



Mutual Commitment to Supporting Families

Working with Children 0-5 in Child Welfare: Why They Are Important!

AGENDA!

9:00 - 9:20	Intros!
9:20 - 10:15	Understanding Babies and Young Children
10:15 - 10:30	BREAK
10:45 - 12:00	Trauma and Traumatic Stress: Impact on Early Development
12:00 - 1:00	LUNCH (on your own)
1:00 - 2:15	CCR: Cross-Systems Collaboration and Changes in Practice
2:15 - 2:30	BREAK
2:45 - 3:40	Child And Family Team Process (CFT) for Babies and Young Children
3:40 - 4:00	Questions, Summary and Closing

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Learning Objectives:

At the end of this course you will be able to:

1. **Apply** at least three of 10 developmental considerations in a Child and Family Team meeting as facilitator or participant.
2. **Describe** how trauma impacts the developing brain & **list** resulting behaviors seen in young children in the Child Welfare System.
3. **Identify** at least 3 protective factors for infants and young children.
4. **Understand** current and historical federal and state laws and mandates for serving children.
5. **Adapt and guide** the child and family team process to accommodate developmental and traumatic stress considerations.

Who's Here Today?

- What do you bring to today's training?
 - What is your role?
 - How many years of experience do you have working with children and families?
 - Rate on a scale from 1 to 10 where you think you are in terms of understanding infants and young children.



What do you want to take away from today's workshop?

Workshop Agreements

We promote an atmosphere for learning

We treat each others with respect

We take care of ourselves and offer special accommodations

We are present

We actively listen

Our personal experiences stay here

What does our data show us?



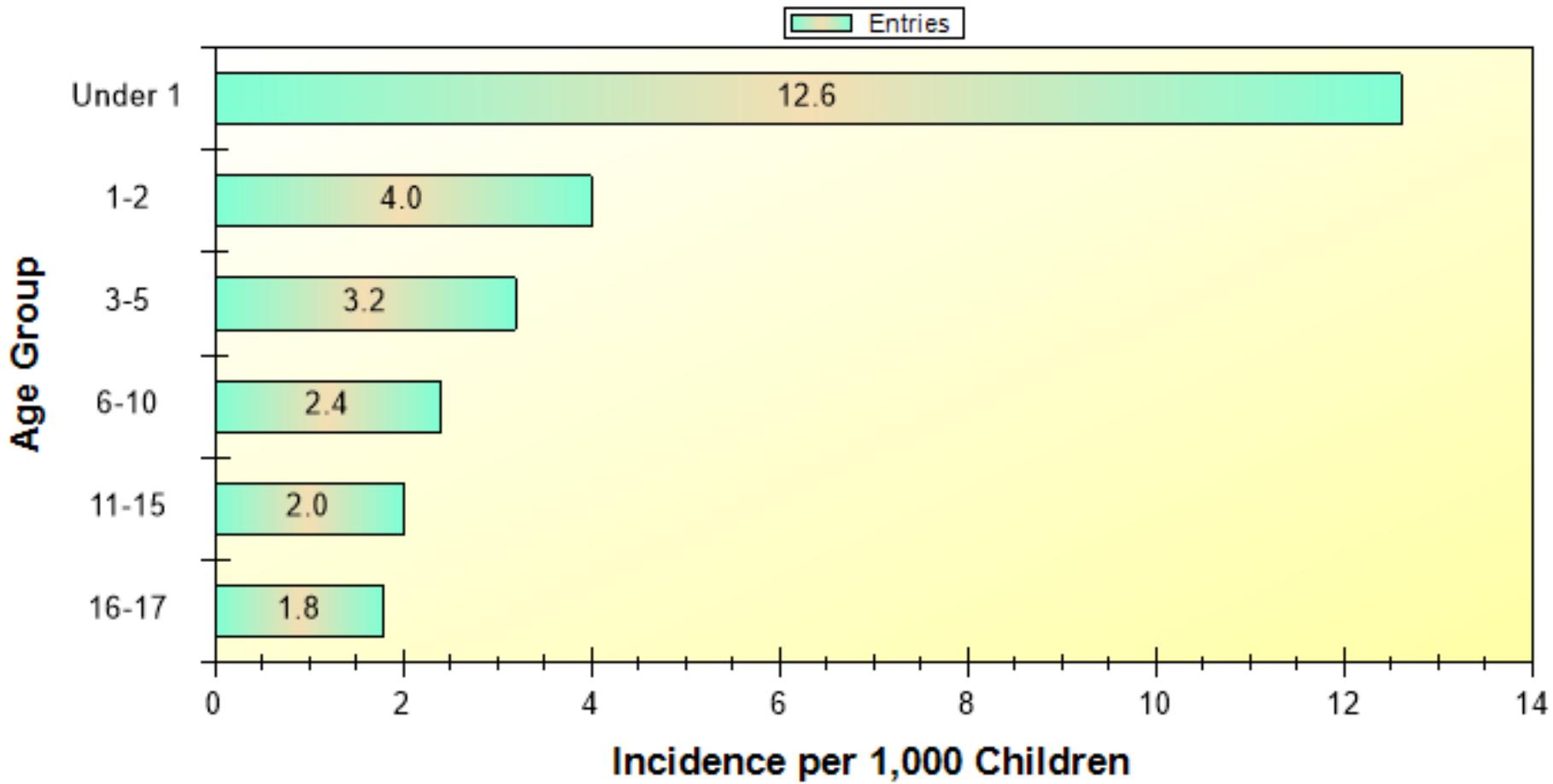
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Children with Entries to Foster Care, Child Population (0-17), and Incidence Rates
Agency Type=Child Welfare
Jan 1, 2017 to Dec 31, 2017
Selected Subset: Episode Count: All Children Entering

California



Based on an unduplicated count of entries during time period.

