

# Concurrent Planning and Beyond

## *Family-Centered Services for Children in Foster Care*

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**T**he Adoption and Safe Families Act of 1997 (AFSA) recognized the child welfare practice of *concurrent planning* as a strategy to decrease the amount of time children spend in foster care. Concurrent planning allows child welfare workers to work simultaneously toward family reunification while pursuing alternative permanent homes should reunification fail. Previously, child welfare workers would typically first work toward family reunification and could pursue adoption only when reunification efforts failed. That practice led to lengthy stays in foster care, with children literally

growing up in the custody of the state. Children experienced multiple out-of-home placements and the associated grief and loss, developmental delay, and disrupted relationships.

AFSA imposed shorter timelines for successful reunification and left it to the states to develop their own strategies for implementing the guidelines. Individual states have been on different timelines for developing and implementing formal concurrent planning strategies. More than 38 states have enacted legislation that allows concurrent planning (Child Welfare Information Gateway, 2005). Concurrent planning recognizes the tough odds facing maltreating parents and puts in place a second family alternative for the children who need to reach a permanent family as soon as possible. Concurrent planning requires all parties to change their thinking about how permanency can best be achieved. It is a paradigm shift that has not come easily to many jurisdictions, but innovative practices in some communities are expediting and improving families' experience of the child welfare system (the box on page 48 describes the legal framework that guides decision making for children and their parents, contrasting standard operating timelines with innovative practices).

Planning for the future of infants and toddlers in foster care is difficult at best. They thrive to the extent they are nurtured by a very few consistent loving caregivers. Ideally they return to the care of their parents, who have taken the opportunity of the removal to correct the problems that led to

their children's stay in foster care. The problems confronting many parents involved in child welfare are long-standing and complicated. Within the legal deadline for family reunification (6 to 12 months for very young children), the court may order parents to obtain treatment to solve a host of problems such as mental health issues, substance abuse, or domestic violence. At the same time, they may be dealing with pending criminal charges or issues related to poverty, such as homelessness or inadequate housing, joblessness, lack of access to preventive medical and dental care, illiteracy, or failure to complete high school. In addition, many troubled families have a history of childhood trauma with parenting deficits stemming from the kind of care they received as children. Clearly, these challenges require that parents receive extensive and ongoing support.

The authors of this article are all staff of ZERO TO THREE's Court Teams for Maltreated Infants and Toddlers Project (see Court Teams sidebar, page 49), initiated in Fort Bend County, Texas, in 2005. The Court Teams staff members have helped to coordinate our courts' response to foster care cases involving babies and toddlers. Using vignettes from our communities to illustrate some of the concepts in this article, we explore some of the practices that hold promise for placing the youngest foster care residents in safe, loving, permanent families as quickly as possible. Beyond concurrent planning for a permanent home, we illustrate how informal social supports (e.g., friends, extended family, health

clinic, Head Start, Alcoholics Anonymous) can help families overcome the disabling isolation that contributes to their child welfare involvement.

### Concurrent Planning and Family-Centered Practice

**F**AMILY-CENTERED PRACTICE IS: "a way of working with families, both formally and informally, across service systems to enhance their capacity to care for and protect their children. It focuses on the needs and welfare of children within the context of their families and communities. Family-centered practice recognizes the strengths of family relationships and builds on these strengths to achieve optimal outcomes" (Child Welfare Information Gateway, 2007b).

One approach to engaging, empowering, and respecting family involvement is the practice of family team decision making. This practice may have different names in different places (e.g., family group conferencing, family team meeting, etc.), but all versions share the

#### Abstract

**Family reunification is not always possible for children who have been removed from the care of their biological parents because of abuse or neglect. Concurrent planning puts into place a secondary plan for a permanent home should family reunification prove to be impossible. Working in four diverse communities around the country in an innovative program for local judicial systems and community partners, the authors illustrate the importance of ongoing parental assessment and involvement, as well as the benefit of family teams, which support families as they try to overcome problems and move toward creating safe and permanent homes.**

