

WORKING TO SAVE OUR FUTURE: SERVING INFANTS AND TODDLERS FROM THE CHILD WELFARE PERSPECTIVE AND LESSONS LEARNED FROM SAFE BABIES COURT TEAMS

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ABSTRACT

Child abuse is prevalent in our society, and unfortunately, a large number of abused children are infants and toddlers. This age group presents a number of special considerations for the providers whom are working with them, specifically the child welfare social workers, as a result of their developmental abilities and the different federal requirements that exist for younger children. It is essential for the social workers whom are handling these children's cases to understand these special considerations and to utilize best practice methods to work with these families to establish permanency for these children; however, it can be difficult for workers that don't handle these cases often to fully understand the best practice methods that have been identified for working with these families. There are a number of specialty courts throughout the nation, including courts that focus on infants and toddlers, and Polk County has been fortunate enough to have one of these courts for over 10 years now. We have learned a number of things from the Safe Babies Court Team in Polk County that we have been able to utilize to improve our best practice skills on cases with infants and toddlers as well as cases in general, and we hope to be able to share these best practice skills with providers and social workers. This article reviews what special considerations exist for infant and toddler cases and what we have learned from Safe Babies Court Teams, which can allow us to better work with the families on these cases.

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I. INTRODUCTION

Civil rights activist and Nobel Peace Prize recipient Nelson Mandela once said, “[C]hildren are our greatest treasure. They are our future.”¹ Mr. Mandela’s quote really hits home for those of us who work in the child welfare field because our careers are focused on ensuring the safety of children and working to safeguard their futures. Unfortunately, there are families that struggle daily with poverty, addiction, mental health, and a variety of other ailments, and these issues often lead to situations of child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act defines child abuse and neglect as: “Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or [a]n act or failure to act which presents an imminent risk of serious harm.”² Every day, ongoing child welfare workers interact with families where child abuse and neglect has occurred and work toward achieving safety and permanency for the children in these families. It is our goal to ensure that children have the opportunity to be treated like our greatest treasure and to have the promise of a future.

In the State of Iowa in 2015, 8,298 children were subject to abuse or neglect. Of these children, 4,066 were under the age of five.³ Cases with young children can often be difficult and hard on child welfare workers, especially because you can feel that this small child’s life and future are in your hands. When almost half of your caseload is children whom are under the age of five, you must understand that there are special considerations you must make for infant and toddler cases and that your work methods may need to be different for these cases. Fortunately, there are specialty infant and toddler courts that exist throughout the country, including one in Des Moines, Iowa. These courts have done the research and practiced new methods on infant and toddler cases to determine best practice techniques to serve these families and to ensure that these children have the opportunity for a future.⁴ In this Article, I will review what special considerations must

1. Nelson Mandela, President, S. Afr., Address at the National Men’s March (Nov. 22, 1997), in *Address by President Nelson Mandela at the National Men’s March*, AFR. NAT’L CONGRESS, <http://www.anc.org.za/content/address-president-nelson-mandela-national-mens-march> (last visited July 5, 2016).

2. 42 U.S.C. § 5106g(2) (2006 & Supp. 2010).

3. *Iowa Child Welfare by the Numbers—Calendar Year 2015*, IOWA DHS, <https://dhs.iowa.gov/sites/default/files/childwelfarebythenumbers2015.pdf> (last visited July 7, 2016) (“49 percent of abused or neglected children were age 5 or younger”).

4. Ed Finkel, *In Safe Babies Courts, 99% of Kids Don’t Suffer More Abuse—But Less Than 1% of U.S. Family Courts Are Safe Babies Courts*, ACES TOO HIGH NEWS (Feb. 23, 2015), <https://acestoohigh.com/2015/02/23/in-safe-babies-courts-99-of-kids->

be taken for infant and toddler cases and the best practice methods that we have learned from the specialty courts to use with infant and toddler cases.

II. SPECIAL CONSIDERATIONS FOR INFANTS AND TODDLERS

Children age zero to three are learning object permanency, developing a sense of self, and forming their primary attachments; these are just a few of the reasons that permanency is so important in infant and toddler cases. Permanency is defined as: “When the child is returned home, adopted, or placed in the custody or guardianship of a caretaker other than DHS.”⁵ Iowa Code section 232.116(1)(f) requires, in part, as grounds for termination of custody that a “child is four years of age or older” and “has been removed from the physical custody of the child’s parents for at least twelve of the last eighteen months, or for the last twelve consecutive months” without a trial home visit that lasted more than 30 days.⁶ Iowa Code section 232.116(1)(h) includes as grounds for termination of custody that a “child is three years of age or younger” and “has been removed from the physical custody of the child’s parents for at least six . . . of the last twelve months, or for the last six consecutive months” without a trial home visit that lasted more than 30 days.⁷ These code sections mean that permanency should be established for a child older than three by the 12th month of removal from the child’s parent and that permanency should be established for a child younger than three by the sixth month of removal from the child’s parent; otherwise, a Termination of Parental Rights petition could be filed with regards to these children.⁸ The courts are required to hold a permanency hearing for children whom have been placed out of the family home for 12 months or more to establish a permanency plan for the children;⁹ however, permanency can be expedited at six months for children three years and younger per the above mentioned code section due to younger children’s need for permanency in a timely

dont-suffer-more-abuse-but-less-than-1-of-u-s-family-courts-are-safe-babies-courts/.

