

Young Children in Child Welfare: Working Together



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Presentation Outline

Young Children in Foster Care

I. Special Challenges for Infants and Toddlers in Foster Care

II. San Diego's Continuum of Care

III. Roles and Responsibilities

- Child Welfare Social Worker
- Children's Attorney
- Foster Parent
- Service Provider

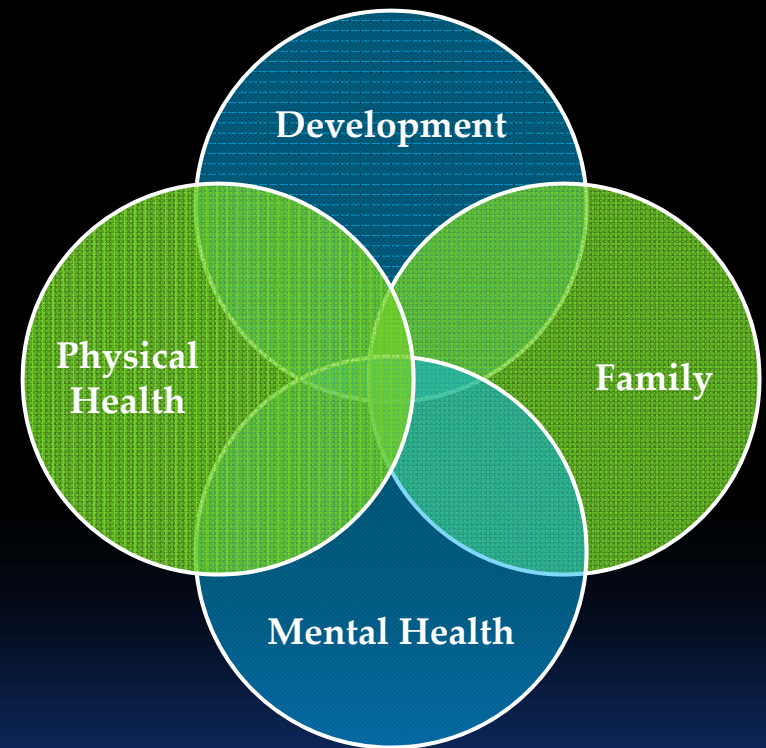
IV. Caregivers

I. Special Challenges for Infants and Toddlers in Foster Care



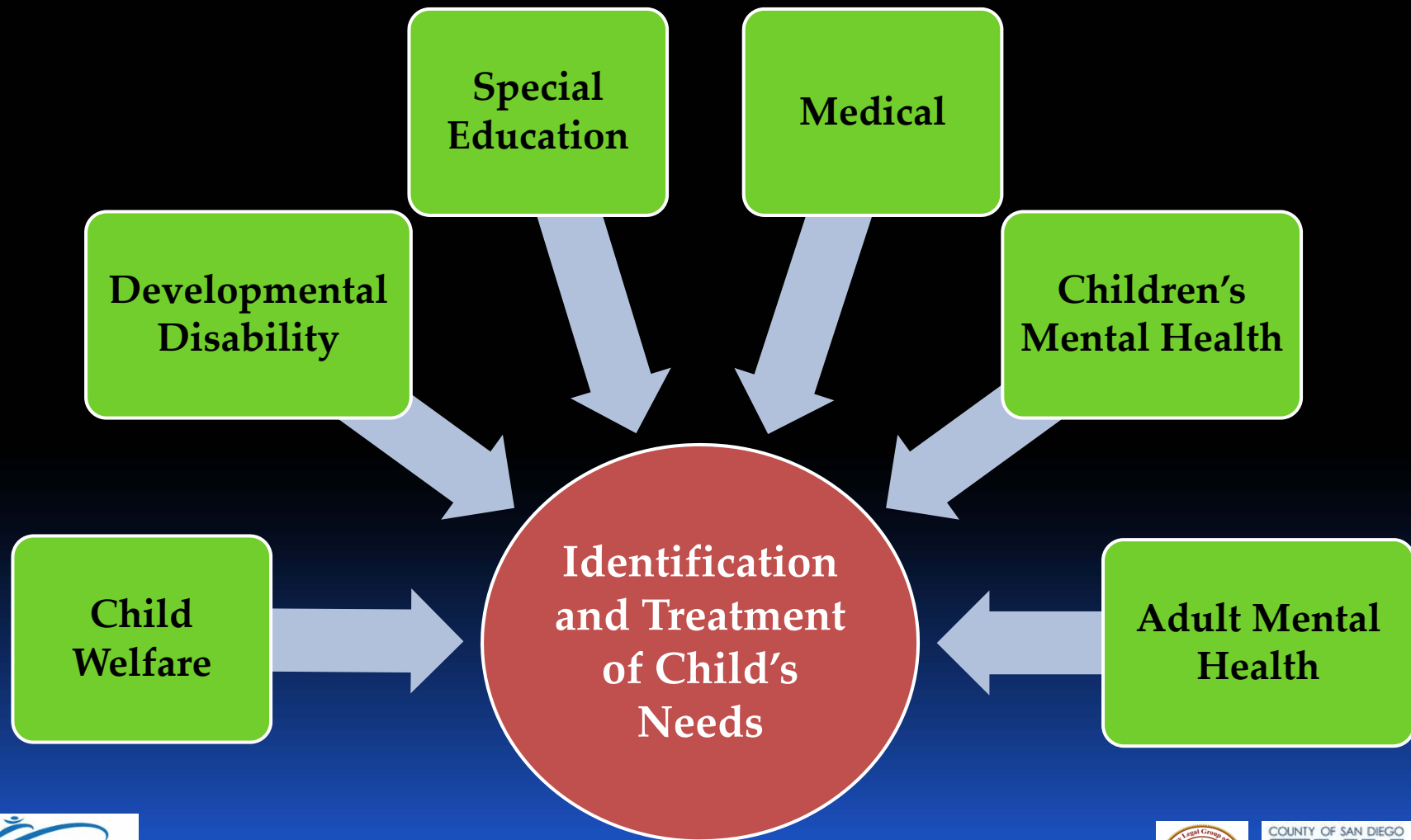
Potential for Complex Problems in Young Children in Child Welfare

- Developmental Concerns
 - Up to 61% compared to 10% - 14% in general population
- Mental Health Concerns
 - 25% - 40% compared to 3% - 6% in general population
- Interactions between areas of development and family factors



(First & Palfrey, 1994; Reams, 1999 Rosenberg, Zhang, & Robinson, 2008; Stahmer et al., 2005)

Multiple Systems Identify & Address Complex Needs



Children in Foster Care

- More children entering the child welfare system
 - Infants & toddlers now comprise 25-30% of all entries
 - 1 in 3 infants discharged will re-enter the child welfare system
 - 80% of infants have prenatal drug exposure & 40% are low birth weight or premature
 - Most experience separation from primary caregiver at least once (many have repeated separations)
- Poor service utilization reported for children in foster care
 - As few as 3-40% (various studies) of children access needed services

Legislation

- Keeping Children & Families Safe Act (PL 108-36), June 2003; still referred to as “CAPTA”
 - Stresses the importance of prevention & treatment services for young children in foster care
 - For children < 3 years with substantiated abuse/neglect, states must develop referral plan to intervention services mandated under IDEA Part C
 - Calls for systematic collaborations between child welfare, public health, primary care, developmental disabilities & mental health agencies.