## INNOVATIVE CHANGES TO COURT HEARINGS FOR CHILDREN IN FOSTER CARE

Legal action	Standard time frame	Innovations
A child protective services (CPS) agency determines that a child is at risk and needs to be removed from his parents' care	30 days to complete the investigation	Pre-removal conference with parents, CPS investigator and ongoing worker, extended family members, and other people who can support the parents
<i>Removal</i>	Removals usually occur within hours after the decision is made	Pre-removal conferences help parents prepare their children and begin seeking services for themselves
<i>Shelter care/emergency removal hearing</i>	1–2 days after removal	Within 24 hours of removal
<i>Adjudicatory hearing:</i> Determine whether the allegations in the removal petition are true	21 to 90+ days after removal	7–14 days after removal. At one adjudication, the caseworker stood up, turned to the mother, and said, "I look forward to working with you" (Hudson, personal communication, October 25, 2007)
<i>Dispositional hearing:</i> The court issues its ruling about the facts of the matter and approves a case plan that includes the child's placement, visits with parents, and parental requirements for reunification	Anywhere from 23 days after removal to 120+ days	Immediately after the adjudication
<i>Review hearings</i>	Beginning as soon as 30 days after the dispositional hearing and scheduled every 2–3 months or as infrequently as at 6 and 12 months after removal	Every 30 days with the full family team. A foster mother, when asked by the judge to give her perspective, said, "I'm honored that we got picked to help [this mom] get her baby back" (Norris, personal communication, March 31, 2008)
<i>Permanency planning hearing:</i> The court determines the outcome of the case: 1. Return to the parent 2. Permanent placement with a relative 3. Adoption	12–18 months after shelter care hearing	Because concurrent planning has been in place from the outset of the case, and parents are aware that everything possible is being done to help them reunify with their children, everyone walks into the hearing with a clear understanding of the next steps
<i>For Outcomes 2 and 3, above, termination of parental rights (TPR) Hearing:</i> An adversarial proceeding in which biological parents dispute the court's ruling	Sometime after the permanency planning hearing	At the end of the process, parents understand that they are not able to provide a good home for their children. They relinquish their parental rights, rather than waste the court's time with a TPR hearing
<i>Review hearing → dismissal</i>	The time frames for this hearing and dismissal are at the judge's discretion	There is a celebration in court with the parents and child
<i>Total time elapsed between removal and permanency</i>	2 years or more	1 year or less

(Edwards, 2007)

philosophy of family-centered practice by bringing together the child's parents, extended family, child welfare agency case-workers, service providers, community members who have an impact on the family's life at any level, people working in programs in the family's neighborhood, and sometimes attorneys (Child Welfare Information Gateway, 2007a). Convened by an experienced mediator, the group addresses the parents' vulnerabilities and develops a plan to help them safely reunify with their children.

A team should form around the family beginning when the child is removed from the home. The team should include the birth parents and the child's temporary caregivers (whenever possible, these will be the child's alternate permanent family), the case worker, attorneys (once they are assigned), CASA (Court-Appointed Special Advocates)

volunteers, service providers, and members of the extended family. The team should meet at least monthly to evaluate progress and to remind the parents of the support they have as they try to overcome their problems. At each meeting, team members should provide an honest assessment about the likelihood of reunification. The child should be living with the family that would become his permanent family if the parents cannot resolve the issues that led to the removal.

At removal hearings in Des Moines, families receive parent handbooks, sign releases, arrange family contact, and schedule necessary evaluations. Judges take the time to familiarize parents with the child welfare system, explain the urgency of parental engagement, and ensure reasonable efforts are being made to meet the families' individual needs from the very beginning of the case. Team members

conduct in-depth inquiries to address needs within a family. Monthly case reviews are critical to keeping the cases moving forward (Polk County Juvenile Court, 2007).

In many cases, there is some time between when the child welfare agency makes a decision to remove a child from her home and the actual removal. Some courts are using this window of opportunity (often just a matter of hours) to hold a pre-removal conference with the parents. In Des Moines, a skilled family team meeting facilitator employed by the child welfare agency meets with families to inform them of the imminent removal and engage parents in helping their children understand and adjust (e.g., help the parents pack their children's favorite things, tell the nurse of any medications or health conditions). The facilitator invites the parents, a registered nurse, Parents as Partners (PAP),

an income maintenance worker (to sign relatives up for any potential benefits), and the child welfare agency investigator to attend the meeting. The parents are encouraged to bring other family members and supportive friends to this meeting. The meeting is held at the child welfare agency office because of its central location. The PAP representative goes to the front desk to greet the parents and walk them to the meeting. The first 20 minutes of the meeting involve only the parents and the family team meeting facilitator, who explains to the parents what will take place when the other team members join them. The facilitator asks parents to provide the names of other family members or friends who may be able to provide a home for the child while the parents work through the problems that led to an out-of-home placement. The facilitator also schedules visits between the child and her parents and initiates any necessary health, educational, or social services for both the child and the parents. In cases in which it is not practical to have a pre-removal conference, post-removal conferences take place within 24 hours of the removal.