5. CHILDREN’S JUSTICE PROGRAM, JUDICIAL BRANCH OF IOWA, HANDBOOK ON JUVENILE COURT FOR PARENTS 24 (3d ed. 2008), <http://www.iowacourts.gov/wfdata/files/ChildrensJustice/resources/2008ParentHandbookwfinaff.pdf>.

6. IOWA CODE § 232.116(1)(f)(1), (1)(f)(3) (2015) (stating, additionally, that the child must be “adjudicated a child in need of assistance” and there must be “clear and convincing evidence that . . . the child cannot be returned to the custody of the child’s parents”). *Id.* § 232.116(1)(f)(2), (1)(f)(3).

7. *Id.* § 232.116(1)(h)(1), (1)(h)(3) (stating, additionally, that the child must be “adjudicated a child in need of assistance” and there must be “clear and convincing evidence that . . . the child cannot be returned to the custody of the child’s parents”).

8. *See id.* § 232.111(4) (listing requirements for a “petition for termination of parental rights”).

9. *Id.* § 232.117(8).

manner.¹⁰ The shortened timeline of permanency for infants and toddlers increases the urgency of these cases and requires more timely work at the beginning of a case from the child welfare workers. If a child welfare worker only has six months to work towards reunification with a parent, they need to ensure that the parent hits the ground running with regards to services, and there is not time for a delay in a service for the parent. This means that a child welfare worker has to be meeting with the family from the start and identifying both the overt safety concerns as well as the underlying issues that might have played into the safety concerns; this can be a struggle since there is not much time to work on rapport-building with a family, and families can sometimes struggle with being ready to make changes at the very beginning of the case. The worker must have strong engagement skills with the family and focus on the family and address the issues at hand to work towards reunification; this can be extremely difficult with high caseloads and a hectic schedule, but it is essential for a child welfare worker to recognize the urgency for these cases and to be vigilant about working with the family to address the safety concerns that led to the child(ren)'s removal. Permanency is so important for infants and toddlers, and a child welfare worker must be ready to put in a significant amount of effort towards those cases to help achieve this goal in a timely manner. Iowa Supreme Court Justice Brent Appel said it best when he stated, "Permanency is critical for the well-being of the youth we serve not only to begin to resolve a current crisis, but to provide meaningful relationships that last a lifetime."¹¹

Due to the option for the permanency timeline to be shorter for children age three and younger, concurrent planning is a necessity from the very start of a case for infants and toddlers. Concurrent planning is defined as: "A process of working towards reunification with parents while at the same time establishing an alternative or contingency back-up plan for permanent placement."¹² In other words, the concurrent plan is our back-up plan in the event that the parents cannot achieve reunification within the set timeframe for permanency, and it needs to happen immediately for infants and toddlers due to the possibility that permanency will be established within six months from the date of removal. The child welfare system has made some significant strides in the past few decades to move from

10. *Id.* § 232.116(1)(h)(1), (1)(h)(3).

11. Children's Justice State Council & Child Welfare Advisory Comm., Iowa DHS, *Permanency for Iowa's Children*, BLUE SHEET (Iowa DHS, Des Moines, Iowa), Sept. 1, 2011, at 1, https://dhs.iowa.gov/sites/default/files/11.17.11_Blueprint_Nwsltr_V1.pdf.

12. *Permanency for Children: Concurrent Planning*, PRAC. BULL., (Iowa DHS, Des Moines, Iowa) July 2008, at 1, http://dhs.iowa.gov/sites/default/files/July_ConcurrentPlanning.pdf.

sequential planning to concurrent planning due to research that suggests that this is in the child's best interest. Child and Family Service Reviews have been completed on child welfare cases, and these reviews have connected concurrent planning to reduced time to permanency for children, increased "reunification and adoption efforts by engaging parents," and "reduced time to adoption finalization" for children.¹³ The benefits of concurrent planning are evident in the research, and the research supports this approach, especially for younger children who need permanency sooner, which is why child welfare workers are expected to work on concurrent planning from the beginning of a case.¹⁴ If a parent is not appropriate or available for placement, "[a] child must be placed in the least restrictive, most family-like, and most appropriate setting" per federal statute.¹⁵ This means that child welfare workers are expected to explore all relatives first for placement options prior to looking at foster care for placement; this can be difficult when parents do not want to share information regarding their family members because they do not want their family members to know about their involvement with the Department of Human Services (Department) or they do not have a relationship with their family members possibly due to whatever safety concerns led to the child's removal. Additionally, there are federal guidelines that require child welfare workers to send out notices within 30 days of a removal to all known relatives, including custodians of siblings and half-siblings.¹⁶ Once again, these short timeframes, and the need for a concurrent plan to be developed as soon as possible, lead to a sense of urgency on these cases for the child welfare worker. The worker must be engaging with the parents and build a rapport from the start to ensure that they are able to get a list of relatives to send notices to and that they are able to identify any appropriate family members for placement. Additionally, the worker must be prepared to do a lot of up front work on identifying relatives, running background checks, and doing home visits to ensure a placement is appropriate; following up with a placement on needs they might have to ensure that the placement is stable; and working with the relatives to identify who could be a support outside of placement for the family. Once again, there is a lot of work on the front end of a case for infants and toddlers due to shortened permanency timeframes and the need to find a concurrent plan as early as possible.