National Organizations



- Since 1988, recommendations have been issued regarding children in foster care
 - Child Welfare League of America (CWLA)
 - American Academy of Pediatrics (AAP)
 - American Academy of Child & Adolescent Psychiatry (AACAP)
- Recommendations:
 - Physical, mental health, & developmental screening-72 hrs of entry
 - Comprehensive exam within 30 days
 - Individualized health plan within 60 days
 - Periodic re-screening every 6 months (vital for very young children)

Importance Of Intervening Now

- Recognition that three precursors to adult mental health, substance abuse & general health are:
 - Childhood Adversity
 - Family violence
 - Exposure to trauma
- Brain is highly adaptive & malleable during these early years
 - Growing body of scientific evidence shows early intervention makes a difference
 - Emotional connections are vital for establishing neural pathways



II. San Diego's Continuum of Care: Child Welfare Services

Child Welfare Outcomes

- Safety
- Permanence
- Well-Being



San Diego County Child Welfare Services

- 243,091 – Number of children 0 - 5 in 2011
- 2011 Data
 - 17,805 children had allegations of child abuse¹
 - 1,238 children entered foster care (CY 2010)
 - 704 children received Family Maintenance²
 - 1,466 were in placement²
 - 835 children exited¹
 - 536 reunified, 290 exited to adoption

¹ October 1, 2010 – September 30, 2011

² October 1, 2011

Data Source: UC Berkley

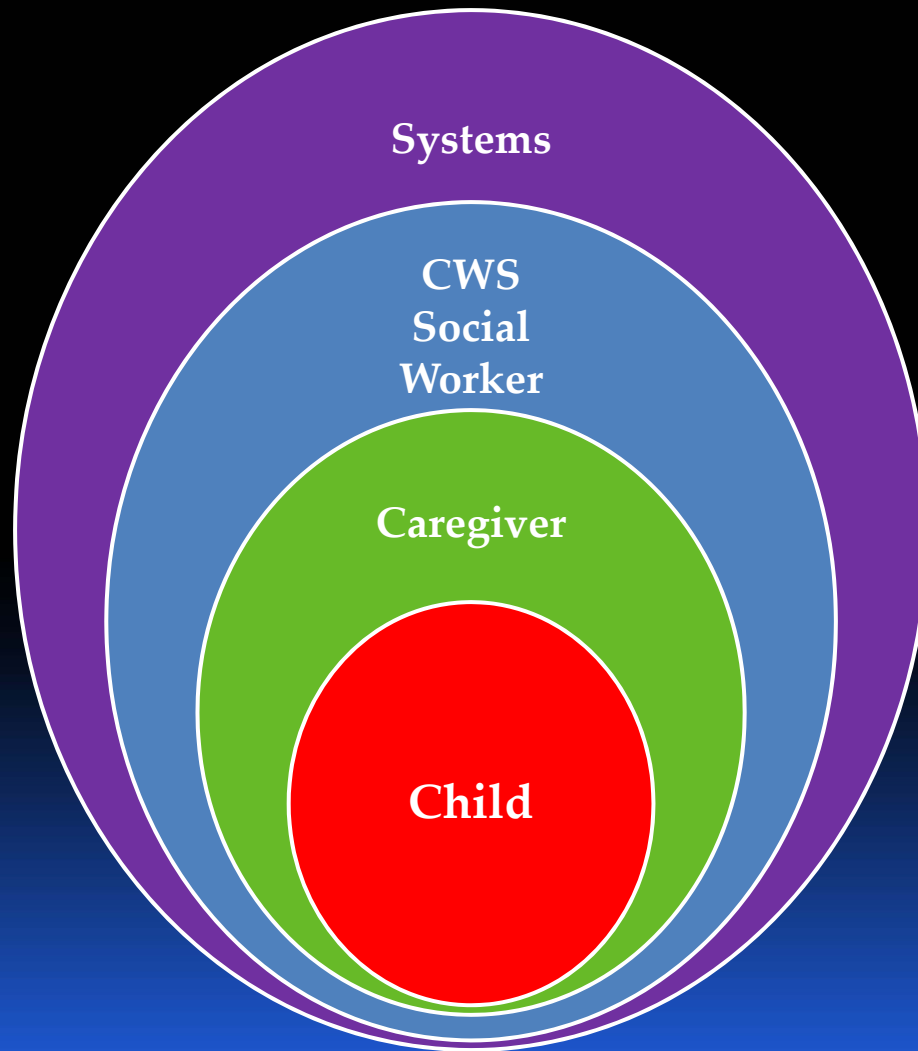
Child Welfare Practice

- Placement stability
- Visitation
- Systematic developmental & mental health check-ups for all children
- Permanency
- Post permanency support
- Consistent health & dental care
- Trauma Informed