Kinship care is usually the first choice for out-of-home placement, but it is not always easy to locate family members who can take on this role. All too often, months go by before family members are identified as possible caregivers. To help alleviate this problem, child welfare workers in Fort Bend County complete a Child Placement Resource Form before removal that seeks to identify relatives as potential caregivers. It is critical to identify family resources as soon as possible once the decision is made to remove the child from the home, so that child welfare workers can begin to explore placement alternatives. A recent national study (Rubin et al., 2008) found that children placed into kinship care had fewer behavioral problems 3 years after placement than children who were placed into foster care. The study supports the idea that family members should be considered before non-relative foster care placement.

Another untapped resource are non-residential fathers who have been absent from their children's lives. In *What About the Dads?* researchers from the Urban Institute explored the challenges to and strategies for involving nonresident fathers with their children in foster care (Malm, Murray, & Geen, 2006). Their findings suggest that much more could be done to incorporate nonresident fathers in their children's lives, including providing training and guidance to child welfare workers, engaging fathers early in the case, and developing constructive ways for fathers to be involved. One success story occurred in Fort Bend County, where a child was removed from the care of the mother who had a serious mental health

## COURT TEAMS FOR MALTREATED INFANTS AND TODDLERS

The Court Teams for Maltreated Infants and Toddlers Project, spearheaded by ZERO TO THREE, is led by judges who collaborate with child development specialists to create teams of child welfare and health professionals, child advocates, and community leaders. Together, they provide services to abused and neglected infants and toddlers. Court Teams are being piloted in the following communities:

- Fort Bend County (suburban Houston), Texas;
- Polk County (Des Moines), Iowa;
- Forrest County (Hattiesburg), Mississippi; and
- Orleans Parish (New Orleans), Louisiana.

In 2008, Court Teams will also begin operating in:

- San Francisco, California;
- New Haven, Connecticut;
- Honolulu, Hawaii; and
- Douglas County (Omaha), Nebraska.

The Court Team monitors foster care cases involving infants and toddlers, creating service plans that are specific to the needs of each child and family. By focusing on individual cases, the Court Team assesses how well the local service delivery system is functioning and, where gaps are identified, it works to develop new community services.

problem. Within 60 days of placement into foster care, child welfare workers found the father, despite the fact that he had had no previous contact with the child. Once located, he became an active member of the baby's family, participating in court hearings, medical appointments, and frequent visits with his child.

Some child welfare programs are broadening the definition of *family* to include other adults who already play a role in children's lives and who could serve as additional resources. For example, the Child Welfare Policy and Practice Group in Montgomery, Alabama, identified the Community Partnership Family Team Approach as a new way to involve the community supporting local families. This approach helps families find sources of support in the neighborhood with

the hope of identifying someone who will be available to help the family over time. Parents are asked to identify people in the community to whom they can turn when they need help. These community members become part of the family team and can serve as foster/adoptive parents as well as provide other kinds of assistance to the families during the crisis and over time (Child Welfare Policy and Practice Group, 2001).

### Identifying Family Needs and Strengths

**C**HILDREN AND FAMILIES involved in the child welfare system often have a number of unmet needs for health, educational, and/or social services. Entry into the child welfare system provides an opportunity to thoroughly assess those



The Honorable Michael W. McPhail in a shelter hearing, Hattiesburg, MS.

PHOTO: DENTON PLUMLEE



PHOTO: DAWN BENTLEY

*The Honorable Ernestine S. Gray in a review hearing, Orleans Parish Juvenile Court, New Orleans, LA.*

needs and find appropriate resources to address the problems.

