Supporting Resiliency in Vulnerable Young Children in Massachusetts

Report of System Change Recommendations
by the SCSC Think Tank

March 31, 2014

Partnership for Resilient Infants + Toddlers

Secure Creative Safe Confident Strong Competent
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![Secure Creative Safe Strong Competent](collaborative.org/early-childhood/scsc)
System Change Recommendations

Introduction

These recommendations were produced by a multi-disciplinary Think Tank formed in 2013 through a federal grant awarded to the Collaborative for Educational Services (CES) in Northampton, Massachusetts from the Children's Bureau of the Administration of Children and Families. The comprehensive goal of the System Change for Successful Children (SCSC) project was to improve child well-being and social-emotional outcomes for high needs children ages birth to five at risk or involved with the Massachusetts Department of Children and Families (DCF-child welfare) in Franklin and Hampshire counties and in Athol, MA. SCSC provided training and consultation on early childhood development and trauma-informed practice and hosted opportunities for collaboration between local early childhood educators and service providers and DCF staff.

The 32 members of the Think Tank (listed in Appendix E) included representation from SCSC’s primary partners: DCF, CES, the Parent-Child Development Center of Community Action, the Greenfield Girls Club, and Little Tot Daycare as well as foster parents and representatives from mental health and social service agencies, early intervention, the MA Department of Early Education and Care, the courts, public schools, and higher education. The Think Tank worked on these recommendations between January 2013 and March 2014.

The context for this project is strengths-based and acknowledges that both the early childhood and DCF systems are significantly under-resourced. All SCSC partners care deeply about young children and their families and are doing the best work they can, given the availability of resources and well-functioning systems to support their work. The challenges that surfaced in Think Tank discussions are not caused by poor staff performance or lack of dedication to best practice, but are the products of overburdened systems and resource limitations that can impede the effectiveness of early childhood and DCF professionals.
The number of children birth to five in need of child welfare services is surprisingly high, representing close to 40% of the active DCF caseload in the Greenfield Area Office. There is little specialized training about how their needs differ from those of non-traumatized peers and older children, and trauma-informed early childhood support and education services are very scarce. Our understanding of the disproportionate negative impact of multiple placements on infants and toddlers has not yet enabled us to prevent this experience for too many of our youngest children in out-of-home care. Sustaining a focus on secure attachments, brain development and other foundations of long term child well-being can seem nearly impossible in the face of recurrent crises and immediate safety needs.

The recommendations that follow address challenges identified by the SCSC Think Tank in both the early childhood and DCF systems.

These challenges include:

- training and ongoing mentoring/consultation needs in both systems to support improved practice that is both developmentally and trauma-informed
- lack of understanding of the DCF system by early educators and of the early education system by DCF staff, which contributes to limited collaboration between the two systems
- barriers to effective communication and collaboration related to scarce resources, high caseloads, and systems/policies that do not effectively support teamwork and collaboration
- an under-resourced foster care system and systemic barriers to expedited permanency planning that result in multiple out-of-home placements for children birth to five
- lack of access to, and continuity in, high quality early education programs for high needs and DCF-involved children for a variety of reasons including rural transportation challenges, insufficient and inflexible funding, loss of early education when the DCF case closes, and lack of information about programs, services, eligibility, and referral protocols
- data systems that are inadequate to support best practice

We at CES are very grateful for the spirit of cross-disciplinary collaboration that has characterized this project and for the time and expertise so generously contributed by SCSC Think Tank members. It is our hope that these recommendations will be a catalyst for increased allocation of resources and systemic changes that will support collaborative work between the early childhood and child welfare systems and result in stronger social-emotional foundations for vulnerable children ages birth to five that will enable them to overcome early adversity and become healthy and productive adults.
System Change Recommendations

Improving Outcomes for Children 0-5
Served by Early Education and Child Welfare Programs in Massachusetts

I. Improve Knowledge and Skills

Recommendation for all training:

To maximize practice improvements, implement a training model that includes follow-up through a mentoring/consultation component.

1. Training recommendations for DCF staff, foster parents and kinship caregivers:
   (See Appendix A for training resources)

   a. Training in early childhood development, including physical, cognitive and social-emotional development, is provided to all DCF social workers and supervisory staff. In addition to typical development, this training includes the immediate and long term impact of trauma and toxic stress on development and attachment. To supplement the pre-service training, continued in-service training about early childhood is provided that includes a mentoring/consultation component, and participation is encouraged through incentives, if not mandated.

   b. Foster parents and kinship caregivers who care for children birth to five receive specialized training and support, e.g., through mentoring and/or consultation, to help them provide trauma-informed and developmentally appropriate care for very young children.

   c. DCF clinical staff, foster parents and kinship caregivers have access to Infant and Early Childhood Mental Health (IECMH) consultation and are encouraged to use it for infants and toddlers as well as preschool-aged children.
I. Improve Knowledge and Skills (continued)

2. Training recommendations for early educators serving the DCF population:
   (See Appendix A for training resources)
   
a. Early educators receive training on the immediate and long-term impact of trauma and toxic stress on development and attachment.

b. Early educators receive training and ongoing mentoring/consultation on working with high-need families and children that enables them to recognize and enhance protective factors for children and families.

c. Early educators receive training on child abuse reporting laws and procedures that includes an explanation of the DCF system and supports effective collaboration with DCF.

d. Early educators have access to Infant and Early Childhood Mental Health (IECMH) consultation and are encouraged to use it for infants and toddlers as well as preschool-aged children.