5 Goals of San Diego Continuum of Care

- Identify and treat early developmental and mental health needs
- Support stable child-caregiver relationships
- Integrate services across existing systems
- Use evidence-based and evidence-informed approaches
- Improve developmental outcomes and promote social-emotional well-being

Working Toward a Comprehensive Continuum of Care



Cross-Agency Collaboration: Putting the Pieces Together



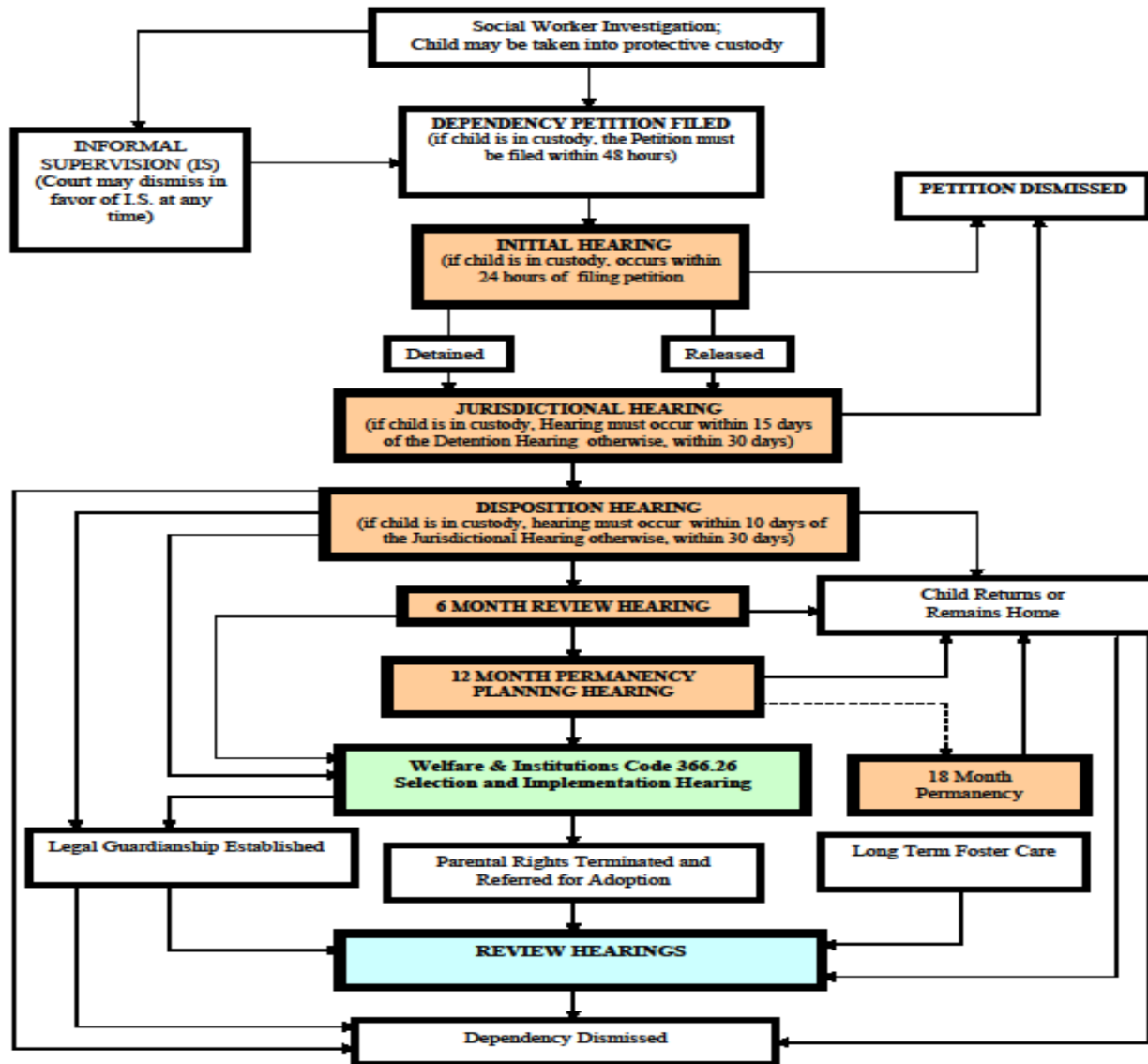
III. Roles and Responsibilities



The Role of the Child's Attorney: In Dependency Proceedings



Juvenile Dependency Flow Chart



NOTE: Duplicate of attachment at the end

Reasons for Protective Custody

(Welfare and Institutions Code Section 300)

- Physical Abuse
- Neglect
- Emotional Abuse
- Sexual Abuse
- Severe Physical Abuse Under Age of 5
- Parent Caused Death of Another Child
- No Parent/Guardian
- Minor Freed for Adoption
- Acts of Cruelty
- Sibling Subject to Abuse

Denial of Reunification Services (Bypass)

- Parent's whereabouts unknown
- Mentally unstable
- Child previously removed for physical or sexual abuse
- Parent has caused death of another child
- Severe physical abuse
- Severe sexual abuse or infliction of severe physical harm
- Parent is not receiving reunification services for a sibling because of physical or sexual abuse
- Child was conceived by rape
- Abandonment by the parent
- Parent failed to reunify
- Parental rights terminated on an older sibling
- Parent convicted of a violent felony
- Parent has extensive substance abuse history and has resisted treatment
- Parent waives reunification services
- Parent has abducted the child or sibling

Welfare and Institutions Code Section 317(e)

The counsel for the child shall be charged in general with the representation of the child's interest... Counsel for the child shall not advocate for the return of the child if, to the best of his or her knowledge, that return conflicts with the protection and safety of the child... The attorney representing the child in a dependency proceeding is not required to assume the responsibilities of social worker and is not expected to provide non-legal services to the child.

