

# Building a System of Support for Young Children in Foster Care

Addendum:  
Summary and Recommendations for  
Addressing the Needs of Children Ages  
Zero to Five

California Child Welfare Council  
Child Development and Successful Youth Transitions Committee

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## Summary/Problem

Infants and young children under age five are the largest age cohort entering California's public child welfare system. These very young children are vulnerable and susceptible to abuse, placing them at higher risk of out-of-home placement and long-term effects resulting from trauma, neglect, and poor child-caregiver relationships and attachment. Young children identified by child welfare have higher rates of developmental, social, and emotional delays.



The neurological and physical growth and development of children under age five is substantial. Research is both abundant and clear. The effects of maltreatment or the high risk situations that bring children to the attention of child welfare can lead to changes in brain architecture and result in social, emotional, and developmental delays. Fortunately, children in the early stages of development still have a significant opportunity to positively alter the trajectory of their life. Providing services quickly can minimize or eliminate the effects of maltreatment and support a nurturing and responsive child-caregiver relationship — a vital factor to improve well-being, healthy development, and relational competency later in life. Unfortunately, less than 7 percent of the children in care receive services compared to older children involved with child welfare.

Child welfare is in a unique position. The ability to have access to high-risk families allows for young children to be identified, assessed, and provided timely services which can significantly improve their lives. By raising the awareness, building support, specializing services, reducing fragmentation or duplication, using a multiagency approach, and then tracking the progress will improve services and lead to system-wide improvements in outcomes young children and their families involved with child welfare.

## Call to Action/Recommendations for Endorsements

**To better serve children ages zero to five involved with child welfare, the California Child Welfare Council recommends the following based on various research policy papers, federal policies, and national, state, and local initiatives.**

1. Incorporate existing scientific research into state and local policies and practices in order to promote positive development and prevent future maltreatment for children ages zero to five.
2. Enhance curricula and other training resources for social workers, court staff, caregivers, and other community partners to recognize and respond to the impact of traumatic stress and re-traumatization of young children in foster care.
3. Integrate multiagency services to eliminate fragmentation and duplication of services for children or families of children ages zero to five.
4. Encourage cross-system collaboration between local and state departments and formalized agreements between child welfare agencies and public service programs/community partners in order to cultivate an inter-agency system that provides appropriate, timely, and quality services in an effort to reduce the impacts of trauma on young children ages zero to five.

## Suggested Strategies

### **County Child Welfare:**

1. Use a validated developmental screening tool to identify developmental, social, and emotional concerns in infants and young children during initial assessments, at each well-child check-up, or when a concern is identified.
  - As recommended by the California Statewide Screening Collaborative and the California First Five Association, promote developmental screening by primary care pediatricians and encourage the use of a standardized screening assessment when conducting a Child Health and Disability Program examination for children zero to five years of age
  - Screen early and along with the child's birth parent or guardian to gather information to support best practice

- Require contracted agencies to provide developmental screening and referrals for all cases referred from child welfare regardless of investigative outcome
2. Complete a county wide assessment using data to identify needs, services, and the gaps in serving infants, toddlers, and their families.
  3. In accordance with the Child Abuse Prevention and Treatment Act (CAPTA) and Part C of the Individuals with Disabilities and Education Act (IDEA) determine that policies and procedures are in place to refer children under the age of 3 involved in a substantiated case of child abuse, neglect, or illegal drug exposure to early intervention services under Part C, as well as provide research on the importance of the early years, trauma, and importance of the role the caregiver.
  4. Create a community or network of practice that meets regularly to review referrals, identify service gaps, share records, reduce replication of service and make shared decisions.
    - Fresno and Contra Costa counties are examples of highly coordinated and collaborative counties that include the courts, Child Welfare Services, Head Start, Regional Centers, and school districts early in the child welfare process to provide comprehensive assistance for at-risk families and ensure that children ages zero to five receive adequate services.
  5. Use specialized child welfare staff trained in early childhood development and resource availability who can confidently assess, review, and guide practice for children in care and those remaining at home.
    - San Francisco County has formed committees or teams that address the needs of young children and are supported by the courts. These teams automatically refer foster children ages zero to five and their caregivers to First Five, Triple P (Positive Parenting Program), and other services, including mental health.
  6. Link the importance of early identification and intervention in policy and practice to key child welfare practice models and foundations (e.g., safety and permanency, stability, strength-based casework, quality visitation, appreciative inquiry, well-being, family finding, etc.).



