



State Early Childhood Policy Technical Assistance Network

Child Welfare and School Readiness – Making the Link for Vulnerable Children

June 2003

Linda McCart and Charles Bruner, with Patricia Schene

Network Resource

About the State Early Childhood Policy Technical Assistance Network (SECPTAN)

State decision-makers face awesome challenges in developing public policies. They must balance competing demands across broad issue areas, with finite resources. They must respond to diverse political pressures while seeking solutions that ultimately best reflect societal values. They must be good stewards of public resources, requiring accountability based upon efficiency and effectiveness.

State decision-makers must do all this under time and resource constraints that often make securing credible information to inform their decision-making problematic. Particularly for early childhood issues, there often are not recognized and easily available sources for the most current evidence in the field.

The State Early Childhood Policy Technical Assistance Network (SECPTAN) was created to assist these state decision-makers in the important area of accessing the best available information and evidence about effective policies and practices on early childhood issues.

The Child and Family Policy Center administers SECPTAN, which is funded through the joint efforts of the Ford Foundation, the Kauffman Foundation, and the Packard Foundation. SECPTAN currently operates in the seventeen states that are part of the School Readiness Indicators Initiative, a companion grant administered by Rhode Island Kids Count.

One aspect of SECPTAN's work is to make current information about early childhood policy initiatives readily available to state policy makers. This publication is part of that work. SECPTAN would like to thank the following individuals for providing comments about this publication: MaryLee Allen, Deborah Daro, Pam Day, Jane Knitzer, Judy Langford, JoAnn Lawer, Jean McIntosh, and Ann Segal. Sheri Floyd and Abby Copeman of the Child and Family Policy Center provided valuable research and editorial assistance.

For more information on SECPTAN, please contact: Charles Bruner, Network Director, or Sheri Floyd, Network Manager, State Early Childhood Policy Technical Assistance Network, 1021 Fleming Building, 218 - 6th Avenue, Des Moines, IA 50309.

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Introduction

“Once upon a time...”

These simple words are spoken daily to thousands of young children. As youngsters hear them, amazing things begin to happen. Synapses, the connections or wiring between the child’s millions of neurons – develop, building pathways that will be the foundation for lifelong growth and learning. Among the connections that simple storytelling and reading promote are those that foster love, caring, and trust; support language development; create attachments with the storyteller or reader; and help the child develop a sense of self-worth. Each time the ritual is repeated, these synapses are strengthened, much like driving the same road every day becomes rote memory.

Fortunately, through reading, storytelling, and many other interactions and activities throughout the day, most parents provide the stimulation and nurturing young children need to grow and develop and build their foundations for educational success.

At the same time, however, there are young children who do not receive the stimulation, attention, and support they need. At both the state and national levels, there has been increasing attention to better addressing young children’s needs – through a variety of programs, policies, and strategies directed toward young children in order to assure they start school “ready to learn.”

Much of this school readiness work has been led by the early care and education community – focusing on child care, pre-school, kindergarten, and transition into the formal educational system. At the same time, many of the children most vulnerable to not starting school “ready to learn” already are involved in the child welfare system. Further, the reasons that they are in the child welfare system are the same reasons they are educationally vulnerable.

This resource brief is designed to strengthen the connections between child welfare and other early childhood services in state and national efforts to promote and enhance optimal child development. Part One of this resource brief serves as a primer for child welfare staff – administrators, supervisors, and front-line workers – and state and local policymakers and advocates with an interest in vulnerable children. It provides a brief overview of the school readiness policy background and draws upon the growing evidence from brain research, child development, and child welfare to show the need to address developmental issues of children in the child welfare system. It serves as a primer for individuals in the early care and education community in highlighting the need to develop partnerships with their colleagues in the child welfare system to ensure that this special population has the services it needs.

Part Two of the resource brief then describes roles that the child welfare system can play in better addressing the educational and developmental needs of young children in their system. While these roles may require some increased effort on the part of the child welfare system, the attention given to school readiness within other domains provides a window of opportunity for leveraging the resources to take on these roles.

Interspersed in the brief are examples of successful efforts to establish these links and help vulnerable children gain the foundation they need for educational, and lifelong, success. Part Two ends with a call for judicial leadership in ensuring that infants, toddlers, and preschoolers in the child welfare system are fully ready for school.