### **Medical Care**

Children entering foster care are legally required to receive a complete medical evaluation. All too often children find themselves in emergency rooms or urgent care clinics for these exams. Identifying and seeing a pediatrician (a “medical home”) for this initial examination will encourage consistent care and provide the parents with a medical advisor with whom they can build a trusting relationship. In Hattiesburg, the developmental pediatrician who sits on the Court Team asks that birth and foster parents attend the child’s medical appointments. This allows him to get a good history about the child while drawing the birth and foster parents together on behalf of the child.

It is equally as important to address the medical needs of the parents, because their physical health can affect their parenting behavior. A single father lost custody of his children because he was physically abusing them. His demeanor with service providers was angry. He lost his job but did nothing to find another position even though that was a requirement of his case plan. Psychosocial evaluations and behavioral interventions were attempted but to no avail. He was heading toward termination of his parental rights until serendipitously it was discovered that he was suffering from diabetes. Once his illness was correctly managed, there was a 180° turn-around in his behavior. He and his children were reunified, and the case was dismissed.

### **Early Intervention**

Research shows that children who are abused or neglected are at an elevated risk of experiencing delays; 42% of them are developmentally delayed, many of them so delayed that pediatricians consider them developmentally impaired (Stahmer et al., 2005). Early and appropriate intervention is critical to ameliorating the impact of early trauma. Through the Child Abuse Prevention and Treatment Act of 2003 and Part C of the Individuals With Disabilities Education Act of 2004, infants and toddlers in substantiated instances of child maltreatment are legally required to receive a screening for developmental delays. So-called “Part C” screening, evaluation, and services offer critical opportunities to support parents in their role in the lives of their children. By encouraging birth and foster parents to participate in Part C activities, the adults gain a better understanding of the challenges the child is facing and what is reasonable for them to expect in the child’s behavior.

In Fort Bend County, all children are now being referred to the Early Childhood Intervention (ECI) program at the time of removal, and many are referred for screening before removal. Most of the children who are eligible for services are identified as having physical, developmental, and language delays. Few are identified with delays in social-emotional development. In part, this is due to limited provider capacity to identify and intervene in these areas. To remedy this limitation, select ECI staff have received extensive training on

infant mental health assessment and interventions.

### **Drugs and Alcohol**

Alcohol and drugs are factors in the vast majority of foster care placements. The likelihood of children returning to their parents’ care is reduced when substance abuse is present. Getting and staying sober are obstacles that many maltreating parents cannot overcome. If there is any chance for successful reunification, substance abuse must be diagnosed at the outset of the case, when parents will be most willing to admit their addiction and take steps to retain their role in their children’s lives. The impact of alcohol and drugs on the family’s functioning should be evaluated in at least three ways:

1. Is the parent currently abusing alcohol and/or drugs? Active addictive behavior means that they cannot provide a safe and stable family for their young children.
2. Was the child exposed to alcohol and/or drugs in utero? Although far more attention is given to the effects of drugs, alcohol has the most negative and permanent effects on a child’s brain. Of note, Part C specifically excludes fetal alcohol spectrum disorder (FASD) from among those diagnoses evaluated and treated.
3. Was the parent exposed to alcohol in utero? An adult with FASD can display a wide range of negative behaviors (e.g., impulsiveness, episodes of rage, attention deficit/hyperactivity disorder) that are not in any way modified as a result of punitive sanctions. Adults who have FASD are at much greater risk of abusing substances, compounding the original biological insult they suffered in utero.

Understanding the role that substance abuse plays in these families requires a thorough diagnosis of both child and parents. In Des Moines, children undergo an assessment at the Regional Child Protection Center (RCPC) at Iowa Methodist Medical Center’s Blank Hospital. The clinicians at RCPC encourage parents to attend whenever possible to permit RCPC to get the most accurate medical information and to empower the parents to take an active role in the child’s recovery and ongoing medical care.

Monitoring parents’ progress in attaining sobriety permits realistic discussion about the likelihood of the child returning to the parents’ care. Substance abuse is a relapsing illness, so the plan for reunification should include specific steps that parents must take if they are concerned about relapsing. For example, In

Fort Bend County, when a mother with a history of methamphetamine abuse was reunited with her children, the grandmother, who had a close relationship with her grandchildren, agreed to provide back-up services. She was legally established as the “possessory” for the children to ensure that, if the mother relapsed, she could step in and take care of the children, avoiding another foster care placement.