7. Include early childhood topics and social-emotional development considerations into the protocols for teaming strategies (Team Decision Making, Family Group Decision Making, Child and Family Teams) for every child under age five.
8. Reduce the number of placements a child under age five experiences.
9. Place children under age five in the care of adults who understand and support the need for frequent and targeted visitation in the most natural setting.
10. Use parenting evaluations tools, as well as health and mental health assessments to focus efforts and guide the services to parents and caregivers.
11. Differentiate child-parent visitation protocols to ensure greater frequency, quality, and purpose for children under five in an effort to promote relationships and parenting skills.
12. Increase the frequency of case reviews children under five in consideration of the rapid and significant growth and development occurring.
  - A best practice example of this is the Child and Family Teams (CFT) in Fresno County. They meet a minimum of three times prior to initial six-month case reviews. Specialized staff are part of the review process.
13. Establish resources for birth families such as support groups, parent/peer partnerships to provide ongoing support during placement and post reunification to prevent re-entry. Provide training or resources to parents on various topics such as child development, safety, reducing trauma for their children, accessing part C services, etc.
  - The Family Wellness Court in Santa Clara County demonstrates a multiagency approach. It is a regional partnership designed to expand and enhance services for pregnant women and parents with children ages zero to three who are at risk of losing custody of their children because of their abuse of methamphetamines or other drugs in conjunction with child abuse and/or neglect. It includes front-end assessment services, specialized treatment services for parents of children ages zero to three, developmental screening and intervention services for young children,



“The Family Wellness Court in Santa Clara County demonstrates a multiagency approach.”

young child mental health expertise on the court team, mentor parents to serve as system navigators, and a community resource coordinator to support the courts in their oversight of the cases.

14. Train child welfare staff alongside staff from Part C agencies. Suggested areas to include: early childhood development, the effects of trauma and inadequate caregiving, working with parents who experienced trauma, domestic violence, using a developmental screening tool to assess and support child welfare practice, prenatal alcohol exposure, accessing Part C services, interventions suitable for children under five, etc.
  - San Diego co-trains child welfare staff alongside Early Head Start and Head Start staff at all levels, on a unit-by-unit basis, and is one example that enhances the collaborative efforts provided to families and supports the trans-discipline design of their Early Childhood-Child Welfare Partnership.
15. Provide training for ILP and TILP programs on the importance of responsive parenting.

### **Courts:**

1. Use specialty courts with attorneys who specifically represent infants and young children and are educated about the unique challenges and opportunities available for children under five and their families, as well as the myriad co-occurring issues.
  - Hold more frequent hearings for young children.
  - Participate in the development and supportive interventions suitable for children under five and their families.
2. Reduce court delays for children under five.
3. Create information-sharing processes and releases allowing for information sharing on screening, service eligibility, and outcomes in collaboration with child welfare and community agencies.
4. Secure training on child development, the impact of trauma, the importance of caregivers, the importance of parenting skills, and the impact of health/mental health, interventions and processes.

## **Partner agencies and resource families:**

1. Enhance the priority points to expand the capacity for child welfare to make referrals, including the investigation stage, for Part C programs and providers.
2. Create a single point for entry into Early Head Start and Head Start programs for child welfare referrals.
3. Reduce the wait time for referrals from child welfare to be assessed.
4. Provide feedback on the results of referrals, eligibility, and services provided.
5. Train prevention providers on the 2011 federal reporting requirements contained in the Family Services and Innovation Act for states to provide information on the services and supports to address the developmental needs of young children.
6. Train resource families, foster parents, and relative caretakers on the needs of young children and their families on how to secure resources, promote positive development, and the importance of visitation in natural settings.
  - Fresno County offers support groups, mentorship, and online training on specific issues for foster parents. They also send a seasoned former foster parent to foster homes to discuss legal and safety issues, and to act as a liaison between foster parents and the county Child Focus Team, a multi-disciplinary team that screens all children under the age of six at entry into the dependency court system in the areas of health, development, education, mental health, and placement and visitation.
7. Adopt the Strengthening Families Framework used in community child abuse prevention to increase family strengths, enhance child development, and reduce the likelihood of child abuse and/ or neglect for children ages three to five. Existing services for children and families can be linked and supported to build five protective factors, including resiliency, connections, knowledge, concrete supports, and competence, in order to enhance optimal child development.

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