Part Three of the resource brief includes additional examples of “promising approaches” for strengthening responses to the nation’s most vulnerable babies, toddlers, and preschoolers.

Part One – School Readiness and Child Welfare: Making the Case for Collaboration

What is School Readiness?

School Readiness as a National Goal. In 1990, former President George Bush and the nations' 50 governors established Seven National Education Goals, the first of which was that: *"By the year 2000, all children in America will start school ready to learn."* In 1994, the United States Congress codified these goals in the Educate America Act, which also established a National Education Goals Panel to monitor progress toward achieving these goals.

Following much debate, the National Education Goals Panel reached consensus, based on a strong body of scientific evidence, that the 1st National Education Goal, school readiness, encompassed five dimensions:¹

1. Physical well-being and motor development – general health;
2. Social and emotional development – the development of positive, secure relationships and sense of personal well-being and self-confidence;
3. Approaches toward learning – curiosity, creativity, independence, cooperation, persistence, and exploration;
4. Language development – the ability to communicate with others; and
5. Cognition and general knowledge – children interact with individuals, materials, and their environment.

The Panel also emphasized two other components of school readiness - schools' readiness for all children and community supports that contribute to children's healthy development. Every school must ensure that it adapts teaching strategies to meet the needs of individual children and helps narrow the gaps between disadvantaged youngsters and their more advantaged peers. Communities also play a role in children's healthy development by ensuring that families are supported in their efforts to raise strong children. Although not receiving a great deal of attention, these community supports include public services provided through child welfare, health, and mental health services.

The National Research Council, in its seminal report, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, provided a comprehensive summary of the research literature that confirmed the Panel's definition, in particular emphasizing that readiness must encompass all of the following qualities:²

- Intellectual skills – the ability to recognize letters and how they relate to sounds and words, using simple number concepts, and the ability to communicate with others.

- Motivation to learn – being excited about learning, having confidence to try new things, understanding that school is important.
- Strong socio-emotional capacity – understanding other people’s feelings, getting along with others, being able to control their emotions and behavior.

These formulations also confirm what those teaching young children believe are essential qualities to learning. Kindergarten teachers have themselves defined a child’s readiness for taking advantage of classroom activities and instruction simply as the ability to:³

- sit still
- pay attention
- get along with teachers and their peers
- follow simple directions
- get excited about learning

*“The problem is that the kids are sad, mad, and bad, it’s not that they can’t add.”
– Kindergarten teacher*

While there rightly has been much emphasis on pre-literacy and numeracy skill development in pre-school children, the research, evidence, and professional judgment of those charged with formal instruction is clear that healthy social and emotional development is a critical component of school readiness.⁴

State and National School Readiness Efforts. Promoting the healthy development, and school readiness, of young children continues to be high on the list of priorities for many states and communities. According to the National Center for Children in Poverty (NCCP), since passage of the Educate America Act more than half of the states have launched new programs and initiatives targeting children from birth to age five or eight.⁵ Georgia and New York have established universal pre-kindergarten programs, and many states have established enriched pre-school programs for at-risk youth or provided state funding to expand the federal Head Start program to more children. Through voter referendum, California enacted a cigarette tax and devoted the nearly \$1 billion annual proceeds to early childhood strategies designed to improve school readiness. Ohio established local Family and Children First Councils to develop community early childhood initiatives, and Iowa did the same through local Empowerment Boards. Pennsylvania, Oklahoma, and Arizona all established high visibility Governor’s Task Forces to develop early childhood systems, with strong corporate and private sector involvement. North Carolina’s Smart Start is nationally recognized as a model for building the infrastructure to improve early care and education quality and provide financial support for school readiness activities.

At the national level, the National Governors Association, the National Conference of State Legislatures, the Council of Chief State School Officers, and the Education Commission of the States have developed specific early childhood or school readiness initiatives to provide support, visibility, and technical assistance to their

memberships in addressing school readiness issues. The National League of Cities and the National Association of Counties have made school readiness a top priority for 2003. The 2002 report of the National Association of Child Advocates (now Voices for America's Children) shows that there are child advocacy

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organizations in 36 states placing Early Care and Education as one of their top three state priorities, more than any other issue.⁶ The Committee for Economic Development, a business and education

partnership, has consistently pressed for increased investments in early childhood and school readiness.⁷ These are just a few of the organizations that have efforts underway to encourage state and federal policymakers to focus attention on young children.