Data Source: CWS/CMS 2018 Quarter 3 Extract.

Population Data Source:

2017 - CA Dept. of Finance: 2010-2060 - Pop. Projections by Race/Ethnicity, Detailed Age, & Gender.

Program version: 2.00 Database version: 6EC2F24C

California Child Welfare
Indicators Project (CCWP)
University of California at Berkeley

California Child Welfare Indicators Project (CCWIP)
Children in Foster Care in California, October 1, 2018

University of California at Berkeley

Age Group	Placement Type																Total
	Pre-Adopt	Relative/NREFM	Foster	FFA	Court Specified Home	Group	Shelter	Non-FC	Guardian - Dependent	Guardian - Non-Dependent	Runaway	Trial Home Visit	SILP	Transitional Housing	Other		
	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	
Under 1	33	1,607	1,118	1,077	9	2	3	5	2	12.	32.	.	.	21	3,921		
'1-2	617	3,726	1,470	2,098	48	2	5	17	15	112.	80.	.	2	45	8,237		
'3-5	694	4,006	1,282	2,306	52	11	8	13	44	332.	105.	.	1	81	8,935		
'6-10	580	4,900	1,542	3,244	63	268	35	23	226	1,237.	139.	.	.	130	12,387		
'11-15	286	3,583	1,423	2,896	52	1,393	51	104	348	2,074	190	95.	.	1	160	12,656	
16-17	42	1,140	607	1,107	34	1,266	27	102	154	897	415	25	4	67	139	6,026	
18-21	11	413	196	441	33	263	3	83	105	533	77	1	3,092	1,659	415	7,325	
Total	2,263	19,375	7,638	13,169	291	3,205	132	347	894	5,197	682	477	3,096	1,730	991	59,487	

Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Min, S., Randhawa, P., Hammond, I., Sandoval, A., Yee, H., Benton, C., White, J., Lee, H., & Morris, N. (2019). CCWIP reports. Retrieved 3/11/2019, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

Children with one or more Allegations for Oct 1, 2017 to Sep 30, 2018

California

Allegation Type	Age Group						Total
	Under 1	'1-2	'3-5	'6-10	'11-15	16-17	
	n	n	n	n	n	n	
Sexual Abuse	327	1,549	6,032	11,567	17,235	8,809	45,519
Physical Abuse	2,549	5,574	12,833	31,895	31,024	10,218	94,093
Severe Neglect	1,609	1,226	1,369	1,725	1,186	314	7,429
General Neglect	21,985	25,551	37,728	64,918	56,013	19,354	225,549
Exploitation	2	4	10	28	200	247	491
Emotional Abuse	3,019	6,080	9,503	16,364	14,284	4,280	53,530
Caretaker Absence/Incapacity	363	404	628	1,152	1,665	1,181	5,393
At Risk, Sibling Abused	2,395	5,970	9,872	18,680	16,628	5,175	58,720
Substantial Risk	-	-	-	-	-	-	-
Missing	-	-	-	-	-	-	-
Total	32,249	46,358	77,975	146,329	138,235	49,578	490,724

Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Min, S., Randhawa, P., Hammond, I., Sandoval, A., Yee, H., Benton, C., White, J., Lee, H., & Morris, N. (2019). CCWIP reports. Retrieved 3/11/2019, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

California Department of Social Services, Child Welfare Data Analysis Bureau

3-P4 Re-entry to foster care

Children with entries during 12-month period, exits to reunification or guardianship within 12 months: re-entries within 12 months: Selected Subset: Number of Days in Care: 8 days or more