II. Improve Cross-Disciplinary Collaboration and Teamwork

More detailed recommendations about collaboration are included in the SCSC Toolkits for DCF staff and early educators serving the DCF population.

DCF and early education programs serving the DCF population will:

1. Work toward establishing a common language and shared values, including strengths-based, family-centered services and the value of collaboration. Both systems encourage and support their staff to work collaboratively on laying the foundation for long term child/family well-being while addressing safety issues in the family.

2. Develop written agreements to formalize mutual expectations for collaboration. These agreements clarify roles, establish guidelines for routine and crisis communication and joint home visits, and include requirements for information sharing and releases of information.

3. Include the expectation of collaboration between early educators and DCF in job descriptions in both systems; ensure that collaboration is addressed in supervision and that caseload size allows sufficient time for effective collaboration.
II. Improve Cross-Disciplinary Collaboration and Teamwork (continued)

4. Provide cross-disciplinary training and networking opportunities for DCF staff, early educators and staff in other early childhood programs serving the DCF population.

5. Routinely include one another in team meetings and case conferences. When attendance is not possible, the DCF social worker or EC staff member calling the meeting is expected to make an effort to obtain a verbal or written report prior to the case conference that addresses child and family well-being and child development, in addition to safety.

6. Work together and with other service providers to ensure that children and families receive the services they need for safety and long term child/family well-being. There is interdisciplinary communication about where and how to make referrals, coordinating transition planning, what supports the family needs to overcome barriers and engage in services and who should provide them, and the process for following up on referrals and ensuring ongoing communication and coordination between all service providers.

7. Work together and with other service providers to identify local accessibility challenges and service gaps that impact safety or long term child/family well-being for families with young children and advocate with policy makers in the appropriate system(s) for policy changes and/or additional services or resources.

8. Maintain data systems and implement data-sharing protocols to provide age specific individualized and aggregate data that support service coordination, decision-making, planning and policy for children birth to five in the DCF system. Data systems collect data on young children’s developmental needs, progress and service referrals and document accessibility of placement and participation in early learning programs. (See Appendix B for detailed data recommendations.)

III. Enhanced DCF Systems and Policies

1. DCF caseloads support best practice by allowing time for in-service training, collaboration and increased focus on long term child/family well-being in addition to safety. DCF reduces caseloads to levels consistent with national standards and best practice in other states that have succeeded at reducing child welfare caseloads. See V.5 below for more details about this recommendation.

2. Resources and policies are in place to ensure the provision of initial and ongoing training and professional development that enhances early childhood trauma-informed competency at all levels of the DCF system.

3. DCF has policies about serving young children that are consistent with the recommendations in

a. As recommended, DCF ensures that stable placements and continuity of relationships for young children are promoted through the use of differential response, concurrent planning, planned transitions, and use of foster-adopt families, with the goal of expedited permanency planning in which children birth to five remain in their first out-of-home placement throughout their tenure in foster care.

b. When children are in out-of-home placements, frequent contact (“as close to daily as possible for infants and toddlers”) should be provided between the child, parents and siblings, preferably in a “home-like setting.”

4. Whenever possible, flexibility is built into systems and services to enable them to adapt to individual needs and circumstances and to respond to gaps in service availability. This is especially critical when additional services are urgently needed to maintain children in their home or in their out-of-home placement.

5. DCF service plans for families with children from birth to five routinely describe each child’s physical, cognitive and social-emotional development and well-being and identify individual strengths and needs.

6. The DCF case record includes and tracks referrals to early learning programs and services to address identified needs and documents children’s progress in early learning programs.

7. Improve social worker access to critical information about children’s development and needs through enhancements to the electronic case management system as specified in Appendix B and reorganization of the binder/file management system so that information needed to assess child well-being can be easily found in a section on children’s assessments and development.

8. Reports to the courts from DCF routinely address the fit between each child’s needs and parent capacity to meet those needs. They also specify that social workers include information about physical, cognitive and social-emotional development and well-being when describing each child’s “current functioning.” Copies of reports from early education and care, mental health, early intervention, home visiting and other service providers should be attached to court reports to document each child’s needs and current functioning.

9. DCF has written policy parallel to EEC’s Supportive Child Care Subsidy Policy Statement #P-EEC-
Supportive-16 that defines the social worker’s role and responsibilities when supportive child care is provided to a child on his/her caseload. There is supervisory accountability to ensure compliance with this policy.