Congress and the Administration also have taken actions to support achievement of the 1st National Education Goal. The 107th Congress introduced the Foundations for Learning Act, designed to reduce the risk of early school failure. Consistent with research findings that low literacy skills in early childhood lead to later academic failure, President Bush's new "Good Start, Grow Smart" initiative, launched in 2002, promotes early intervention for struggling children.

In addition, the 2002 No Child Left Behind Act provides an opportunity for state policymakers and school officials to strengthen efforts to ensure that all young children have the tools they need to be successful in school and life. While primarily focused on strengthening accountability among the nation's public schools, including all students reading at grade level by the end of third grade, many states are examining strategies to more closely align their early childhood agendas with school reform measures. Many of the accountability measures require "closing the achievement gap" between poor and non-poor and between minority and white children, gaps already known to exist at the time of entry into school. Research confirms that much of a child's success in school can be predicted by reading comprehension by the end of third grade, and that the foundational skills for reading are developed during the first five years.

Finally, the David and Lucile Packard Foundation, the Ford Foundation, and the Ewing Marion Kauffman Foundation formed a partnership to launch a national school readiness initiative focused upon using indicators of school readiness to drive state early childhood agendas. The School Readiness Indicators Initiative involves policymakers and advocates from seventeen states in designing state accountability systems for measuring school readiness and using these to design and implement school readiness policies and programs. The three foundations

further established a companion, State Early Childhood Policy Technical Assistance Network (SECPTAN) to help states identify and implement evidenced-based strategies to address early childhood issues identified by those states.⁸

While there has been a great deal of policy attention to early childhood issues and school readiness concerns, however, much less attention has focused upon child welfare's potential role in this work. This brief offers suggestions for how child welfare can contribute to promoting optimal development for young children in their care.

School Readiness and Child Welfare – Why is a Link So Important?

The Numbers. More than 4 million babies are born in the United States every year. Of these, one in five will be poor before age three. One in thirteen is born at low birthweight, one in six to a teen mother, and one in three to a single mother.⁹

Research is clear that poverty adds stresses to families and affects general functioning and parenting, sometimes to the point of producing violence in the home and neglect of children. Research also indicates that living in poverty, especially chronic and extreme poverty, has much greater negative impacts for young children than for older children.¹⁰ These negative impacts include poorer health, more developmental disabilities and delays, delayed and more limited language development, and increased behavioral and emotional challenges. While many poor parents do a tremendous job of raising their children, poverty represents one of the greatest identified risk factors to child growth and development. Some state and federal programs, including Head Start and Early Head Start, focus specifically on children in poverty as a risk group. Many prevention programs use poverty or near poverty as at least one indicator of risk and as a screen for program inclusion. Parental, and particularly maternal, education also is strongly correlated with child educational success, and a lack of education is also highly correlated with poverty.¹¹

At the same time, there is a group of children who already have been identified as being harmed or at high risk of harm. In 1999, there were over 825,000 substantiated or indicated cases of child abuse or neglect in the United States, with 14% representing children one year of age and younger and an additional 24% representing children two through five years of age.¹² In the vast majority of these cases, the reason for their identification is neglect rather than abuse. Neglect often relates directly to the attention and nurturing the parent provides the children, recognized as critical to child growth and development. While most children remain in their homes, 150,000 children under age five are placed annually in foster care for reasons of abuse or neglect. Children under the age of five represent about 30% of all children in foster care.¹³ Research has provided a good deal of information about these young children in foster care and their developmental needs. According to the NCCP:¹⁴

- Almost 80% of young children in foster care are at risk for a wide range of medical and developmental problems related to prenatal exposure to maternal substance abuse.
- More than 40% of these youngsters are born prematurely or at low birthweight, two factors which increase their likelihood of medical problems and developmental delay.
- More than half suffer from physical health problems.
- Over half have developmental delays; a significantly higher proportion than for young children in the general population.
- The majority of young children in foster care do not receive basic health care, including immunizations, while in care, confounding their health and developmental issues.
- The majority also do not receive specialized care for developmental delays or emotional and behavioral conditions.
- A significant number who are placed in care experience multiple placements and moves that further compromise social and emotional development.

For a substantial number of these young children, the child welfare system is responsible for their well-being and must function as a responsible caretaker on behalf of these children.

