April 1, 2015, and the last site on August 11, 2016.
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Children with Two or Fewer Placements at SBCT Sites (N=229) and Nationally on the 2014 Child Welfare Outcomes Report

<table>
<thead>
<tr>
<th>Time in Out-of-Home Care</th>
<th>Percentage</th>
<th>QIC-ITCT sites</th>
<th>National Child Welfare Outcomes median</th>
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</thead>
<tbody>
<tr>
<td>12 to 23 months (n=126)</td>
<td>(A) 79.4%</td>
<td>66.1%</td>
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</tr>
<tr>
<td>Less than 12 months (n=103)</td>
<td>(A) 94.2%</td>
<td>85.6%</td>
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“All too often the transition into foster care carries with it a several transfers between foster homes. The impact of these placement changes cannot be understated: they damage the child’s ability to develop trusting relationships. The lack of trust reduces their natural curiosity and ability to explore, both of which are vital to their success as learners. Perhaps more importantly, the loss of trust has long term ramifications for them in building healthy relationships” (p. 10) [5]
References