### **Mental Health**

Very young children experience the world through their relationships with their closest caregivers. If that relationship is not nurturing, the child’s development is compromised. In New Orleans, the state child protection agency has a contract with the Louisiana State University Health Sciences Center Department of Psychiatry to provide mental health assessments of children 5 years of age and younger after they have been placed in foster care. The Louisiana State University Infant Team assists the courts in determining what mental health services are needed.

The Infant Team obtains pertinent background information and previous evaluations, when available. The Infant Team makes home visits to parents, foster parents, and other caregivers. They observe a series of activities between parents and their young children to evaluate the quality of their interactions. Through this extensive series of activities, the mental health clinicians reach conclusions about the strengths of the parent–child relationship and the areas in which work is needed. In some cases, they will recommend child–parent psychotherapy. Psychologists and supervised residents provide the therapy in a child-friendly playroom. With the parents’ consent, the clinicians report to the child welfare agency and the court on the progress made during the sessions.

### **Strengthening Family Relationships**

**V**IRTUALLY EVERY ASPECT of early human development, from the brain’s evolving circuitry to the child’s capacity for empathy, is affected by a baby’s environment and experiences, beginning early in the prenatal period (National Research Council & Institute of Medicine, 2000). From birth to age 5 years, children rapidly develop foundational capabilities on which subsequent development builds. In addition to remarkable linguistic and cognitive gains, they exhibit dramatic progress in their emotional, social, regulatory, and moral capacities. Because young children experience the world through their closest caregivers, forming an attachment to a primary caregiver is critical to their healthy development.



*The Honorable Constance Cohen receiving a report from an attorney, Polk County Juvenile Court, Des Moines, IA.*

PHOTO: WILL SALES

### **Parent–Child Contact**

Young children in foster care need to see their parents many times each week. These visits permit the parent and child to build their relationship. Research indicates that every visit, in addition to the customary weekly visit, triples the chances that the child will reach a permanent home within a year (Potter & Klein-Rothschild, 2002). In 2006, visits between Hattiesburg parents and their young children occurred once a month. With the advent of the Court Team, visits now routinely take place two to three times a week. In addition, they have implemented therapeutic visitation. The process starts with a psychological/psychiatric assessment that helps establish treatment goals. A trained mental health clinician works with the parent and child on relationship issues and parenting skills during visits in the foster home and in the biological parents’ home. She provides transportation for the child from the foster home to the biological parents’ home and back. She attends all medical appointments with the foster parent and biological parent. She provides a written monthly report to the courts and the child welfare agency that describes the progress made toward achieving treatment goals.

In one case, the whole family received these services. The goal was to place the child with the father and support the development of a positive relationship with the mother. However, the mother and father were not even on speaking terms when the therapeutic visits began. The animosity extended to the grandparents on both sides. The members of this family could not be in the same room together without disagreements spinning out of control. With therapeutic visits,

the parents and grandparents were able to work through their differences and establish a healthy relationship with each other and the child. The father now has custody of the child, and they live with his parents. The child has a relationship with her mother and the maternal side of her family, which is maintained through regular visits. The two families work well together, an outcome that would not have been possible without therapeutic visitation.

### **In-Home Services**

Relationships between parents and children develop primarily in family homes. The ideal place to provide services that will help the parents learn to negotiate their parental responsibilities is their home. In Des Moines, every case that has resulted in a removal is assigned an in-home family service provider. This worker collaborates with the local child welfare agency and other parties involved in the case to provide the best possible interventions for the family. They first conduct a safety assessment and create a plan from these findings. In-home providers take a holistic approach toward helping the child and family follow through with the services necessary to reach the reunification goal. They also supervise visits and offer professional input to the parents, extended family members, foster parents, the child protective worker, and the court. They play a pivotal role in guiding the family towards permanency for the child.