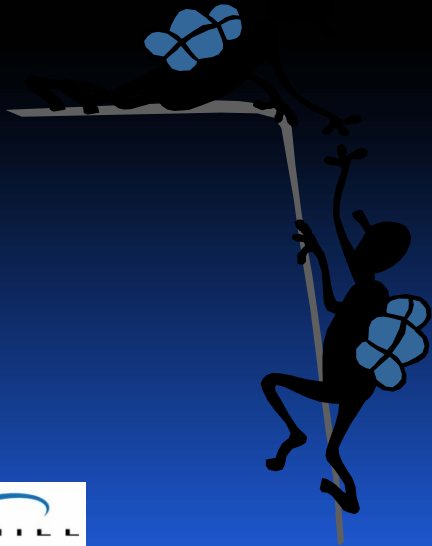


Best Interests vs. Client's Wishes



Social Worker

- Family Focused
- Report
- Case Manage
- Risk Assessment



Minor's Counsel

- Client Focused
- Investigate
- Legal Interests
- Protection of Rights



Typical Day in Dependency

- **Morning Calendar**
 - Statutory Hearings
 - Special Hearings
 - Settlement Conferences
 - Contact with Clients at Court
- **Afternoon Calendar**
 - Contested Hearings
 - Settlement Conferences
 - Overflow from Morning Calendar
- **Out of Court Time**
 - Collateral Contacts
 - Client Contact
 - Follow up on Case Issues
 - Preparation for Court
 - Writs & Appeals



Dependency Investigators

- Visit clients
- Interview
- Assess safety, risk and strengths
- Draft reports
- Follow up on collateral contacts
- Serve subpoenas
- Testify in court
- Make recommendations



Children's Rights in Dependency Proceedings

- Constitutional
- Statutory
- Education
- Mental Health
- Immigration
- Emancipation



IV. Caregivers



Who is caring for the children:



- Kinship/Relative Care
- Non Related Family Member
- Foster/Adoptive parent
- Receiving homes/Group homes

The Challenges:

- The sheer numbers
 - ▣ 17,805 children had allegations of child abuse¹
 - ▣ 1,466 were in placement²
- How do we recruit, train, and support enough caregivers for so many little ones? 1



1. Many of our “older” children are at this age developmentally

The Challenges:

The depth of hurt the children experience

- Multiple generations of attachment issues, abuse, neglect and trauma.
- Reunification is more difficult.
- Policies that do not recognize the need and importance of stability of placement and appropriate transitions for young children and infants.
- Support for caregivers to receive education, respite, and support to meet the needs of the children.