13. *Id.*

14. *See id.* at 2.

15. DEBRA RATTERMAN BAKER, IOWA CHILD WELFARE LAW: A MANUAL FOR SOCIAL WORKERS, § 306 at 1, 7 (2d ed. 1998); *see* 42 U.S.C. § 675(5)(A) (2012).

16. 42 U.S.C. § 671(a)(29) (listing 30-day notice as one of requirements for state foster care and adoption assistance plans).

Infants and toddlers' lack of verbal skills also presents a unique set of challenges for child welfare workers. Because infants and toddlers are non-verbal or have limited verbal skills, the child welfare worker must use a variety of techniques and tools to identify if a child is safe in a home environment and to track a child's development to ensure that they are on target. With older children, the child welfare worker is able to interview the child individually and ask them if they feel safe in an environment, what safety means to them, what supports they have to reach out to, if they know what to do in an unsafe situation, etc.; with older children, the child welfare worker is able to use the child's report to help determine if the child is safe or not. Unfortunately, with infants and toddlers, these questions are not an option due to their limited development and verbal skills, so the child welfare worker has to use their social work skills to identify safety concerns for that child. These children are not able to tell us if their parents are leaving them home alone, if their parents are fighting again, or if there are no concerns in the home. Instead, the child welfare worker must talk to the parents and collateral contacts to gather as much information as possible, and they must look for signs and symptoms of abuse and neglect that are not as overt as a report from the child. When the child welfare worker goes to the family home, they need to closely observe the infants or toddlers' interactions with the parents and caregivers to see if the child appears fearful of the caretaker or if the child actively seeks out support and security from that person, and the child welfare worker must closely observe the parent or caregiver's reactions to the child when the child is upset, happy, sad, hungry, etc. These types of cues and others can help a child welfare worker identify if there is a concern in a home, so the worker must be very cognizant during interactions and home visits to ensure that he or she is paying attention to these cues.¹⁷

Additionally, the worker has to track how a child is doing based on developmental achievements, medical records, and conversations with the caregiver and daycare, instead of based on the child's academic development and conversations directly with the child.¹⁸ It is fairly easy for a child welfare

17. See generally DIANE DEPANFILIS & MARSHA K. SALUS, U.S. DEP'T OF HEALTH & HUMAN SERVS., CHILD PROTECTIVE SERVICES: A GUIDE FOR CASEWORKERS 17–20 (2003), <https://www.childwelfare.gov/pubPDFs/cps.pdf> (discussing the “core conditions” for building a “helping relationship with abused and neglected children”).

18. See generally U.S. DEP'T OF HEALTH & HUMAN SERVS. & U.S. DEP'T OF EDUC., BIRTH TO 5: WATCH ME THRIVE!: AN EARLY CARE AND EDUCATION PROVIDER'S GUIDE FOR DEVELOPMENTAL AND BEHAVIORAL SCREENING 1–3 (2014), https://www.acf.hhs.gov/sites/default/files/ecd/ece_providers_guide_march2014.pdf (discussing, generally, how to screen and monitor development and behavior in early

worker to know that an older, verbal child is struggling when they get reports from the school about poor grades and missed school days on a monthly basis or when the child is reporting during a monthly visit that they are unhappy or want to move. Unfortunately, it is more difficult for a child welfare worker to recognize signs that an infant or toddler is not doing well because there is no verbal communication directly with the child, and it is challenging to identify delayed development during an hour-long visit once per month.¹⁹

Child welfare workers rely heavily on custodians to report the progress an infant or toddler has made with their developmental milestones, but this can be difficult for a custodian who may be overwhelmed with caring for a new infant while trying to maintain their employment and make all of the meetings and court hearings for the child. Custodians may forget to mention that the child started saying two word sentences or started crawling when the worker is meeting with them and talking about permanency or the next court hearing.

I encourage every infant and toddler case to be referred to Early Access and Early Head Start for at least a cursory evaluation to determine if services are needed.²⁰ This is a great resource that child welfare workers can use, and it could be an asset to them when it comes to tracking developmental milestones and identifying possible concerns in a home. Early Access and Early Head Start workers can help a child welfare worker identify concerns with a child who is non-verbal by closely monitoring the child's development and writing reports for court hearings.²¹ Children with limited verbal skills can present a challenge for child welfare workers because the worker must put forth more effort with regards to identifying safety concerns in a home and tracking a child's well-being.²² As a result,

childhood, and its importance).