Even more alarming than current statistics are the trend lines. The NCCP reports that young children are the fastest growing segment of the child welfare population, with a 110% increase in children under age five over the past decade; in contrast to a 50% increase for all children.¹⁵ Babies and young children also remain in care longer than older children.¹⁶ About 20% of children under six remain in out-of-home care for six years.¹⁷

A recent study by the Center on Urban Poverty and Social Change at Case Western Reserve University projected that 23% of children born between 1998-2000 in Cuyahoga County, Ohio (which includes Cleveland) will be the subject of a report of child abuse or neglect prior to age six. Overall, 14%, or one in seven, children in Cuyahoga County will have an indicated or substantiated case of child abuse or neglect by age six, a clear indication that their developmental progress, as well as their basic safety and support, is jeopardized.¹⁸

These figures all point to a simple fact: the child welfare system annually identifies a very significant number of young children with developmental, as well as safety, concerns. For a substantial number of these young children, the child welfare system is responsible for their well-being and must function as a responsible caretaker on behalf of these children.

Brain Development and Abuse and Neglect. Nearly all babies are born with all of

the brain cells that they will ever need. From the moment of birth, the brain begins an ongoing process of wiring and re-wiring the connections or synapses between cells. New connections are formed and others are broken or pruned away based on experiences, relationships, and interactions. Only those connections that are frequently used or activated are retained (“use it or lose it”).

The brain research confirms the ages when critical developmental tasks occur. For example, vision develops from birth to age two. A baby whose eyes are clouded by cataracts at birth will be forever blind if the cataracts are not removed by the age of two. This occurs because the connections that supports the ability to see fail to develop and grow. Once this “window of opportunity” closes, remediation is much more difficult and expensive or, as in the case of sight, may not be possible at all.

Research further confirms two critical factors that impact the development of the brain - early experiences and early relationships. Both matter. Both determine a child’s later success or failure.¹⁹ Noted pediatric neuro-biologist Dr. Harry Chugani states that early experiences can completely change the way children turn out.²⁰

Children raised in safe, stimulating environments are more confident, more independent, more creative, and more willing to take growth-producing risks than children without the opportunities to build the connections that support these traits. In contrast, extensive research on children who were raised in less stimulating environments documents that their brains can be 20–30% smaller than that of an average child.²¹

- Young children need:
- Loving Parents
 - Nurturing relationships with caring adults
 - Safe, stable, stimulating environments
 - Opportunities to explore and learn
 - To be read to, played with, cuddled, and sung to
 - Adequate health care and food

Similarly, relationships matter. The National Research Council describes relationships as the active ingredients of healthy social and emotional

development.²² Relationships help children understand the world and people around them. They determine whether children will form secure attachments to their caregivers, thus feeling secure in exploring their world, or insecure attachments leading to constant fears, lack of trust, and the lack of the confidence they need to succeed.²³

The link between experiences and relationships can be seen in imagining an infant just learning to stand. Pulling up on a parent’s chair elicits a “Way to go!,” a huge smile, and a big hug. The baby learns that her actions generate positive responses. This interaction with adults stimulates the wiring and connections that foster communication, thinking, and problem-solving skills.²⁴

This baby who receives consistent and loving care – is fed when hungry, changed when wet, cuddled when upset, played with often, read to frequently – forms a secure attachment with her caregivers and learns to trust that the world is a safe place to explore. Her energy is spent learning new things.²⁵

Research confirms that young children who have been abused or neglected in early life are more likely to lack the ability to trust others, to be aggressive in their interactions with others, to have difficulty forming relationships with peers and adults, and to lack empathy toward others.

In contrast, the baby whose new skill in standing is met with a shove and harsh words or simply ignored learns that she is not important, that achieving simple tasks does not matter. The child whose needs are often not met – whose cold bottle is propped in the crib, whose diaper is rarely changed, who is not read to or played with or lovingly held – forms insecure attachments. This child's energy is spent trying to get her caregivers to acknowledge her. The child stays on high alert for signs of danger; her ability to explore and learn is compromised.²⁶

The first few years of life are critically important in this respect, and it is at this time that children are most vulnerable to the effects of neglect, abuse, and emotional maltreatment.²⁷ Research confirms that young children who have been abused or neglected in early life are more likely to lack the ability to trust others, to be aggressive in their interactions with others, to have difficulty forming relationships with peers and adults, and to lack empathy toward others. They are also more prone to be depressed, exhibit social and emotional problems, and do poorly in school.²⁸ Extreme deprivation or abuse can produce major neurological disorders, including multiple personality disorder and violent behavior.