Words from the Caregiver

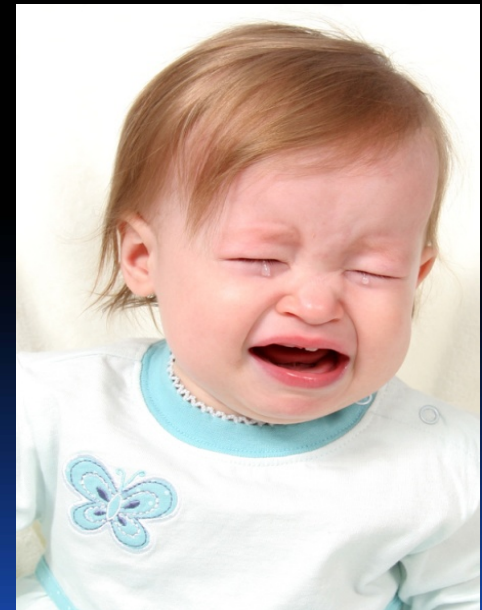
- I want to bring children into my home to foster and or adopt.
- Not all my friends and family support my decision
- The training makes me cry, scares me and makes me determined.
- The process is grueling.



Words from the Caregivers con't.

It is harder than I thought:

crying, tantrums, stiff, unresponsive, feeding is hard, poor sleep or rest, aggressive, complaints from preschool/sitter, missing work, visits with family, multiple appointments, nothing works, don't feel successful...



What Helps

Prevention:

- As we have “safe surrender”, we need “safe help.”
- Recruitment of a sound pool of caregivers.
- Training, training, training.....
- Empathy for a difficult job.
- Help that works.



Empathy

- Empathy - to try to feel and understand another persons feelings. (while recognizing you really can't know unless you "live it.")
- Recognize the nature of a relationship with an abused child. How extremely difficult and defeating it can be.
- Fear, anxiety and hopelessness compel many caregivers to disrupt children into new placements.



Help that Works



- Not ALL of our children are so challenging, by definition our children are only challenging if we are challenged by their behaviors.
- A challenge for one parent may not be perceived as challenging to another, so it becomes up to the caregiver to define and overcome their challenges with the behavior.
- In order to help caregivers, we must build a relationship with them and understand what that behavior means to them and how they can respond to the child.
- Secondly the caregiver can develop skills in helping a child understand what purpose the behavior serves and find a more age appropriate means of meeting that need.

Support Groups

- Support groups of parents dealing with the same challenges are a very effective means of building a relationship.
- Sharing and exploring what and where the challenges come from.
- Supporting, acknowledging and guiding through the many emotions and beliefs.
- And exploring what has worked for other caregivers and their children.



Respite



Respite allows:

- Caregivers time to support other relationship in their life,
- Take a break,
- Tag team when things become too tough.

Respite is extremely successful in preventing disruptions in placements.

For the Professional

- The caregiver (attachment figure) should (must) be present in the room and in the process.
- The professional leads the child in the dance.... to the parent is where they lead them.
- Believe the caregiver and be sure their needs are met in order to meet the needs of the children.
- Advocate for stability and careful transitions



Family Integrated Program (FIT) Client Testimony



<http://www.youtube.com/watch?v=uw8nIs9CP4&feature=youtu.be>

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Concluding Thoughts

- San Diego's continuum of care started with a vision and has grown to be an institution
- The key factors in helping us grow:
 - Keeping the vision
 - Attending to relationships
 - Flexibility
 - Follow-up
 - Passion
 - Thinking "out of the box"

Juvenile Dependency Flow Chart