19. See *id.* at 1 (emphasizing the importance of tracking developmental changes from birth through childhood).

20. See *Early ACCESS*, IOWA DEP'T OF EDUC., <https://www.educateiowa.gov/pk-12/early-childhood/early-access> (last visited July 26, 2016) (providing services for "identifying, coordinating and providing needed services and resources that will help the family assist their infant or toddler to grow and develop"); *Early Head Start*, IOWA DEP'T OF EDUC., <https://www.educateiowa.gov/pk-12/early-childhood/early-head-start> (last visited July 26, 2016) (providing "a comprehensive child development program serving pregnant women and children birth to three with guidance, information and direct services to foster healthy development of children and their families").

21. See *Early ACCESS*, *supra* note 20; *Early Head Start*, *supra* note 20.

22. See ZERO TO THREE POL'Y CTR., RESTRUCTURING THE FEDERAL CHILD WELFARE SYSTEM: ASSURING THE SAFETY, PERMANENCE AND WELL-BEING OF INFANTS AND TODDLERS IN THE CHILD WELFARE SYSTEM 1 (2007), <https://www.zerotothree.org/document/291> (discussing the vulnerability of children in

infant and toddler cases can require more attention and work by the child welfare worker.²³

Researchers have found that “[v]irtually all infants develop close emotional bonds, or attachments, to those who regularly care for them in the early years of life.”²⁴ Bonding and attachment are essential to maintaining a positive relationship between an infant and a parent as the child ages; continuity or consistency in a child’s life has been identified as one of the criteria for the development of attachment relationships.²⁵ This means that for a child who has been removed to build and maintain an attachment with a parent, the parent must be a consistent part of the child’s life. This is why it is essential to have as many family interactions as possible to safeguard that the infant is still regularly cared for by their parent, which ensures that the infant is developing a close emotional bond with that parent. When a child is removed from a parent, the primary permanency goal is reunification with the parent.²⁶ Therefore, it is an important part of a child welfare worker’s job to ensure that the parent and child maintain a close bond and attachment since the goal is for the child to return to that parent.

Frequent family interactions can present a challenge for child welfare workers at times, but it is an essential piece of the puzzle for infant and toddler cases. We often look to the parents’ family and friends to help assist with visits; however, this assistance can depend on the family members and friends’ appropriateness to help with interactions, willingness to supervise interactions, and ability to transport the children or have help with transporting the children. Often, parents have burned bridges with their family members and friends, so it can be a challenge to identify individuals who are willing to help out with interactions. Provider agencies that supervise visits often struggle with availability in the evenings due to the number of school-aged clients that cannot do visits during the day.

the first three years of life and the importance of action by State and Federal child welfare workers).

23. *See id.*

24. COMM. ON INTEGRATING THE SCI. OF EARLY CHILDHOOD DEV., NAT’L RESEARCH COUNCIL & INST. OF MED., FROM NEURONS TO NEIGHBORHOODS: THE SCIENCE OF EARLY CHILDHOOD DEVELOPMENT 229–30 (Jack P. Shonkoff & Deborah A. Phillips eds., 2000).

25. *See generally* HANDBOOK OF ATTACHMENT: THEORY, RESEARCH, AND CLINICAL APPLICATIONS 671–87 (Jude Cassidy & Phillip R. Shaver eds., 2d ed. 2008) (discussing research linking “disorganized” behavior in adults to traumatic family relationships as infants and children).

26. *Reunifying Families*, CHILD WELFARE INFO. GATEWAY, <https://www.childwelfare.gov/topics/permanency/reunification/> (last visited July 26, 2016).

Therefore, it can be difficult to figure out professionally supervised visits for parents who work or attend school during the day.

It is important for a child welfare worker to think outside of the box when it comes to family interactions in infant and toddler cases because the interactions need to occur as often as possible. Child welfare workers should become familiar with visitation programs in their area, such as guided supervised interactions, and they should talk to daycare providers about the possibility of a parent visiting the child at daycare, if appropriate. Child welfare workers should talk to the placements about having the parents come to the home for interactions with the child, and they should talk to as many family members and friends of the family as possible to identify possible visitation supervisors.²⁷ “Research shows that regular, frequent visitation increases the likelihood of successful reunification, reduces time in out-of-home care, promotes healthy attachment, and reduces the negative effects of separation for the child and the parent.”²⁸ Due to these reasons, it is critical for family interactions to occur as often as possible to ensure that infants and toddlers maintain an attachment and bond with their parents, and it is crucial for child welfare workers to work as hard as possible to ensure that this happens.²⁹

Infants and toddlers are affected by various forms of trauma just like older children.³⁰ However, there is limited research specific to how significant the impact of trauma can be on younger children. Due to the lack of research, some professionals, including child welfare workers, do not fully understand how abuse and neglect can have long-standing effects on these children and how it can cause a variety of issues for the child throughout their lifetime.

The Adverse Childhood Experiences Study (ACES) tells us that individuals who have experienced four or more “categories of childhood exposure,” compared to those who have experienced zero, have increased

27. See generally *Supporting Parent/Child Visits*, CHILD WELFARE INFO. GATEWAY, <https://www.childwelfare.gov/topics/permanency/reunification/parents/visiting/> (last visited July 29, 2016) (listing information for caseworkers to help promote permanency with family visits).