In short, research confirms that trauma and chronic stress have a significant impact on how the brain develops. Young children who suffer from abuse and neglect and those exposed to violence have over-activated neural pathways that control fear responses, causing them to constantly be on high alert, overly quick to misinterpret others' actions, and quick to respond aggressively in their own defense. These children frequently develop learning disabilities and emotional and behavioral problems, as well as physical health problems. It is clear that child abuse and neglect have major consequences in the early years, well beyond safety issues and concerns.

It is important not to assume that a child raised in a chaotic environment and whose parents do not take appropriate care of him can never become a healthy, functioning child or adolescent. The brain research indicates that opportunities for change and repairs continue into adulthood. There is no compelling evidence that there is a specific point in time when interventions will fail to make a difference. There is strong evidence, however, that the longer very young children are exposed

to harsh environments and relationships, the harder and more expensive it becomes to repair and heal damaged “wiring.”

In short, remediating the effects of abuse and neglect experienced during early childhood at later ages requires much more intensive, long-term, and costly treatment than early responses when the child is still in these early years. The results are likely to be less optimal. The best time to address these important issues is during early childhood, and the children who enter the child welfare system in the early years are those most in need of this early response.

Complementary Goals and Potential for Action. Despite this knowledge, various studies indicate that young children in the child welfare system often do not have the assistance they need to access to interventions that can lessen the impact of emotional and physical neglect and abuse and other problems that impede their healthy development.²⁹ The reasons are many, including lack of coordination of services, multiple out-of-home services, lack of quality and accessible services, child welfare staff who may have limited knowledge about child development and lack awareness of existing services and how to access them, high turnover among social workers, and high caseloads.³⁰

Part Two of this resource brief suggests ways that the child welfare system can play a greater role in healthy child development and school readiness. It cannot, however, do so alone, nor can it do so without additional resources and support. Developing partnerships with other systems is essential to this work, and it is important to recognize, up front, the existence of complementary goals.

The goal of almost all state and community early childhood or school readiness initiatives is to ensure the healthy development of young children to enable them to succeed in school. Generally encompassed in this broad goal is a focus on:

- Physical health – adequate nutrition, safe environments, primary and preventive health services, and timely immunizations.
- Emotional health – addressing developmental delays, socialization skills, and behavioral problems.
- Early care and education – stimulating and caring child care, and pre-school programs such as Head Start.

As articulated in the Adoption and Safe Families Act of 1997, the goals of the child welfare system are to:

- Ensure the safety of children.
- Promote permanency for children.
- Ensure the well-being of children.

These three goals are all interrelated, but the last goal clearly relates to those articulated for school readiness. As state child welfare systems seek to develop strategies for improving children’s well-being, they have potential allies and partners in the early childhood and school readiness world.

Ensuring the healthy development of young children – and subsequently their well-being and readiness for school – requires a commitment by a diverse group of stakeholders. It requires that child welfare professionals become knowledgeable about existing services for young children – Medicaid and its EPSDT program, Part B and C early intervention and special education services, Head Start, and family support services – and how to access these services. It requires those in the early childhood community to learn more about the special needs of the nation’s most vulnerable babies, toddlers, and preschoolers – those coming to the attention of the child welfare system. It requires forming new partnerships to achieve mutual goals and ensure that all children have a solid foundation for future success.

Part Two – Child Welfare System Opportunities for Addressing School Readiness

This part of the Resource Brief discusses a number of steps that child welfare systems might take, both directly and in partnership with others, to enhance the healthy development of young children who have come into the child welfare system. While framed in terms of child welfare actions, however, the healthy development of young children within the child welfare system is truly a responsibility of many systems. It is a matter of other systems – health, behavioral health, early care and education, early intervention, and education – working with child welfare to make it possible for child welfare to fulfill its part in getting young children the developmental supports they need.

The demands upon workers in the child welfare system are great. Many state child welfare systems are currently overburdened, with workers under stress in meeting minimal safety and permanency needs of the children under their watch. Simply adding another responsibility, without commensurate time and resource support, will not produce results.