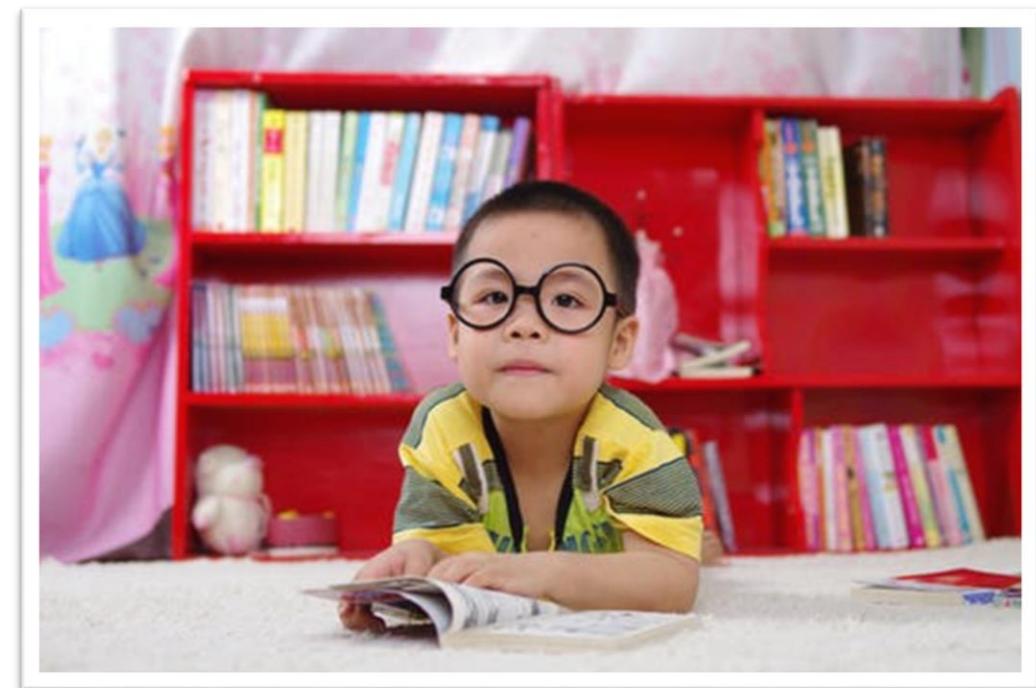
Oct 1, 2015 to Sep 30, 2016

PERCENT	Age Group							All
	<1 mo	1-11 mo	'1-2 yr	'3-5 yr	'6-10 yr	'11-15 yr	16-17 yr	
	%	%	%	%	%	%	%	
Children with re-entries	11.8	12.8	10.4	8.8	7.4	12.4	13.3	10.2
Children with no re-entries	88.2	87.2	89.6	91.2	92.6	87.6	86.7	89.8
Total	100	100	100	100	100	100	100	100

Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Min, S., Randhawa, P., Hammond, I., Sandoval, A., Yee, H., Benton, C., White, J., Lee, H., & Morris, N. (2019). CCWIP reports. Retrieved 3/11/2019, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

What does research tell us?

- ACE Study
- Brain Development and babies
- Long Scan Study



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Child Welfare's Most Vulnerable

- The youngest children are the most vulnerable to maltreatment. In FFY 2016, 51 states reported that more than one-quarter (28.5%) of victims were younger than 3 years.
- A foster child is 4x's more likely to have a disability and/or a serious behavioral or emotional problem than a child living with one or both parents.
- Seventy percent of all child fatalities were younger than 3 years



Impact: Children with Disabilities and the Child Welfare System: Prevalence Data, Larson and Anderson
<http://ici.umn.edu/products/impact/191/over6.html>

*Rates of Part C Eligibility for Young Maltreated Children, Rosenberg and Smith,
<http://www.jfkpartners.org/Content/PDF/171365-Part%20C%20Child%20Welfare%20Final%20Report.pdf>

*Child Maltreatment: 2016
U.S. Department of Health & Human Services Administration for Children and Families Administration on Children, Youth and Families Children's Bureau

Why does this matter?

Three Core concepts of Child Development
(Harvard Center for the Developing Child)

- **Experiences Build Brain Architecture**
- **Serve and Return Interaction Shapes Brain Circuitry**
- **Toxic Stress Derails Healthy Development**

<https://developingchild.harvard.edu/>



Center on the Developing Child
HARVARD UNIVERSITY

Activity!

- In small groups of 2 (or 3 if needed), think about and discuss the following question:
 - What is your birth story? Or...
 - What is a story that your family tells about you as an infant or toddler?
 - How do you think this impacted who you have become?



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Child Development... so many sources of information!

- How do we learn to be parents?
- What family or cultural beliefs do we have about raising children?
- What stories are passed down in families?
- How did that impact who you've become?



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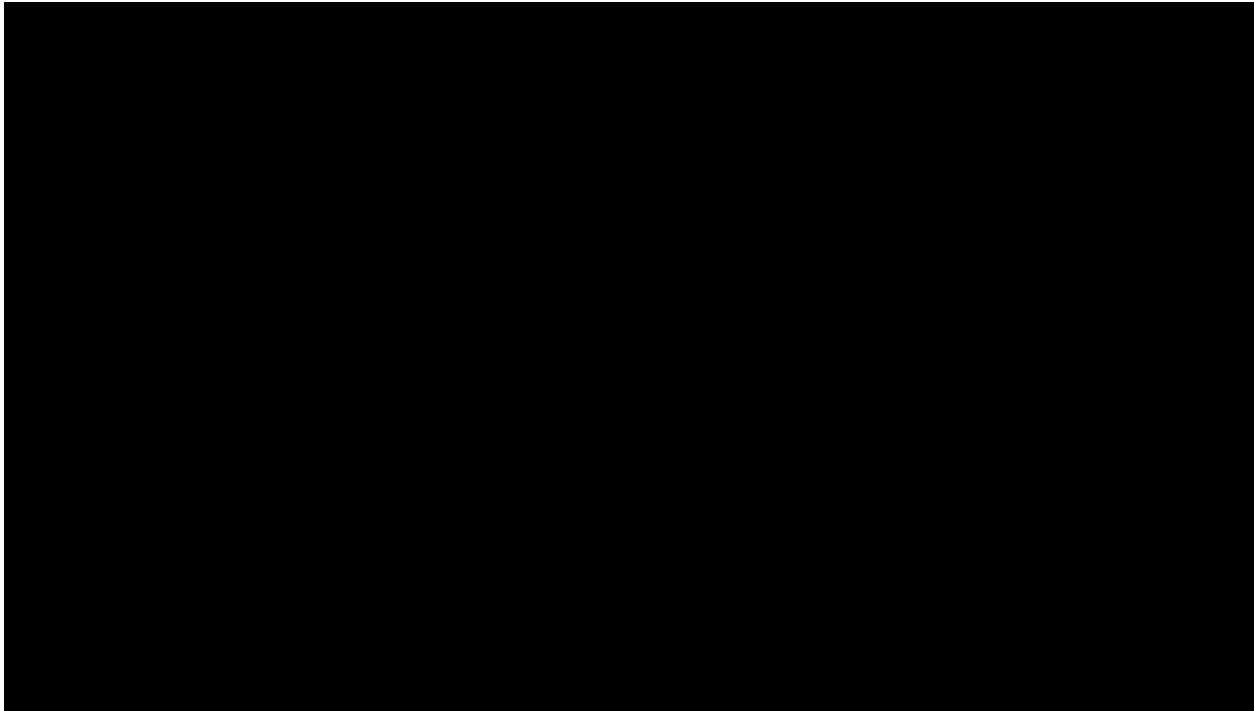
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Child Development: What We Have Learned



- Babies are born with a set of skills and capabilities, ready to communicate with parents and caregivers
- Babies communicate through their behavior
- Babies need the relationship with a parent or caregiver to develop their skills (regulation, attachment, etc.)
- Babies develop best in a stable and nurturing relationship
- Babies recognize the voices of their parents!