28. MARGARET SMARIGA, VISITATION WITH INFANTS AND TODDLERS IN FOSTER CARE: WHAT JUDGES AND ATTORNEYS NEED TO KNOW 7 (Claire Sandt Chiamulera ed., 2007), http://www.americanbar.org/content/dam/aba/administrative/child_law/visitation_brief.authcheckdam.pdf.

29. See *id.* at 6–7 (listing benefits of frequent visitations).

30. See *id.* at 17 (“The safety and well-being of the child is paramount, and even very young children can be traumatized.”).

risks for alcoholism, drug abuse, depression, and suicide attempts (increasing between 4- and 12-fold); increased risks for smoking, poor self-rated health, more than 50 sexual intercourse partners, and contraction of sexually transmitted disease (by 2- to 4-fold); and increased risks of physical inactivity and severe obesity (by 1.4- to 1.6-fold).³¹ This study was groundbreaking in helping professionals understand the long-term effects that childhood trauma and adverse experiences could and do have on children.³² However, many individuals, including professionals in the child welfare field, still do not connect the dots between the trauma an infant or toddler experiences and the lifetime physical health, mental health, and substance abuse issues that occur as a result of this trauma.³³ Many professionals believe that infants and toddlers do not have the capacity to understand the trauma they are experiencing, which in turn means that they are not affected by it long-term like older children.³⁴ In other words, they believe that infants and toddlers do not understand what is going on when parents are fighting, using illegal substances, physically or sexually abusing them, or neglecting them, so it does not stay with the child and cause any issues as the child gets older.

If a child welfare worker has limited knowledge or understanding of how trauma can specifically affect an infant or toddler, they are less likely to address the child's trauma beyond just ensuring the child's safety. Different therapy methods are available to help young children address trauma including dyadic therapy, play therapy, and child-parent psychotherapy.³⁵ However, child welfare workers and other professionals often do not think about the need for younger children to participate in these services due to their belief that the child is not able to understand the trauma they have experienced or address the trauma due to limited verbal skills.

31. Vincent J. Felitti et al., *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults*, 14 AM. J. PREVENTIVE MED. 245, 249–53 (1998).

32. Jane Ellen Stevens, *The Adverse Childhood Experiences Study—the Largest, Most Important Public Health Study You Never Heard of—Began in an Obesity Clinic*, ACES TOO HIGH NEWS (Oct. 3, 2012), <https://acestoohigh.com/2012/10/03/the-adverse-childhood-experiences-study-the-largest-most-important-public-health-study-you-never-heard-of-began-in-an-obesity-clinic/>.

33. *Id.*

34. See ERIN T. REUTHER & JOY D. OSOFSKY, *ENCYCLOPEDIA ON EARLY CHILDHOOD DEV., RESILIENCE AFTER TRAUMA IN EARLY DEVELOPMENT 2* (2013), <http://www.child-encyclopedia.com/sites/default/files/textes-experts/en/834/resilience-after-trauma-in-early-development.pdf>.

35. *Treatments for Children and Families*, NAT'L CHILD TRAUMATIC STRESS NETWORK, <http://www.nctsn.org/content/treatments-children-and-families> (last visited July 29, 2016).

Unfortunately, if we do not address these children's trauma from the start, we are likely to see these younger children enter the juvenile court system with behavioral or mental health issues, the healthcare system for medical issues, or the criminal justice system with criminal behaviors.³⁶

Child welfare workers need to attend conferences and trainings, read new research articles, and have the opportunity to talk to professionals in their area to stay up to date on the new research trends and information that is being found regarding children and trauma. Child welfare supervisors and administrators need to ensure that the front-line workers have the ability and time to do all of the above so that the workers can continue to use the newest techniques to ensure safety as well as address any long-term effects that may occur as a result of the abuse and neglect that a child has experienced. Fortunately, there is a growing field of research that is focusing on younger children and the long-term effects that trauma can cause for them.³⁷ So far, research has shown that "[e]xposure to domestic violence has a negative impact on neurocognitive development, leading to lower intelligence scores in young children"³⁸ and that "[v]ery young children who witness either domestic or community violence show increased irritability, immature behavior, developmental regression and increased fears."³⁹ Research like this is extremely beneficial because it helps professionals, including child welfare workers, understand that a young child does not have to be able to cognitively process and understand what trauma they are experiencing to be affected by it. With research such as this and investment in the training of child welfare workers by their agencies, child welfare

36. See Felitti et al., *supra* note 31, at 251–56 (discussing childhood trauma and adult health risks); Nancy Wolff & Jing Shi, *Childhood and Adult Trauma Experiences of Incarcerated Persons and Their Relationship to Adult Behavioral Health Problems and Treatment*, 9 INT'L J. ENVTL. RES. & PUB. HEALTH 1908, 1909–11, 1923 (2012) (discussing the correlation between childhood trauma, incarceration, and behavior problems).