10. DCF has a comprehensive data system that collects both individual and aggregate data on early education needs and usage and provides age specific data that support policy and decision-making for children birth to five. The early childhood data are incorporated into systemic evaluation and planning efforts. (See Appendix B for detailed data recommendations.)

IV. Enhanced Early Education Systems and Policies

1. A statewide system is funded and in place to prioritize children on the DCF caseload for placement in high quality early education and care programs and to continue their education in the same setting after the DCF case has closed, ideally until kindergarten entry.

2. Children with identified disabilities are funded year-round for a full day of early education, whether through public school, an early education and care setting, or a combination of both.

3. Resources and policies are in place to ensure the provision of initial and ongoing professional development that result in trauma-informed competency for educators in early learning programs that serve the DCF population.

4. Supportive Child Care Subsidy Policy Statement # P-EEC-Supportive-16 is reviewed by key stakeholders in both the EEC and DCF systems and is updated and coordinated with DCF policy to ensure that guidelines for practice and collaboration are realistic and serve the best interests of children and families. In addition to enhancing safety and facilitating parental employment, the policy should address the child’s need for continued high quality early education to improve the likelihood of school success and long term well-being.

V. Next Steps: Action Planning for System Change

1. DCF facilitates a statewide assessment involving diverse stakeholders, including early educators, based on Zero to Three’s “A Developmental Approach to Child Welfare Services for Infants, Toddlers, and Their Families: A Self-Assessment Tool for States and Counties Administering Child Welfare Services” (May 2012), leading to an action plan for improving outcomes for children birth to five and their families. See Appendix C.
2. EEC conducts an assessment of training provided to early educators working in programs with DCF supportive slots and creates a system to ensure that they receive trauma-informed and child welfare system training that includes a mentoring/consultation component, as specified in Section I-2 above. Ongoing evaluation is built into the system that measures the percentage of staff trained and its effectiveness at changing knowledge, skills and outcomes.

3. DCF sets a goal to increase early childhood expertise in each region and area office and makes a plan to achieve this goal. Possible strategies to be considered might include 1) creating a position for an Infant and Early Childhood Mental Health Specialist in each regional office; 2) establishing a unit in each area office that specializes in early childhood; 3) ensuring that each unit that serves families with young children includes a social worker who has completed an early childhood/child welfare trauma-informed training program that provides specialized knowledge about children birth to five and prepares her/him to act as an early childhood resource for colleagues; 4) creating a position for an Early Childhood Resource Specialist in each area office who would coordinate the provision of supportive slots and also maintain an updated resource data base of local early childhood programs and services and train and assist DCF staff and families to access them.

4. DCF and EEC work together to review and update the Supportive Child Care Subsidy Policy Statement # P-EEC-Supportive-16 as specified in IV-4 above.
   a. DCF and EEC establish accountability measures for both agencies that result in effective services and collaboration in the supportive child care system. For example, a statewide system of accountability is established at both DCF and EEC to ensure that required meetings are held on schedule and that quarterly reports by early educators are submitted on time, provide all required information, and are included in the case record at DCF.

5. A first step in reducing DCF caseloads to support best practice, professional development and collaboration is to prioritize full implementation of the March 25, 2013 Memorandum of Understanding (MOU) with SEIU Local 509, the union that represents DCF social workers and supervisors. The MOU is consistent with national caseload standards and limits caseloads to 15 families maximum, with a case weighting system that adjusts for more labor-intensive cases. If caseloads are still too high after implementation of the MOU, DCF should consider transitioning to a system that calculates caseloads based on the number of children served, as opposed to the number of families served.

6. DCF evaluates its existing pre-service training for social workers and the MAPP training for foster
parents and kinship caregivers and augments these as needed with (1) trauma-informed training on birth to age five child development and (2) training on assessing and addressing young children’s developmental, educational and social-emotional needs. Ongoing evaluation measures the number and percentage of social workers, foster parents and kin caregivers trained and the training’s effectiveness at improving knowledge and skills. Evaluation data are used to make improvements over time.

7. DCF develops and implements a plan to provide ongoing staff training in early childhood development and trauma-informed practice with young children and their families. This training includes a mentoring/consultation component. Ongoing evaluation measures the percentage of staff trained and the training’s effectiveness at improving knowledge, skills and outcomes. Evaluation data are used to make improvements over time.

8. DCF develops and implements a plan that addresses the need for ongoing trauma-informed early childhood training and support, e.g., through mentoring and/or consultation, for foster parents and kinship caregivers. The effectiveness of the training and support is evaluated. Evaluation data are used to make improvements over time.

9. DCF creates a system to ensure that all clinical staff at DCF area offices have detailed information that is updated at least annually about local programs and services that contribute to the long term well-being of children birth to five and their families, including at a minimum early education and care, early intervention, home visiting, and early childhood mental health programs and services.

   a. A possible strategy to consider is to expand the position of Area Child Care Coordinator to include creating and updating a local early childhood resource list and training and supporting DCF staff to increase utilization of available programs and services.