Babies know their parents at birth!



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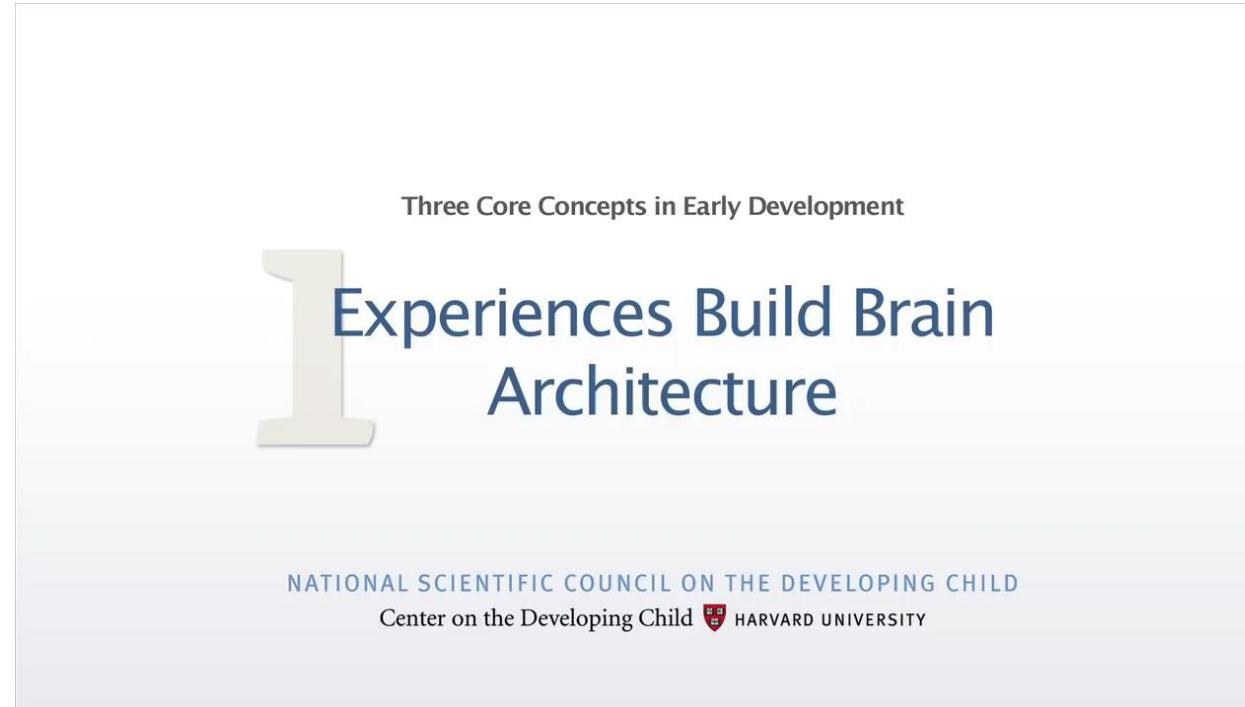


Baby Brains!



- About 100 billion neurons at birth!
- Organizing into neural systems from the bottom up in a sequential manner
- Each new developmental level depends on an earlier developmental level being completed.
- Serve and Return Interactions create connections and organize neural networks.
- “Use it or lose it” process: neurons that fire together, wire together!
- There are sensitive periods where development in a particular neural network is occurring and so stimulation is needed at those times.
- It’s a period of incredible growth, but also a vulnerable period: early trauma interrupts development and organization of important neural systems.

Brain Architecture



Center on the Developing Child at Harvard University
<http://developingchild.harvard.edu>

Brain Development

- **Brainstem:** body temperature, breathing, blood pressure
- **Diencephalon:** appetite and feeling full, sleep, level of arousal, motor control
- **Limbic:** mood, emotional regulation, memory, attachment
- **Cortex:** problem solving, reasoning, abstract thought

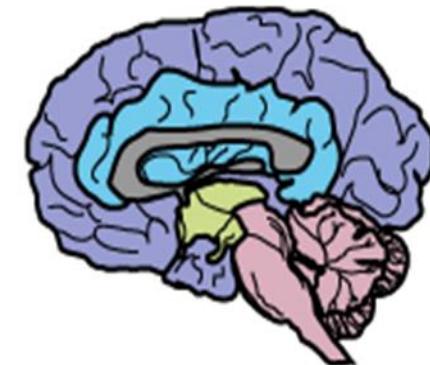
Source: Bruce Perry, MD, Child Trauma Academy
<http://childtrauma.org/>



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The Human Brain



Neocortex

Limbic

Diencephalon

Brainstem

■ Neocortex
■ Limbic
■ Diencephalon
■ Brainstem

B. Perry, MD

Serve and Return Interaction

Center on the Developing Child at Harvard University:

<http://developingchild.harvard.edu>

Three Core Concepts in Early Development

2 Serve & Return Interaction Shapes Brain Circuitry

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD

Center on the Developing Child  HARVARD UNIVERSITY

“Children exposed to consistent, predictable, nurturing and enriched experiences will develop neurobiological capabilities that will increase the child’s chance for health, happiness, productivity and creativity. Conversely, this means that children from neglectful, chaotic, and terrorizing environments will have significant problems in all domains of functioning.”