37. See Stevens, *supra* note 32.

38. MARY E. MUSCARI & KATHLEEN M. BROWN, QUICK REFERENCE TO CHILD AND ADOLESCENT FORENSICS: A GUIDE FOR NURSES AND OTHER HEALTH CARE PROFESSIONALS 7 (2010); see also Karestan C. Koenen et al., *Domestic Violence is Associated with Environmental Suppression of IQ in Young Children*, 15 DEV. & PSYCHOPATHOLOGY 297, 305–09 (2003).

39. ZERO TO THREE, *Research Summary: Children Exposed to Violence*, ISSUU 1, <https://issuu.com/philayres/docs/childrenexposedviolence> (last visited July 31, 2016); see generally ZERO TO THREE STUDY GROUP ON VIOLENCE, CARING FOR INFANTS AND TODDLERS IN VIOLENT ENVIRONMENTS: HURT, HEALING, AND HOPE (Joy D. Osofsky & Emily Fenichel eds., 1994) (discussing the impacts of violent environments on infants and toddlers, and strategies to address children and families exposed to violence), *reprinted in* ZERO TO THREE, Dec. 1993–Jan. 1994, at 4, <http://files.eric.ed.gov/fulltext/ED367481.pdf>.

workers will have a better understanding of how infants and toddlers are negatively affected by the abuse and neglect that they experience and how critical it is to address this trauma immediately and to go beyond just ensuring a child's safety when they are an infant or toddler. Infants and toddlers are more vulnerable than other children due to their age and inability to self-protect and self-report, which puts them at increased risk for abuse and neglect. "[I]nfants are the fastest growing category of children entering foster care in the United States,"⁴⁰ and professionals need to understand that this increased vulnerability deserves special consideration when they are working with infant and toddler cases. Due to these children's limited verbal skills, they are unable to report abuse or neglect to adults or safe individuals around them, so it is more difficult to know about safety concerns in these home environments as previously mentioned in this Article. Additionally, infants and toddlers are completely reliant on their caregiver to meet all of their basic needs which puts them at increased risk of abuse and neglect. Research has identified that victimization rates are highest among children birth to three years, and this is the age group most likely to be maltreated.⁴¹ Most of these maltreated babies are under age one, and approximately 33 percent were harmed during their first week of life.⁴² This means that more child welfare cases are infants and toddlers, so child welfare workers need to be knowledgeable regarding the increased need for timely permanency and concurrent planning for infants and toddlers, the difficulties that can be present as a result of these children's lack of verbal skills, and the need for increased family interactions for these young children. Professionals in the child welfare field need to be able to learn about new services for and research on infants and toddlers so that they can provide these children with the best services possible to address the abuse and neglect that they have experienced.

All of the special considerations mentioned in this Article are important for professionals to understand and take into account when they

40. ZERO TO THREE POL'Y CTR., *supra* note 22 (citing SHERYL DICKER ET AL., IMPROVING THE ODDS FOR HEALTHY DEVELOPMENT OF YOUNG CHILDREN IN FOSTER CARE (Promoting the Emotional Well-Being of Children & Families, Policy Paper No. 2, 2002)), <http://www.lacdfs.org/katiea/docs/ZeroToThreeAssuring%20the%20Safety%20and%20Permanence%20of%20Infants%20in%20foster%20Care.pdf>.

41. *Child Abuse and Neglect Statistics*, AM. HUMANE ASS'N, <http://www.americanhumane.org/children/stop-child-abuse/fact-sheets/child-abuse-and-neglect-statistics.html>? (last visited July 27, 2016).

42. *Nonfatal Maltreatment of Infants—United States, October 2005–September 2006*, 57 MORBIDITY & MORTALITY WKLY. REP. 336, 336 (2008), <http://www.cdc.gov/mmwr/PDF/wk/mm5713.pdf>.

are working with infants and toddlers, and the best way for them to be able to gain the knowledge needed on these issues is to have the time and ability to attend trainings and to read new research. A lot of research and work is being done on infants and toddlers as well as their child welfare cases, and Des Moines, Iowa, has been very fortunate to have the first ever Safe Babies Court Team here to help us learn new techniques and new information on how to best handle these cases.

III. LESSONS LEARNED FROM SAFE BABIES COURT TEAMS

The Zero to Three program took the science of early brain development and trauma and created a problem-solving approach to infant and toddler child welfare cases called Safe Babies Court Teams.⁴³ The Zero to Three program has been a leader in gathering research about infants and toddlers, their development and behaviors, how abuse and neglect affects them, how professionals can address the trauma young children have experienced, and different techniques for professionals to use on cases involving infants and toddlers.⁴⁴ The Zero to Three program holds an annual National Training Institute—now called the Zero to Three Annual Conference—where the most current research, policy practices, and services for infants and toddlers are discussed.⁴⁵ This conference is intended to meet the training and networking needs of professionals whom are working with infants and toddlers through early childhood education and intervention, mental health, Early Head Start, child welfare, parent education, and pediatrics.⁴⁶ This conference, as well as the Zero to Three website and monthly journal, have been extremely beneficial to the Safe Babies Court Team members in Des Moines because it has helped us understand and use the most recent research and techniques to serve families and address the safety concerns and trauma that has happened. As a result of being exposed to the Zero to Three program, the Safe Babies Court Team understands trauma and how it impacts all children, not just older ones. They have used this information to create a number of systems and techniques to be a more informed and helpful group of professionals. Some of the techniques and

43. *Safe Babies Court Teams*, ZERO TO THREE, <https://www.zerotothree.org/our-work/safe-babies-court-teams> (last visited July 27, 2016).