Therefore, if the child welfare system is to establish a stronger focus on identifying and meeting the developmental needs of very young children to assure their readiness for school, it will require strong administrative leadership behind policies, practices, and funding support that make it possible for provider agencies and workers to expand their attention to developmental concerns.

Opportunities for Action. Fortunately, there are three great opportunities for doing this.

- The current interest among policymakers in improving early childhood services and achieving the 1st National Education Goal.
- The growing body of research on effective practices demonstrating real-world solutions that have a positive impact on vulnerable young children.
- The availability of federal and other funding streams that can be used for these purposes.

First, the current interest among policymakers in improving early childhood services and achieving the 1st National Education Goal can be used to highlight the importance of the child welfare system in meeting this goal. As states develop and fund school readiness initiatives, there are opportunities to incorporate strategies related to child welfare's role in enhancing the well-being of young children. Child welfare practitioners and advocates should be part of the deliberations on what strategies to undertake to achieve school readiness in their state and in their communities.

As the first section of this resource brief shows, a large share of those children most at risk of starting school at the greatest disadvantage (“not ready to learn”) include those who are or have been involved in the child welfare system. Prevention programs frequently face challenges in finding and engaging those most at risk; but in this instance, there already is a system that knows and works with many of these most vulnerable children.

Second, there is a growing body of evidence of effective practices that can address developmental issues in young children and improve school readiness for even very vulnerable children. Identifying a problem is an important first step; addressing it requires finding an effective solution. In most instances, once a very young child’s developmental needs have been identified, strategies exist that are known to have positive impacts on a child’s development.

Third, most of the actual developmental services that children need can be funded through existing state and federal programs, with significant matching federal dollars. In fact, these developmental services are considered so important that, under Medicaid and its Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program and under Part B and Part C of the Individuals with Disabilities Education Act (IDEA), young children with special health care needs, including developmental delays, are provided an entitlement to the services they need to address those special needs. Medicaid must participate for Medicaid-eligible children for a broad range of services when needs are identified through an EPSDT screen,³¹ and special education service plans must be developed and acted upon (often through Medicaid funding) for all young children with diagnosed special education needs under IDEA. Title IV-E provides further matching opportunities for training of workers and foster parents, with a very high federal match (see insert for additional description of the three programs). Even non-entitlement services, such as Head Start, have special provisions that insure that any child who has ever been in foster care is eligible to participate in Head Start, regardless of whether the family with which the child is living currently qualifies economically for Head Start.

The following section describes some of the actions that the child welfare system, often in partnership with the special education and other service systems can take to meet young children’s school readiness needs. These build upon the excellent earlier work of the NCCP’s *Improving the Odds for the Healthy Development of Young Children in Foster Care*. While that resource brief focused upon young children in foster care, this brief extends the discussion to all children and families who come into contact with the child welfare system.

Children who are removed from their homes and placed into foster care due to abuse, neglect or abandonment, almost by definition, have special needs. When young children are placed, their initial bonding and attachment to a parent is temporarily severed or never existed. This bonding and attachment need to be reconnected and strengthened, while assuring child safety, or new bonds and

Federal Funding Entitlements

Three separate federal programs provide young children with certain “entitlements” to service, based upon how their states define program eligibility and range of services. In the case of Medicaid and Title IV-E, the federal government provides funding based upon a matching formula (generally, from 50% federal funding to 80% federal funding, based upon type of service and/or on the state’s match rate). In the case of IDEA, the state must agree to serve all children who qualify, with the federal government providing an overall fixed grant to the state.

Medicaid (Title XIX): Children are eligible for Medicaid and federal matching funds based upon family income, which can be up to 185% of the federal poverty level. Children placed into foster care are eligible for Medicaid, regardless of the income of the foster parents. Medicaid-eligible children are entitled to receive early and periodic screening, diagnosis, and treatment (EPSDT) services. Federal EPSDT regulations require these services to be comprehensive, health-related services. EPSDT regulations also permit states to finance services identified as needed through this screen, even when they are not part of the state’s regular array of reimbursable services, as long as they are a part of the federal definition of eligible services. States can use this option to fund early intervention services and developmental screenings of a very comprehensive nature. If a child has been identified as having a rehabilitative treatment need, services to address that need can be funded under Medicaid. States have used the EPSDT and rehabilitative treatment needs option to fund family-centered services, child-focused training and support for foster and birth parents in carrying out developmental plans, and early intervention home visiting services such as Healthy Families. Medicaid also has funded ongoing care coordination and targeted case management services supporting child development.