### **Transition Planning**

Young children need stable protective relationships with a few loving caregivers. Far too often this fact is completely overlooked in determining placements for babies and

toddlers. They are regularly moved from home to an emergency placement and then from the emergency placement to another home when it is determined that they cannot go home. Many young children are moved many times within a few months. They experience eating and sleeping difficulties, cry inconsolably, get and stay sick, develop tremors and other central nervous system responses to the instability in their lives, and ultimately become apathetic and are sometimes diagnosed with failure to thrive. Limiting changes in placement is critical for the mental health of these young children. When a change is unavoidable, it should occur over a period of weeks, with the sending and receiving parents collaborating to let the child know that she belongs in both families.

In Hattiesburg, Ruthie (a fictitious name), a 3-day-old baby girl, went directly from the hospital to the foster—and potential adoptive—home of a school teacher. The teacher had the summer off so she was the baby's full-time mother. After a few months, it became evident that the baby's maternal grandparents would become her permanent family. The foster mother invited them to her house for dinner. Together they came up with a plan to create a smooth transition for the baby. When the foster mother went back to work a few days later, she took Ruthie to her grandparents' home to spend the day. She picked her up every evening so that initially Ruthie was still sleeping in the only home she knew. Over the course of the 3-week transition, they began including some overnight stays with the grandparents. Initially, Ruthie slept poorly and cried a lot the night she spent at her grandparents, so they decided to wait a little longer before doing more overnight visits. When the transition period was over, the foster mother asked to continue to spend time with the baby, and 9 months later she was still visiting with her on a weekly basis. "I am honored to continue as a possible resource for the family, whether the need may be baby-sitting or just being a special 'auntie'" (personal communication, March 2008). This foster mother created a life-book for Ruthie.

*Life-books . . . give a child continuity; to provide evidence of his life, during the time he is . . . in a foster home. The idea is that once a child is reunified or finds a permanent home, his life-book goes with him so that he will have a complete record of his childhood. The literature is replete with the power of reminiscent therapies. A life-book offers a tool to help the individual remember and make sense of his past. (personal communication, March 2008)*

Another book for children in foster care is called a *Welcome Book*. It is used to help the child prepare for a new placement (O'Malley, 2007). A simple format—with pictures of the people and pets living in the house, the house itself, and important rooms in the house (e.g., the baby's bedroom)—is combined with very simple text (e.g., "Hello. My name is \_\_\_\_"; "This is our house"). This book helps the child prepare for the move. The current foster parent can spend time with the child reading it and looking at the pictures before and after visits with the new family.

## Ensuring Permanency

FOR THE NEWLY reunited biological, kinship, or adoptive family to succeed and prosper, there need to be community supports to help them succeed, and the family needs to know about those community resources and feel connected to them. In New Orleans, when the court case closes, the judge makes sure that the child welfare agency has a continuing plan for the family and will continue to monitor their progress for several months.

As the "system" steps out of the family's life, how do we make sure that the family

### Learn More

#### Selected publications:

**ENSURING THE HEALTHY DEVELOPMENT OF INFANTS IN FOSTER CARE: A GUIDE FOR JUDGES, ADVOCATES AND CHILD WELFARE PROFESSIONALS**  
S. Dicker & E. Gordon (2004)  
ZERO TO THREE Policy Center/New York Permanent Judicial Commission on Justice for Children

**CHILD WELFARE INFORMATION GATEWAY, CONCURRENT PLANNING: WHAT THE EVIDENCE SHOWS (ISSUE BRIEF)**  
U.S. Department of Health and Human Services (2005)

**INFANTS IN THE CHILD WELFARE SYSTEM: A DEVELOPMENTAL FRAMEWORK FOR POLICY AND PRACTICE**  
B. Jones Harden (2007)  
Washington, DC: ZERO TO THREE

**HEALING THE YOUNGEST CHILDREN: MODEL COURT–COMMUNITY PARTNERSHIPS**  
L. Hudson, E. Klain, M. Smariga, & V. Youcha (2007)  
ZERO TO THREE Policy Center/American Bar Association Center on Children and the Law

**VISITATION WITH INFANTS AND TODDLERS IN FOSTER CARE: WHAT JUDGES AND ATTORNEYS NEED TO KNOW**  
Margaret Smariga (2007)  
ZERO TO THREE Policy Center/American Bar Association Center on Children and the Law