44. *See Safe Babies Court Teams Project*, CAL. EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE, <http://www.cebc4cw.org/program/safe-babies-court-teams-project/detailed> (last reviewed July 2015).

45. *Annual Conference 2016—Building Powerful Connections*, ZERO TO THREE, <https://www.zerotothree.org/events/2-annual-conference-2016-building-powerful-connections> (last visited July 27, 2016).

46. *See id.*

systems that have been put into place include an Early Head Start worker for all Safe Babies Court Team cases, a monthly service integration meeting with a number of providers on Safe Babies Court Team cases, and more frequent court hearings and family team meetings for these cases. Research has shown that 99.05 percent of children from a 186 infant and toddler case sample from Safe Babies Court Teams were protected from further maltreatment while under court supervision and that 97 percent of the children from this same sample received needed services to address the issues in the case.⁴⁷ Additionally, research has shown that children monitored by Safe Babies Court Teams have reached permanency 2.66 times faster than a national comparison group of children who have been removed from their families.⁴⁸ The increased knowledge regarding child development and trauma as well as the systems and techniques that Safe Babies Court Teams have put into place have been proven to be effective in achieving safety and addressing trauma for infants and toddlers involved in the child welfare system.

The Des Moines Safe Babies Court Team has created a partnership with Drake Early Head Start to work collaboratively to ensure that the young children being served in our area are receiving the services that they need and that the professionals working with these children are having regular discussions about the case and the progress being made.⁴⁹ As a result of this partnership, Drake Early Head Start has an Infant and Toddler Specialist position designated to work with Safe Babies Court Team cases.⁵⁰ This specialist attends court hearings, family team meetings, and service integration meetings. Additionally, the specialist is consulted with by the child welfare worker and, at times, other professionals on the case regarding the child, their development, and any concerns that have been noted for the child.⁵¹ This position has been essential due to the increased communication

47. JAMES BELL ASSOCS., EVALUATION OF THE COURT TEAMS FOR MALTREATED INFANTS AND TODDLERS: EXECUTIVE SUMMARY, at iv (2009).

48. Kimberly L. McCombs-Thornton & E. Michael Foster, *The Effect of the ZERO TO THREE Court Teams Initiative on Types of Exits from the Foster Care System – A Competing Risks Analysis*, 34 CHILD. & YOUTH SERVICES REV. 169, 176 (2012).

49. Polk County Safe Babies Court Team, Des Moines, Iowa, QUALITY IMPROVEMENT CTR. FOR RES.-BASED INFANT-TODDLER CT. TEAMS, <http://www.qicct.org/iowa> (last visited July 27, 2016) (listing court team members).

50. Drake University Early Head Start, DRAKE U. HEAD START, <https://www.drakeheadstart.org/about-drake-university-head-start/early-head-start/> (last visited July 28, 2016).

51. See *Infant/Toddler Specialist Networks: Assuring Quality in Child Care for Babies & Toddlers*, ZERO TO THREE POL'Y CTR., <http://coaimh.org/wp-content/uploads/2016/03/Infanttoddlerspecialistarticlefinal.pdf> (last visited July 28,

between the infant and toddler specialist and the court team. The specialist is able to recognize concerns with parenting abilities and child development earlier due to their weekly contact with the family and to relay this information to the court team to allow for services to be offered and for concerns to be addressed. Child welfare workers are expected to visit with their families monthly,⁵² so signs of delayed development and issues with parenting might go unnoticed in these visits due to the lack of regular contact with the family. The infant and toddler specialist is a regular contact for the family and is better able to identify these concerns early on and address them before they become bigger problems. The infant and toddler specialist is also trained in trauma-informed care and is able to help the parents better understand the long-term effects trauma can have on the child and what the parents can do to help ensure that the child is developing at an appropriate rate and receiving the services needed. The specialist is fully aware of all of the concerns with the family as a result of their participation in court hearings and family team meetings for the family, so they are able to understand the bigger picture while focusing on their work with the family. Additionally, the specialist can support the family and child welfare worker, in regard to ensuring that the family is doing well overall. This position has been a wonderful addition to the Safe Babies Court Team in Des Moines. And is a great example for all child welfare agencies to use in advocating for a partnership with their local Early Head Start agency, as well as a local specific infant and toddler specialist assigned to young children's cases.

Safe Babies Court Teams have also experimented with having more frequent court hearings and family team meetings for their cases due to the shortened timeline for permanency and these cases' urgent need for services.⁵³ Several Safe Babies Court Team sites have court hearings on a monthly basis for their cases; this means that the judge and all court parties are fully informed about the progress of a family and any barriers that have occurred, and they have the opportunity to problem solve as a team before it is too late for a family with regard to permanency.⁵⁴ Some sites, such as Des Moines, are unable to hold monthly court hearings due to the court docket size and scheduling constraints. However, these sites still hold court

2016).