10. DCF and EEC implement data design and improvement recommendations for both the early childhood and DCF systems as summarized in II.8, III.7 and III.10 above and detailed in Appendix B.

11. DCF and EEC develop and implement a plan for statewide dissemination of the toolkits and training resources created by the SCSC project.
Appendix A: Resources

SCSC Early Childhood Train-the-Trainer Series:
Promoting Infant and Toddler Resiliency through Trauma-Informed Practice

For Early Childhood Educators

This 2013 train-the-trainer series for early childhood educators includes video of four 2-hour sessions (edited videos are shorter), each structured around an interactive PowerPoint presentation. Large and small group discussions, vignettes and case sharing, video clips and handouts supplement the PowerPoint for each session. The series was designed to be used by administrators or supervisors to train staff, but is also appropriate for self-guided learning.

A parallel series is available for child welfare professionals, as is an additional cross-training session that provides a structure to bring early childhood and child welfare staff together to build relationships and increase mutual understanding, with a goal of improved collaboration between the child welfare and early childhood systems.

Session Titles:
1. What is Infant and Early Childhood Mental Health?
2. Brain Development and the Impact of Trauma
3. Attachment and the Impact of Trauma
4. Infant and Early Childhood Mental Health Best Practices: Effective Collaboration and Supporting Resiliency

Training Content:
• Promotes understanding of infant and toddler mental health and access to resources to train early childhood educators in trauma-informed practice that supports the social-emotional development of infants and toddlers
• Explains typical social-emotional development of infants and toddlers and how to recognize common areas of concern
• Provides an overview of early brain development and the effects of trauma and toxic stress on the developing brain
• Teaches participants how to recognize healthy attachment and understand the impact of attachment disorders
• Offers strategies for identification and support of effective interventions by early educators that can minimize the adverse effects of trauma and toxic stress and promote resiliency in infants, toddlers and their families

Components of each session:
• The PowerPoint Presentation
• Video
• Trainer’s Guide
• Bibliography
• Handouts

SCSC Train-the-Trainer resources may be found at: collaborative.org/early-childhood/scsc
SCSC Early Childhood Train-the-Trainer Series:
Promoting Resiliency in Families with Infants, Toddlers and Preschool-aged Children through Trauma-Informed Child Welfare Practice

This 2013 train-the-trainer series for child welfare professionals includes video of four 2-hour sessions (edited videos are shorter), each structured around an interactive PowerPoint presentation. Large and small group discussions, vignettes and case sharing, video clips and handouts supplement the PowerPoint for each session. The series was designed to be used by administrators or supervisors to train caseworkers and other staff, but is also appropriate for self-guided learning.

A parallel series is available for early educators, as is an additional cross-training session that provides a structure to bring early childhood and child welfare staff together to build relationships and increase mutual understanding, with a goal of improved collaboration between the child welfare and early childhood systems.

Session Titles:
1. What is Infant and Early Childhood Mental Health?
2. Brain Development and the Impact of Trauma
3. Attachment and the Impact of Trauma
4. Infant and Early Childhood Mental Health Best Practices: Effective Collaboration and Supporting Resiliency

Training Content:
- Enables participants to train staff and colleagues in trauma-informed practice that supports the social-emotional development of infants, toddlers, and preschool-aged children
- Provides an in-depth look at infant and early childhood mental health
- Explores typical early social-emotional development and identifies common areas of concern
- Describes healthy attachment to caregivers and the effects of attachment disorders
- Promotes understanding of early brain development and the effects of trauma and toxic stress on the developing brain
- Explains the impact of trauma and toxic stress on very young children and offers effective strategies and interventions to minimize adverse effects and promote resiliency
- Provides best practice strategies for working with very young children and their families in a child welfare setting

Components of each session:
- The PowerPoint Presentation
- Video
- Trainer’s Guide
- Bibliography
- Handouts

SCSC Train-the-Trainer resources may be found at: collaborative.org/early-childhood/scsc
SCSC Train-the-Trainer Series

**SCSC Partnership Kickoff Luncheon**
February 25, 2013 - 11:30am to 1:00pm
Greenfield Center DFC Office
97 Hawley Street, Greenfield, MA

**SCSC Partnership Networking Breakfast**
June 11, 2013 - 9:00am to 11:00am
97 Hawley Street, Greenfield, MA

**SCSC Partnership Networking Breakfast**
March 11, 2013 - 7:30am to 9:30am
Large Conference Room, Greenfield, MA

PDFs of these materials are available at:
collaborative.org/early-childhood/scsc

Examples of information and registration flyers for SCSC Train-the-Trainer courses:
SCSC Cross-Training Session to Improve Collaboration between Early Educators and Child Welfare Staff

Provided are a PowerPoint presentation and Training Guide designed to be used with a multi-disciplinary group of early educators and child welfare professionals, ideally with equal representation from each discipline. This two-hour cross-training session was the final session in two SCSC Train-the-Trainer series offered separately to each discipline in 2013. The session is built around case vignettes of infants, toddlers and preschool-aged children involved with both the early education and child welfare systems. Through small-group exercises, early educators and child welfare professionals are encouraged to share their roles and perspectives and explore together the possibilities and benefits of improved collaboration.