-Bruce Perry, M.D. (1994, 1995, 1997)

Child Trauma Academy: www.childtrauma.org

Developmental Milestones: 3 key points!



1. Domains of development:
 - Motor (gross and fine)*
 - Sensory*
 - Cognitive (executive functioning)*
 - Communication and language*
 - Social/emotional*
 - Adaptive (problem-solving)*
2. Development more complex as baby matures and builds on prior development
3. Babies have individual timeframes-range of typical development

When to worry...

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A Word about Attachment...

- Babies come equipped to form attachments with parents.
- Babies need a relationship to develop fully and to survive.
- Inconsistent care, neglect, violence, abuse can lead to disrupted attachments.
- Attachment Disordered children are primed not to trust the world or the people in it.
- It may take time and a lot of patience, but they can learn to trust.



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Summary: 10 Developmental Considerations

- Our beliefs about development are influenced by many factors, including family and culture.
- Babies are born ready to communicate: watch behavioral cues.
- Development occurs within relationship.
- Development depends on interaction with the environment and a parent or caregiver.
- Brain development occurs rapidly in the first 1-3 years.
- There are sensitive periods where certain neural networks are forming and lack of the right exposure at these times may affect subsequent behavior and functioning.
- Development is sequential; lower level skills build to higher level skills.
- There are multiple domains of development; developmental progress may differ among domains.
- Babies will develop at their own pace.
- Attachment relationships set the stage for all future relationships.

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Impacts on Brain Development

Three Core Concepts in Early Development



Toxic Stress Derails
Healthy Development

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Common Issues for Children in Child Welfare System

ADHD

Learning Disabilities

Anxiety

Depression

Disruptive Behavior Disorders

Bereavement

Self Harm

Attachment Disorders

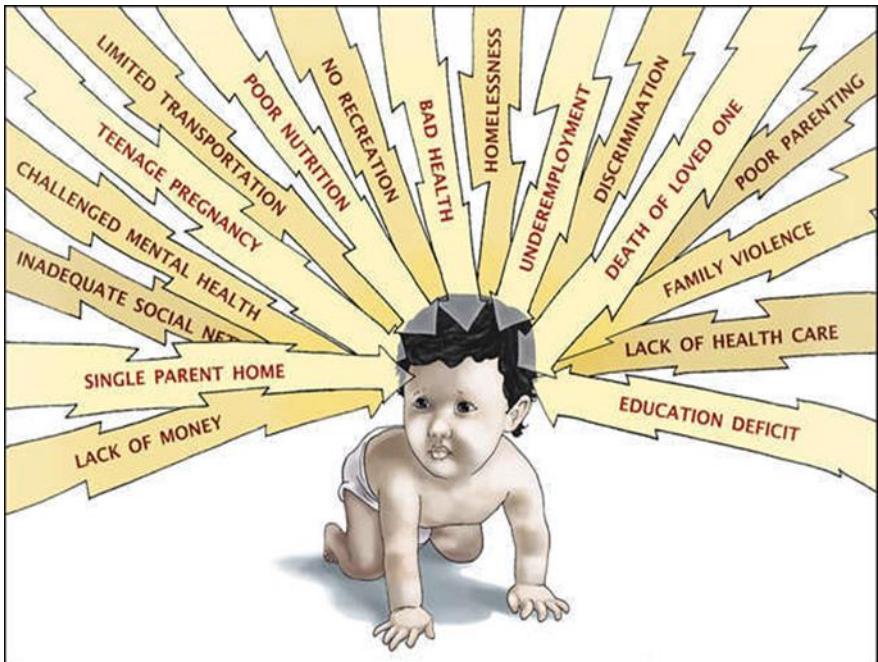
Relationship Difficulties

School Problems/Failure

Juvenile Delinquency



Challenges within Families



- Violence
- Addiction
- Behavioral Health Issues
- Trans-generational Trauma
- Developmental Disabilities
- Incarceration
- Trauma Reaction
- Poverty
- Immigration

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Childhood Trauma Defined

- A traumatic event is a frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity.
- Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic.
- Traumatic experiences can initiate strong emotions and physical reactions that can persist long after the event.
- Children who experience an inability to protect themselves or who lacked protection from others may also feel overwhelmed by the intensity of physical and emotional responses.

National Child Traumatic Stress Network

<https://www.nctsn.org/what-is-child-trauma/about-child-trauma>



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Complex Trauma



Describes both children's ***exposure to multiple traumatic events*** – often of an invasive, interpersonal nature – and ***the wide-ranging, long-term effects of this exposure***.

- These events are severe and pervasive, such as abuse or profound neglect.
- Since these events often occur with a caregiver, they interfere with the child's ability to form a secure attachment.
- Many aspects of a child's healthy physical and mental development rely on a parent as their primary source of safety and stability.

<https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma>

What types of trauma are we talking about?

Acute trauma: one-time event (car accident, natural disaster, school shooting, etc.)

Chronic trauma: ongoing trauma, occurs multiple times over a period of time.