52. NAT'L. CONF. OF STATE LEGISLATURES, CHILD WELFARE CASEWORKER VISITS WITH CHILDREN AND PARENTS 3 (2006), www.ncsl.org/print/cyf/caseworker_visits.pdf.

53. See *Safe Babies Court Teams Project*, *supra* note 44 (describing the Safe Babies Court Teams Project).

54. See *id.* (discussing monthly family team meetings and court hearings in some jurisdictions).

hearings more often than the standard child welfare cases, and often try to have family team meetings on the months where court is not being held. The more frequent family team meetings are meant to help engage the parents in the case planning process as well as help them feel supported by all the parties involved in a case. The Safe Babies Court Team parties in Des Moines have more frequent contact as a team, which is an asset to the case and has helped make sure that progress was consistently being made by the parents on cases. Additionally, parents feel like a part of the team as a result of the increased contact with all professionals, and they feel like they have support from the professionals instead of judgment. Under this approach, parents seem to comply with the case permanency plan and the recommendations being made to help them address the safety concerns that led to their children being removed. This approach also helps all professionals to be on the same page with regards to the services that the family needs and to work through any issues or barriers that occur during the life of the case. It is often difficult for courts to have more frequent hearings on all cases due to docket sizes and for court parties to have more frequent family team meetings due to conflicting schedules. However, part of the reason that Safe Babies Court Teams are so successful in helping families achieve permanency and address the abuse and trauma is due to the increased involvement by the court parties and the more frequent check-ins as a team with regard to case progress. Therefore, it would be pertinent for all courts and court parties, not just Safe Babies Court Teams, to consider increasing the frequency of court hearings and family team meetings on their cases with younger children. This method has been effective with Safe Babies Court Teams and is a simple step that can be taken by all courts to improve outcomes for families with younger children.

The final lesson that can be taken from Safe Babies Court Teams—which is a theme throughout this section—is increased collaboration among the professionals and the family on a case. The Des Moines Safe Babies Court Team has a monthly service integration meeting. This monthly meeting is meant to get the in-home providers, the child welfare workers, the Safe Babies Court Coordinator, the Early Head Start specialist, the Early Access professionals, the mental health providers, and the medical providers all together to discuss Safe Babies cases and the strengths and needs of the family. As mentioned previously, it is crucial for all professionals to be on the same page with regards to services and the plan for the family, and this meeting helps ensure that all professionals know what is going on with the family from as many aspects as possible. During these meetings, the child's service providers can talk to the parents' service providers about concerns that they are seeing and how these concerns can

be addressed. Additionally, the team often brainstorms out of the box ideas for how to help the family achieve permanency and addresses the safety concerns and trauma that they have experienced. These meetings have been a significant addition to the Safe Babies Court Team in Des Moines and have helped families receive services that would not have previously been identified for them. The meetings also help the team form relationships with one another. This allows the family to interact with the team and feel a part of a team while understanding the bigger picture, instead of meeting a group of different providers there only to talk about their piece of the case. This increased collaboration helps build and improve relationships amongst providers, which allows families to feel supported by the entire team. There is also increased communication, which helps ensure that families get timely services. There are a number of other lessons that can be learned from Safe Babies Court Teams and their practices; however, the lessons mentioned in this Article are the ones that stand out as the easiest, least costly lessons that can be implemented in every courtroom and by every court team to help improve outcomes for families.

IV. CONCLUSION

Infant and toddler cases are some of the most rewarding cases that a child welfare worker can have. As a child welfare worker, you feel that you have made a difference in that child's life and have helped to prevent them from experiencing further abuse, neglect, and trauma. As with everything though, there is a price for this sense of accomplishment, which is hard work and dedication throughout the case. Infants and toddlers need a child welfare worker who is going to hit the ground running with regard to getting the child and their parents the necessary services to address their trauma and the safety concerns. They need a team that understands trauma and how to address it to prevent children from having lifelong effects as a result of the trauma. Permanency timeframes can be significantly shorter for infant and toddler cases, so there is an increased sense of urgency for these families. All parties, not just the child welfare worker, need to make sure they are making these cases a priority to ensure that the family does not fall through the cracks and miss an opportunity to achieve reunification or permanency. Safe Babies Court Teams have paved the way for all courts and teams to start adjusting their practice to better meet the needs of infant and toddler cases, and the increased research on infants and toddlers has been an asset that helps providers better understand these children, their development, and their needs. Infants and toddlers are our future, and one is being removed

from his or her home *every seven minutes* due to alleged abuse or neglect.⁵⁵ We need to make sure that we are investing in them by making the commitment as providers to understand the special considerations that go into their cases and by enacting best practices that have been proven effective for this population. As 31st President Herbert Hoover once said, “Children are our most valuable [] resource,”⁵⁶ so we need to make sure that we are doing whatever we can to help them have the best possible future.

55. *Safe Babies Court Teams*, *supra* note 43.

56. *Herbert Hoover: Biography*, INT’L MOVIE DATABASE, <http://www.imdb.com/name/nm0393885/bio> (last visited Sept. 7, 2016).