SCSC Early Childhood/Child Welfare Toolkit for Early Educators
(in development – expected to be available in the summer of 2104)

This toolkit for early educators will be a best practices guide to effective collaboration with DCF, the child welfare agency in Massachusetts.

(in development – expected to be available in the summer of 2104)

This toolkit for DCF staff will be a best practices guide for child welfare casework with children birth to five in Massachusetts, with additional emphasis on effective collaboration with early education/child development programs and services.

Assessment Resources

Ages and Stages Questionnaires (ASQ)
The ASQ Third Edition (ASQ-3) and ASQ-Social Emotional (ASQ:SE) are developmental screening tools appropriate for screening children from 1 month to 5 ½ years of age. The tools are based on research and are both reliable and valid. The ASQ-3 uses drawings and simple directions to help parents elicit and indicate children’s language, personal-social, motor, and cognition skills. The ASQ:SE helps screen for emotional and behavioral problems. Both tools are available in English and Spanish. (from Zero to Three, referenced in Appendix D)

agesandstages.com

Additional assessment and screening resources for parents and professionals can be found at the Brazelton Touchpoints Center and Watch Me Thrive websites:

www.brazeltontouchpoints.org
www.acf.hhs.gov/programs/ecd/watch-me-thrive
Resource Websites

These are just a few of the many websites that contain valuable resources for parents and professionals who care for and provide services to vulnerable young children and their families:

www.brazeltontouchpoints.org
Brazelton Touchpoints Center is dedicated to supporting optimal child development for all children. Resources for parents and professionals available.

csefel.vanderbilt.edu
The Center for Social and Emotional Foundations of Early Learning (CSEFEL) promotes the social-emotional development and school readiness of young children birth to age 5. Free resources in Spanish and English for families and training modules for early educators and trainers/coaches are available.

circleofsecurity.net
Circle of Security International is a relationship based early intervention program designed to enhance attachment security between parents and children. Free handouts designed to enhance parenting education are available.

developingchild.harvard.edu
The Center for the Developing Child at Harvard University provides materials accessible to the lay reader about the science of early childhood, including brain development, trauma and toxic stress.

www.mass.gov/eohhs/gov/departments/dcf
The Massachusetts Department of Children and Families is the state child welfare agency. Information is available about child abuse and neglect reporting, statistics, and family services.

www.acf.hhs.gov/programs/ohs
Office of Head Start provides fact sheets and research about early learning, parent engagement and related topics.

healthrecovery.org
Institute for Health and Recovery specializes in resources for youth, parents, and professionals on topics related to substance abuse, violence/trauma, mental health, and HIV/AIDS. Materials are available at low cost on the website.

naeyc.org
National Association for the Education of Young Children is a member organization that advocates on behalf of young children and sells publications and resources for early childhood professionals.

nctsn.org/
National Child Traumatic Stress Network is committed to improving access to and quality of services for traumatized children. Free resources for parents and professionals are available.

www.acf.hhs.gov/programs/ecd/watch-me-thrive
Watch me Thrive is a new child development resource for families and early educators that provides free resources to help parents and educators with developmental screening and supporting optimal early development.

zerotothree.org
Zero to Three is a national, nonprofit organization that provides parents, professionals and policymakers the knowledge and know-how to nurture early development. A wide array of free resources can be accessed through the website.

The Massachusetts Department of Early Education and Care provides information about accessing the mixed delivery early care and education system in MA, and also offers parenting resources for parents of young children.
Appendix B: SCSC Data Recommendations

I. Data collection and management

A. DCF—electronic case files should include information on:
   1. Early Care and Education (ECE) referrals and use:
      a) ECE referrals (date and refs made)
      b) ECE enrollment (date enrolled, terminated) for all programs attended (including programs and
         family child care funded by supportive and voucher slots, Head Start, Early Head Start, other “day
         care,” public school, or community-based ECE programs, etc.)
      c) Use of EEC-funded DCF supportive slots (date started and ended)
      d) Waitlist (date started and ended) for EEC-funded DCF supportive slots
   2. Referrals to other support services for the child and/or family
      a) MH services, including Infant and early childhood mental health
      b) EI
      c) Home visiting
      d) other
   3. Staff training (type, frequency, # trained) on IECMH, trauma, development

B. EEC
   1. Availability and use of DCF supportive slots
   2. IECMH service availability and use
   3. Trainings offered and # trained on IECMH, Trauma-informed care, working with children served by DCF

C. ECE Providers
   1. EEC-funded DCF supportive slot
      a) Child’s ECE status at termination of supportive-slot (e.g., continuation in program under another
         funding source, transition to a different licensed program, transition to informal care, no longer
         enrolled in ECE, unknown, etc.)
   2. Family involvement with DCF (whether or not in a DCF supportive slot)
   3. Start and end dates in program
   4. Primary reason for leaving program
   5. Developmental assessment findings and progress reports
   6. Staff training (type, frequency) on IECMH, trauma, development
D. Courts

1. DCF and the juvenile courts should create a system that ensures that courts are provided with information to help them assess the fit between the child’s needs and parental capacity to meet those needs. This would include, at a minimum:
   a) assessment findings and progress reports addressing child development and needs
   b) child’s participation and progress in ECE programs
   c) family participation in supportive services
   d) child’s placement history

II. Data Sharing

In order to improve the quality of services provided to children and families and support a wrap-around approach, ECE providers, DCF, and other service providers should develop data-sharing agreements to better foster the sharing of critical information on children’s development and needs.