- Physical abuse
- **Domestic violence**
- Emotional abuse
- Sexual abuse
- **General neglect**
- Exposure to unsafe conditions
- Exposure to significant community violence
- **Removal from custody of parent or family**
- Immigration trauma
- Parent substance abuse
- Severe neglect
- **Medical trauma**
- Parent mental health
- Traumatic grief/Sudden death of parent
- Traumatic death of someone close
- Exposure to drugs/toxic substances
- Chronic homelessness
- Sexual exploitation
- School violence/bullying
- **Parent absence/Parent incarceration**



Group Activity!



- At your table, review the 5 vignettes and work as a group to determine the following:
 - Identify the types of trauma in the story.
 - What other aspects in the situation are contributing to the trauma? (e.g. family or social situation, finances).

5 things to know about how kids respond to trauma:

1. Trauma responses will be different for each child
2. Trauma Responses:
 - a) Fight / arousal
 - b) Flight
 - c) Freeze / dissociation
 - d) Flock
3. PTSD in Children
4. Triggers to trauma responses
5. Sensitization and tolerance



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How does this look in babies and young children?

0-2 years:

- Poor verbal skills
- Memory problems
- Scream or cry excessively
- Fussiness/temper
- Aggression
- Startle easily
- Fear separation from caregiver
- Fear adults linked to trauma
- Fearful, sadness, irritability
- Poor sleep/nightmares
- poor appetite/digestion, low weight

3-5 years:

- Difficulties focusing/learning
- Poor skill development
- Developmental regression
- Act out
- Imitate the abuse or trauma
- Aggressive
- Anxious, irritable, sad, fearful
- Fear separation from caregiver
- Unable to trust others
- Believe they are to blame
- Loss of self-confidence
- Stomach aches or headaches
- Poor sleep/nightmares

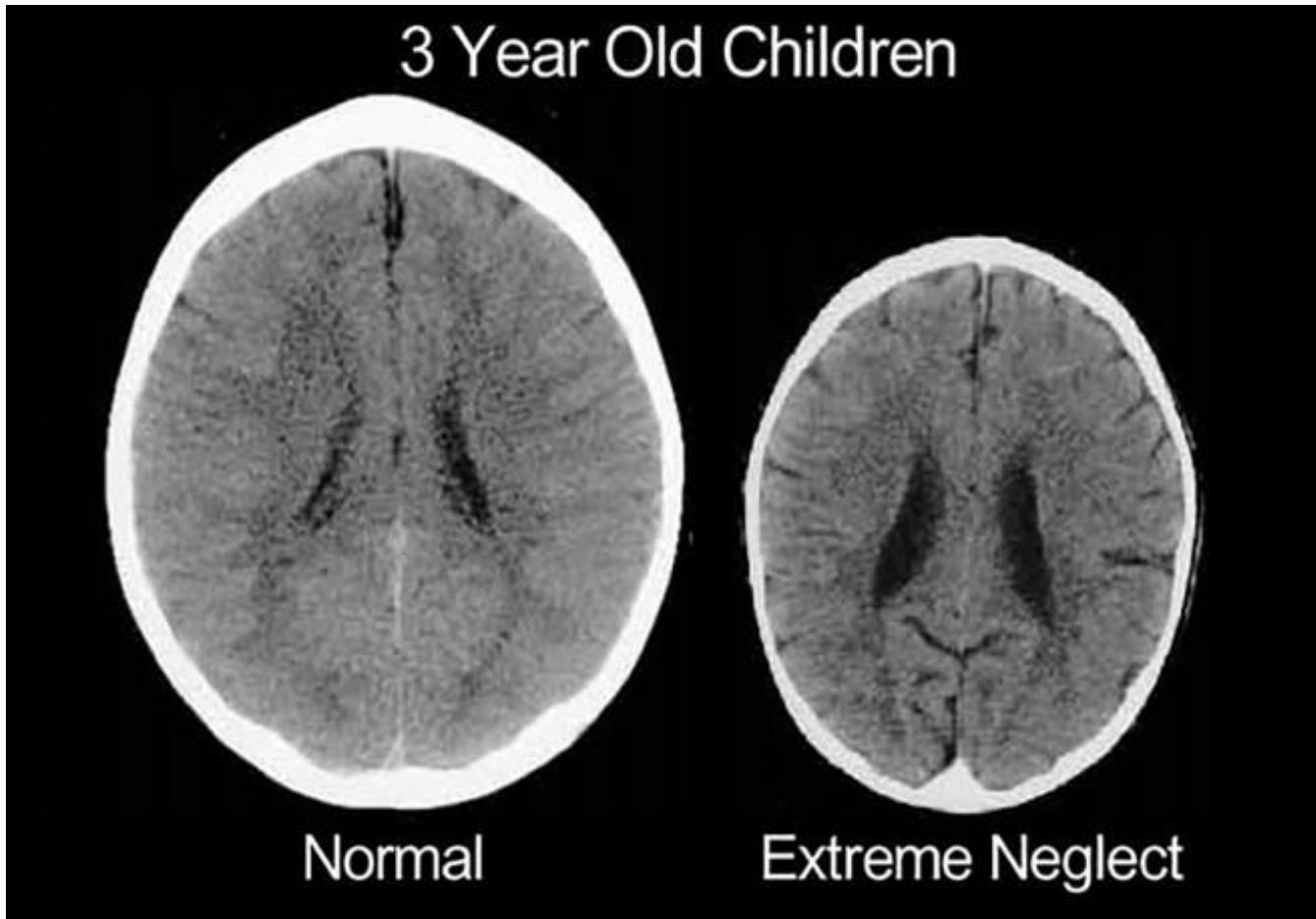
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www.nctsn.org

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The Special Case of Severe Neglect