**IMPACT OF KINSHIP CARE ON BEHAVIORAL WELL-BEING FOR CHILDREN IN OUT-OF-HOME CARE**  
D. M. Rubin, K. J. Downes, A. L. R. O'Reilly, R. Mekonnen, X. Luan, & R. Localio (2008) Archives of Pediatrics & Adolescent Medicine, 162(6), 550–556. Published online June 2, 2008, at <http://archpedi.ama-assn.org/cgi/content/full/162/6/550>

#### Electronic media:

**HELPING BABIES FROM THE BENCH: USING THE SCIENCE OF EARLY CHILDHOOD DEVELOPMENT IN COURT**  
2007. Produced by ZERO TO THREE. Request copies from Daria Harlin, ZERO TO THREE Court

Teams, 2000 M Street NW, Suite 200, Washington, DC 20036-3307. Tel.: 202-638-1144. E-mail: [dharlin@zerotothree.org](mailto:dharlin@zerotothree.org). Web site: [www.zerotothree.org/site/PageServer?pagename=ter\\_pub\\_courtteams](http://www.zerotothree.org/site/PageServer?pagename=ter_pub_courtteams)

This DVD was developed to raise awareness of the effect that maltreatment has on developmental outcomes for infants and toddlers. Through examples from the juvenile court of Miami-Dade County, FL, the DVD highlights how judges can intervene on behalf of the child. Optional Spanish and English subtitles included.

#### Web sites:

**ZERO TO THREE COURT TEAMS FOR MALTREATED INFANTS AND TODDLERS PROJECT**  
[www.zerotothree.org/courtteams](http://www.zerotothree.org/courtteams)

The Court Teams for Maltreated Infants and Toddlers Project helps young victims of abuse and neglect who are served by the child welfare system. The Project pairs child development specialists with juvenile and family court judges to ensure that decisions are made and services delivered that best suit the developmental needs of infants and toddlers. The Court Teams' home page offers fact sheets, research summaries, networking opportunities, newsletters, and other resources for judges and other professionals who work with very young children in the judicial system.

**NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES PERMANENCY PLANNING FOR CHILDREN DEPARTMENT**  
[www.ncjfcj.org/content/view/full/82/146/](http://www.ncjfcj.org/content/view/full/82/146/)

The NCJFCJ Permanency Planning for Children Department works with judges to ensure that each child's case is handled expeditiously and that safety, permanency, and well-being are paramount. Through national projects and initiatives, training and technical assistance, and research, the Department works with judges, jurisdictions, and communities nationwide to implement best practices and improve outcomes for the nation's abused and neglected children and their families.

has joined the informal network of supports available through Head Start, the public schools, the pediatrician's office, houses of worship, community centers, and so forth? If the caseworker leaves her card behind, "in case you have any questions or problems," does the family feel that they can call without threatening a new investigation and another round of foster care? Has the child welfare agency done an adequate job of identifying the parents' challenges and making sure that any supports needed to compensate for those challenges are in place? These questions will have unique answers in each community confronting them, but we must recognize that families who have been through the child welfare system don't magically know everything about being a good enough parent when the judge dismisses the case. ♣

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**DAWN BENTLEY, MS**, is the community coordinator for the Orleans Parish Court Team in Louisiana. Previously she worked for Louisiana's Office of Community Services as a child welfare specialist, providing child welfare services to children removed from their home by court order, voluntary surrender, or voluntary placement agreement and their families.

**JOSIE BROWN** is the community coordinator for the Hattiesburg Court Team for Maltreated

Infants and Toddlers in Mississippi. She worked for 28 years as a social worker with the Forrest County Department of Human Services, where she investigated allegations of maltreatment and served as the departmental liaison with service providers and foster families.

**DARIA HARLIN** is the project assistant for the Court Teams for Maltreated Infants and Toddlers Project at ZERO TO THREE. She maintains the Information Sharing Network and posts regular project updates on the Court Teams Web page. Previously she tutored at-risk children at the Massachusetts Society for the Prevention of Cruelty to Children. In addition, she was the student representative for Boston University Academic Conduct Committee and worked for Congressman John T. Salazar of the U.S. House of Representatives.

**JUDY NORRIS**, is the community coordinator for the Polk County Court Team in Iowa. She has more than 18 years of experience in serving youth and families, program development, and program supervision and coordination in private sector, youth-serving organizations.

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