A. Data points to share might include:
   1. ECE placement
   2. Child developmental assessment findings
   3. Primary safety and developmental concerns
   4. Agencies/services the family is accessing for supports
      a) Names and contact info for agency staff working with this child (e.g., DCF SW, ECE coordinator, etc.)

B. In addition, local groups should consider establishing case conference models to collaboratively support high-need families

III. Data Use

A local group of ECE, MH, EI, and DCF leaders (with representation from the courts if possible) should meet quarterly to review aggregate or trend data on:

A. 0-2 and 3-5 population in DCF (# of cases, trends, placements, moves, permanency, developmental delays/disabilities)

B. Referrals to Part C Early Intervention, including how many are eligible and how many receive services

C. Referrals to and enrollment of these populations in ECE

D. Tenure of children in ECE program for those with supportive slots and others

E. Referrals to other types of programs and use of services

F. Gaps in services – what services are children/families referred to, but they have trouble accessing

G. Staff development needs
Appendix C: Zero to Three Excerpts


The SCSC Recommendations III.3 and V.1 are based on and refer to the above-named publication by Zero to Three. Excerpts that provide additional background about SCSC III.3 are provided below, but reading the full Zero to Three self-assessment tool is highly recommended. It can be located at:


“Section II – Creating Foster Care that Promotes Attachment and Permanency

A. Using Concurrent Planning, Planned Transitions, and Placement Stability to Promote Secure Attachments

For very young children, early development occurs in the context of relationships—infants and toddlers rely on their closest caregivers for security and comfort. Children with secure attachments exhibit a greater capacity for self-regulation, effective social interactions, positive self-representations, self-reliance, and adaptive coping skills.

It is very disruptive for a young child to be separated from his or her parent or caregiver and placed in out-of-home care. Thus, whenever possible, it is incumbent on child welfare professionals to do all that they can to promote and protect infants’ and toddlers’ ability to develop and sustain secure attachments.”

The four recommendations in Section II.A are:

(terms in italics are defined in Appendix D)

1. **Differential response** (also referred to as dual track or alternative response) is used for infants and toddlers.

2. Procedures and approaches are in place to prepare for the infant’s or toddler’s removal from home, ease the transition for the child, and begin the permanency planning process.

3. **Concurrent planning** supports the developmental needs of infants and toddlers.

4. Stable placements for young children are promoted.

“Section II.C. Promoting Frequent and Appropriate Parent-Child Contact

It is important to ensure frequent contact (as close to daily as possible) between the infant or toddler, parents, and siblings in home-like settings, individualized for each family to meet their needs. Visitation for the youngest children in foster care is a crucial support in the achievement of the family’s permanency planning goal.”

The five recommendations in Section II.C are:

1. Parents have face-to-face visitation with their infants and toddlers on a frequent basis, as close to daily as possible.

2. Parent–child contact occurs in locations and times that work for birth parents, foster parents, and the infants and toddlers.

3. Birth parents’ healthy parenting practices and relationship-building capacities are supported during visits.

Note: This can be achieved by having visit coaches model play activities for birth parents to help them understand how to support their children’s healthy development or by making early childhood mental health specialists available to help parents understand their children’s needs.

4. Parent involvement in normal family activities—such as doctor’s appointments and birthday celebrations—is promoted.

5. Face-to-face visitation occurs between infants and toddlers and their siblings (if they have been separated) on a frequent basis, as close to daily as possible.”
The definitions on these two pages are excerpted from the Glossary in Zero to Three’s “A Developmental Approach to Child Welfare Services for Infants, Toddlers, and their Families—A Self-Assessment Tool for States and Counties Administering Child Welfare Services.”
www.zerothreethink.org/public-policy/webinars-conference-calls/
final-cw-self-assessment-tool.pdf

Note: Additional definitions relevant to these recommendations are listed following those obtained from Zero to Three.