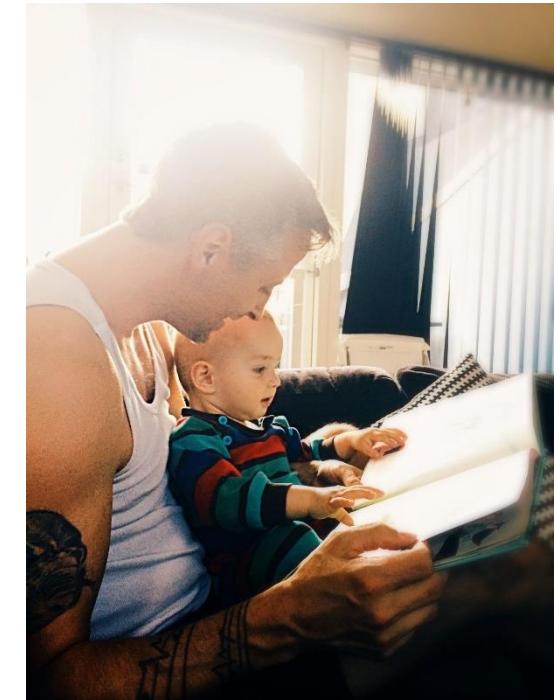


<https://nypost.com/2017/11/02/brain-scans-reveal-how-badly-emotional-abuse-damages-kids/>

Resilience

Key to recovery from trauma:

- Strong relationships with *at least* one caring adult
- Parent/caregiver support and knowledge
- Positive role models
- Having talents and abilities nurtured
- Feeling control over your life
- Feel you belong to a community, group or cause larger than oneself



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Protective Skills & Habits

The Seven Skills Of Resiliency

1. **Spirituality** (Higher values, vision, purpose, & power)
2. **Attitude** (Willingness; first things first; easy does it, do it)
3. **Balance** (Work, social, intimate, recreation: be more & have more than your job)
4. **Nutrition** (Eat right)
5. **Fitness** (Aerobic, stretching, strength)
6. **Relaxation** (Meditation & reflection)
7. **Intimacy** (Lovers, family, friends)



Self Care!



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Intro to Child Welfare: The Basics

- Child Welfare Services (CWS) System: broad array of service systems for vulnerable children and families
 - Resource Family Care (aka Foster Care): a component of the CWS system serving children removed from families
1. Report/Referral of Child Maltreatment (physical abuse, neglect, sexual abuse or exploitation, etc.)
 2. Emergency Response/ Investigation
 3. Family Maintenance or
 4. Reunification Services or
 5. Voluntary Services
 6. Permanency Planning/ Concurrent Planning
 7. Independent Living
 8. Extended Foster Care
 9. Adoption



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CAPTA and IDEA

Child Abuse and Prevention Treatment Act

**Individuals with Disabilities Education
Improvement Act**

- All children under age 3 in all cases we are involved in should be identified if they are at risk
- Focus on the WELL-BEING goals of child welfare
- Work collaboratively with local early childhood systems
- Increased monitoring of substance exposed infants



Katie A. Lawsuit, Pathways to Well-Being & the Core Practice Model

- Increased collaboration and coordination between child-serving systems & CFT meetings.
- Screening of Mental Health needs to assure that children get needed services.
- Development of the Core Practice Model.
- Specific Mental Health Services for children that meet criteria:
 - Intensive Care Coordination
 - Intensive Home-Based Services
 - Therapeutic Foster Care

<http://www.cdss.ca.gov/inforesources/Foster-Care/Pathways-to-Well-Being>



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Continuum of Care Reform 2015

Ultimate Goal: A CHANGE IN PRACTICE!

To ensure children and youth:

- Have physical, mental and emotional needs met,
- Be provided a permanent and supportive home
- Have the opportunity to grow into self-sufficient, successful adults.

To Build a process for an integrated system of care:

- Provide services that are coordinated across systems
- Reduce Group Home care
- Mutual accountability amongst all parts of the system and service providers



<http://www.cdss.ca.gov/Resource-Families/Continuum-of-Care-Reform>

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Other Changes in Practice: Resource Families

- RFA is a new approval process.
- Combines current foster parent licensing, relative, and adoption and guardianship processes.
- Is intended to streamline and eliminate duplication.
- Unifies approval standards for all caregivers.
- Includes a comprehensive psychosocial assessment, home environment check, and training for all families.
- Prepares families to better meet the needs of children



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Changes Continued: Level of Care Rates



- Shift from age-based to needs and resources
- From a resource family perspective
- Minimize moves
- Supports family members as foster parents
- Allows for individualization

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Continuum of Care Reform (AB403) Goals:

- All children live with a committed, permanent and nurturing family.
- Services and supports should be individualized and coordinated, so youth don't change placement just to get services!
- When needed, congregate care is a short-term, high quality, intensive intervention that is just one part of a continuum of care available for children, youth and young adults.
- Authentic Family Engagement drives decision-making and creates Healing Environments - family and youth voice and choice is essential!