Zero to Three Definitions

Child Abuse Prevention and Treatment Act (CAPTA)
CAPTA is the key federal legislation addressing child abuse and neglect. It provides federal funding to states in support of... [child welfare] activities and also provides grants... for demonstration programs and projects... CAPTA requires state early intervention and child welfare systems to establish coordinated procedures for the referral of substantiated cases of abused, neglected, or illegal drug–exposed infants and toddlers to Part C services.
www.childwelfare.gov/search/search_results.cfm?q=CAPTA

Child and Family Services Improvement and Innovation Act (2011)
The Child and Family Services Improvement and Innovation Act instituted a new requirement for states to describe in their child welfare plans how they promote permanency for, and address the developmental needs of, young children in their care. Specifically, state plans must “include a description of the activities that the State has undertaken to address the length of time children who have not attained 5 years of age without a permanent family, and the activities the State undertakes to address the developmental needs of such children who receive benefits under this part or part E.”14 The Act also requires states to outline how emotional trauma associated with a child’s maltreatment and removal from home will be monitored and treated, and to design services and activities that facilitate contact between young children and their parents and siblings as a component of time-limited family reunification services...

Concurrent Planning
Seeks to promote timely permanence for children in foster care by considering reunification and other permanency options at the earliest possible point after a child’s entry into foster care. The process includes: systems that institutionalize the approach, clarity and services for birth parents, training and support for caseworkers, processes for recruiting and training families to foster children in concurrent planning cases and adopt if that is the outcome, and active promotion by the court.
www.childwelfare.gov/permanency/overview/concurrent.cfm

Differential Response
In traditional child protective service systems without differential response, there is only one response to all reports. Child welfare workers investigate the allegation with a resulting formal disposition indicating whether maltreatment occurred. Research indicates that this single approach is not effective in all types of reports of maltreatment.16 In differential response, child protective services offer both traditional investigations and assessment alternatives to families reported for child abuse and neglect, depending on the severity of the allegation and other considerations... For high-risk reports, an investigation generally ensues. For low- and moderate-risk cases with no immediate safety concerns, a family assessment is conducted to gauge the family’s needs and strengths and refers them on to appropriate community-based resources.

Dyadic Therapy
Dyadic therapy is an intervention approach provided to infants and young children with symptoms of emotional disorders. Therapy includes the child and the parent and focuses on rebuilding a healthy and secure relationship between them. Research suggests that this type of therapy is useful in helping the parent and child to regain trust, develop a secure attachment, work through trauma and fears, and improve parenting skills. 17

Family-Centered Practice
Family-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. Family is defined broadly to include birth, blended, kinship, and foster and adoptive families.
https://www.childwelfare.gov/famcentered

Foster-Adopt Home Placements
(also called legal risk placements)
When a child is placed with a foster-adopt family, typically the child’s permanency options are being evaluated through concurrent planning in two directions: adoption and family reunification. The child is placed in the home of a specially trained prospective adoptive family, who will work with the child during family reunification efforts but will adopt the child in the event that family reunification is not successful.

Kinship Care
Kinship care refers to placements of children with relatives or, in some jurisdictions, close family friends (often referred to as fictive kin). Relatives are the preferred placement for children who must be removed from their birth parents, as this kind of placement maintains the children’s connections with their families. Kinship care is often considered a type of family preservation service.
https://www.childwelfare.gov/outofhome/kinship
Part C of the Individuals with Disabilities Education Act
Part C is the Early Intervention Program for Infants and Toddlers with Disabilities. It is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for children from birth to 2 years old who have developmental delays or who are at risk of developing a delay or special need that may affect their development or impede their education, and their families...
idea.ed.gov/part-c/search/new

Pre-Removal Conference
Pre-removal conferences are initiated by and held at the child welfare agency. At these meetings, mediated by a trained facilitator, the investigative social worker and the worker who will take the case after the investigation talk with the parent(s) about the reasons for removal, the family’s strengths and challenges, the services that could be initiated immediately, and the special needs of the child(ren). This allows parents to be seen as the experts about their child(ren) and to know that the child welfare workers are in their corner. Relatives and other members of the parents’ support system are also invited to participate.

Protective Factors
The Center for the Study of Social Policy has identified five protective factors that can ameliorate risk of child abuse and neglect:
• Parental resilience—the capacity to cope with all types of challenges.
• Social connections—positive relationships with friends, family members, neighbors, and others who can provide concrete and emotional supports to parents.
• Knowledge of parenting and child development—accurate information about raising children and appropriate expectations for their behaviors.
• Concrete support in times of need—financial security and access to informal and formal supports.
• Social and emotional competence of children—the ability of children to interact positively and articulate their feelings.
www.cssp.org/reform/strengthening-families

Quality Early Learning and Development Programs
Quality early learning programs offer the promise of a solid future by providing our youngest children with nurturance, support for early learning and language development, preparation for school, and the opportunity for all infants and toddlers to reach their full potential. The quality of care for infants and toddlers in an early learning program ultimately boils down to the quality of the relationship between the care provider and the child:

Secure Attachment
A secure relationship between the infant and the caregiver can complement the relationship between parents and young children and facilitate early learning and social development. Young children whose caregivers provide ample verbal and cognitive stimulation, who are sensitive and responsive, and who give them generous amounts of attention and support are more likely to be advanced in all aspects of development compared with children who fail to receive these important inputs.

Trauma-Informed Care
Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may aggravate. www.samhsa.gov/nctic/trauma.asp

Visit Coaching
Visit coaching is fundamentally different from supervised visits. Instead of merely watching the family, the coach is actively involved in supporting them to demonstrate their best parenting skills and make each visit fun for the children; the coach’s intention is to facilitate safe reunification by helping parents demonstrate their skills at meeting their children’s needs. Visit coaching can be effective immediately after removal and/or as an aftercare practice as children begin extended visits prior to case closing.

References
16 Cohen, Cole, and Szrom, A Call to Action on Behalf of Maltreated Infants and Toddlers.
19 National Research Council and Institute of Medicine, From Neurons to Neighborhoods.
Appendix D: Glossary (continued)

Additional Definitions from Sources Other Than Zero to Three

**Child Well-Being**
Well-being, or “overall satisfaction with life,” is measured in different ways for different purposes. The CDC refers to the following as adding up to a person’s well-being: “quality of relationships, positive emotions and resilience, the realization of their potential . . . ” (www.cdc.gov/hrqol/wellbeing.htm)

In a child welfare/ infant and early childhood mental health context, the goal of child well-being refers to laying the foundation for long-term happiness and success through meeting the child’s physical and social-emotional needs for nurturing, safety, secure attachment, and consistency/continuity of responsive caregiving relationships.

**Early Childhood Mental Health**
(synonymous with infant and early childhood mental health)
“The developing capacity of infants, toddlers and young children to experience, manage and express emotions; form close, secure relationships; and actively explore the environment and learn. . . essentially synonymous with healthy social and emotional development.” (Vanderbilt University, csefel.vanderbilt.edu/documents/rs_emhc.pdf — adapted from Zero to Three)

**Early Childhood Mental Health Consultation (ECMH)**
A professional consultant with early childhood and mental health expertise “working with early care and education staff, programs and families to improve their ability to prevent, identify and respond to mental health issues among the children in their care.” (Georgetown University, gucchd.georgetown.edu/67637.html) Note: The SCSC Project piloted and recommends the use of IECMH consultation with child welfare staff in addition to early educators and parents of children in early learning programs.

**Mentoring/Consultation Component** (for training follow-up)
After participating in a training program, trainees receive follow-up to assist them to integrate the training content into their practice. A mentoring model would provide regular access to individual or small group meetings with a mentor who could model and support best practice. An alternative is to ensure that trainees receive regular consultation with a professional who has relevant expertise, such as an Infant and Early Childhood Mental Health (IECMH) Consultant.

**Permanency Planning**
“The goal of permanency planning is to provide a child with a safe, stable environment in which to grow up, while in the care of a nurturing caregiver who is committed to a lifelong relationship with that child. A sense of urgency exists for every child who is not in a permanent home. Permanency Planning:
• Starts at first contact;
• Continues throughout the lifetime of the child’s case until permanency is achieved;
• Secures a safe, stable, and permanent home for the child as soon as possible;
• Protects the child developmentally;
• Protects primary attachments, or
• Creates new attachments; and
• Preserves cultural and family connections”


**Social-Emotional Development**
See early childhood mental health, above.

**Strengths-Based Approach**
“An individualized, strengths-based approach refers to policies, practice methods, and strategies that identify and draw upon the strengths of children, families, and communities. Strengths-based practice involves a shift from a deficit approach, which emphasizes problems and pathology, to a positive partnership with the family. The approach acknowledges each child and family’s unique set of strengths and challenges, and engages the family as a partner in developing and implementing the service plan.” (Child Welfare Information Gateway, www.childwelfare.gov/pubs/acloserlook/strengthsbased/strengthsbased1.cfm)

**Toxic Stress**
“Todays stress refers to the disruption in brain architecture and other organ systems that occurs with strong, frequent or prolonged adversity. It comes from children being repeatedly exposed to very difficult situations in their neighborhoods or home—from witnessing or experiencing violence or trauma on a regular basis to having a family member with an untreated mental health or substance abuse problem.”

(www.centerforyouthwellness.org/toxic-stress)

**Transition Planning**
Typically refers to the planning process that enables a child with disabilities to transition between early intervention services and the public schools. In this context, it refers to the planning process to enable young children in the child welfare system to transition successfully between living at home and in out-of-home placements, and between placements when there is more than one. Transitions should be kept to an absolute minimum for very young children, but, when necessary, should happen planfully, at a pace and in a manner appropriate to the child’s developmental stage and special needs.
Appendix E:
Think Tank Members

SCSC Primary Partners
Massachusetts Department of Children and Families Greenfield Area Office (Child Welfare):
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Parent-Child Development Center of Community Action (Early Childhood/Head Start):
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Greenfield Girls Club (Early Childhood):
    Lisa Buck, Nadine Benzaia

Little Tot Daycare (Early Childhood):
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Franklin County Early Childhood Mental Health Roundtable: Judith Weinthaler
Greenfield Public Schools: Anne Kaplan
MotherWoman (Support/Advocacy for Mothers): Annette Cycon
Northampton Public Schools: Barbara Black
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