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Integrated Core Practice Model Guide

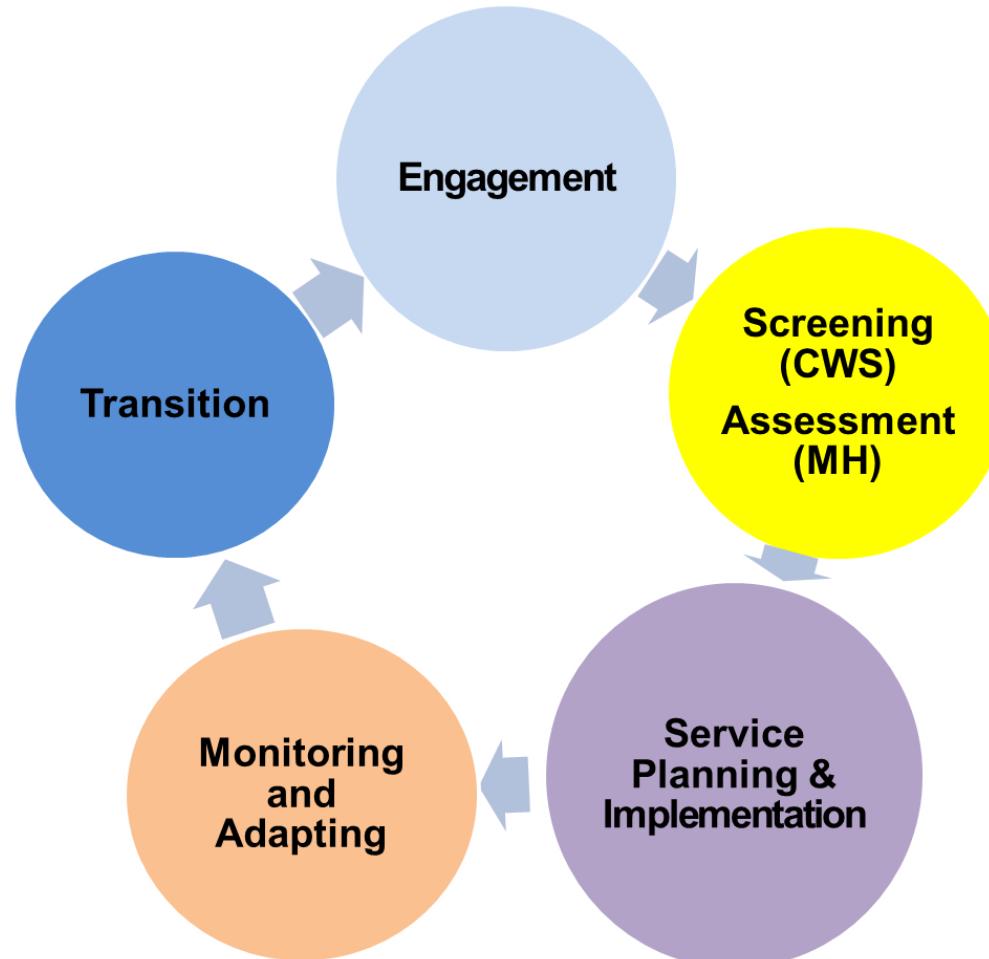


- Theories: Why we do our work
- Values: The thoughts, beliefs and emotions that drive our work
- Principles: The ideas that sustain effective services
- Practices: The how and what of our theories values and principles
- Integrated practice with Child Welfare, Juvenile Probation and Behavioral Health.

All built on TEAMING and ENGAGEMENT!

https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/IN%208-022%20Integrated%20Core%20Practice%20Model%20and%20Integrated%20Training%20Guide/Integrated_Core_Practice_Model.pdf

ICPM Service Delivery Components



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The Child and Family Team Process (CFT)

Team

A group of people coming together who are committed to a common purpose and who hold themselves mutually accountable for the performance of defined goals and tasks.

The CFT is a team of people—

comprised of the youth and family and all of the ancillary individuals who are working with them toward their mental health goals and their successful transition out of the child welfare system.



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Adapted from: <http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf>

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CFT Standards & Values in Action



- Youth & Family-Centered/Driven
- Unique and Individualized
- Comprehensive Shared Planning
- Strength-Based
- Collaboration
- Needs-Driven
- Culturally Reflective, Respectful and Responsive
- Trauma-Informed Care (**TIC**)

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Team Conditions Associated with Successful CFT's

- ❖ Adherence to practice model (structures, techniques, procedures)
- ❖ Team considers multiple alternatives before making decisions
- ❖ Members feel their input is valued
- ❖ Agreements are built despite differing views
- ❖ Team builds appreciation of strengths
- ❖ Planning reflects cultural humility or curiosity

Walker, J.S, Koroloff, N.& Schutte,K (2003).

<file:///N:/hs/Family%20Centered/Colleen%20Paul/Walker%20et%20al%202003.teams%20and%20success.pdf>

Child and Family Teams Participants/Roles

1. Who are some of the people who might be involved in the CFT process for babies and young children?
2. What are the team members' roles?
 - Facilitator (coordinator of the meeting)
 - Youth/Family
 - Child Welfare/Mental Health/Probation
 - Resource Family
 - Natural Family Supports
 - Other professionals / supports
 - Child Care/ Preschool teacher
 - CASA
 - Public Health/home visitors



CFT Meeting Process for babies & young children

- Facilitator/other team members' role to promote understanding of individual child's overall developmental needs = baby's voice!
- Trauma-informed: understanding impact of past trauma and mindful not to create more challenges for this child. (e.g. transition planning)
- Support overall attachment needs of this child and also parent/family involvement as appropriate.
- Aware of who needs to be at the meeting: who knows this child the best?
- Advocate for appropriate screening (developmental, mental health, etc.)
- Understand CWS timeframes and practices for young children and infants.
- What childcare considerations are there? For the child involved and possible siblings? How do we support family involvement?
- Competing interests: parent and resource family; permanency planning; how can we support collaboration?

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Wrap up... How will you use this practice?

- Questions?
- How will this change your practice?
- Handouts
- Resources for more information
- Evaluation/feedback



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