Title IV-E: Title IV-E is primarily directed toward providing for the care and maintenance of children in foster care. States must determine a child’s eligibility for Title IV-E, which is based upon the economic and social circumstances of the child’s family at the time of placement. Nationally, over half of the children in foster care are eligible for Title IV-E payments. Title IV-E generally covers basic foster care payments to foster parents on a matching basis, with states defining what constitutes maintenance care. Some of the supports that foster parents need to provide developmental help can be included either in the general payment or special transportation and other allowance payments under Title IV-E. In addition, Title IV-E covers training programs, with a 75% federal matching rate, providing a major opportunity for leveraging federal funds for enhanced training and support opportunities for foster parents.

IDEA – Parts B and C: The federal Individuals with Disabilities Education Act (IDEA) covers special education for both pre-school and school-aged children. Part C of IDEA, the Early Intervention Program for Infants and Toddlers, provides an entitlement to services for infants and toddlers who experience developmental disabilities and delays or physical and mental conditions with a high probability of resulting in delay. States set specific eligibility criteria. The law permits “parents,” which includes biological and adoptive parents, a relative with whom a child is living, a legal guardian, and, in some instances, a foster parent or other caregiver, to receive services. These may include parent training and counseling, parental support groups, home visits, and respite care to enhance the development of their children. Parents contact the Part C agency for a developmental assessment of their child, and, where the Part C agency identifies a need, the agency develops, with family input, an Individualized Family Service Plan (IFSP) to guide services. Part B of IDEA covers pre-school children in a similar fashion.

attachments need to be developed with those who will serve that parenting role on a permanent basis. By assuming custody for the child, the child welfare system and the state become responsible for the care, education, nurturing, and healthy development of the child.

There are opportunities for early intervention, involving work with the parents on parenting and nurturing practices, as well as providing developmental services directly for the child.

Many children come to the attention of the child welfare system for reasons that require a less drastic response than removal from their parents' care, however. With very young children, most confirmed or substantiated cases involve neglect, or failure to provide adequate care and supervision. This represents an

important warning signal that children are not receiving the stimulation and support they need to progress at normal developmental rates. There are opportunities for early intervention, involving work with the parents on parenting and nurturing practices, as well as providing developmental services directly for the child. Even in instances where a child abuse report is made and the child welfare investigation or assessment provides no confirmation of abuse or neglect, workers often find that the families and their children have significant needs that, left unaddressed, can lead to child developmental delays and problems related to readiness to learn. Failure to address these needs may also result in subsequent referrals to child protective services.

Addressing School Readiness in the Investigation or Assessment of Child Abuse. When child abuse reports are made for families with young children, child protective service workers must conduct investigations or assessments to determine the safety of the child and the risk of maltreatment. These investigations usually focus upon whether a specific event occurred that met the state's definition of abuse or neglect, in order to determine whether the "case should be opened" and the state should provide services to address that abuse or neglect and/or monitor the family to insure that abuse or neglect does not recur. States that have moved to assessment systems generally still have a primary emphasis upon determining whether abuse or neglect has occurred, but also take a broader focus of examining the family's overall circumstances, identifying other issues that might be addressed to strengthen families and support child well-being and development.

During this investigative or assessment process, the child welfare system has the opportunity to identify any developmental or special health issues that these young children may have. Potentially, this could include referring a child for either a comprehensive EPSDT check-up that includes developmental screening or an Individuals with Disabilities Education Act (IDEA) evaluation through early intervention or special education. In either instance, this not only provides the screening, but also starts the process for providing developmental services for any

Parent Guides

In Great Britain, local child protection authorities provide parents who are the subjects of their inquiries or investigations with a short, easy-to-read manual describing the parents' rights in the inquiry process and what they can expect to occur. Many of these manuals also provide basic information about locally available health and child development services available to families. These manuals have been helpful in creating more receptivity between the subjects of the inquiry into abuse and neglect and the service systems designed to provide support to the child. They represent another avenue for parents to access health and developmental screenings and follow-ups for their children.

For more information: Many local authorities in Great Britain produce these guides. The Dartington Social Research Unit at the University of Bristol in Devon is a research and policy arm for child protection policy and can provide additional information on this aspect of Great Britain's system. The Family Rights Group also provides assistance to parents who are involved in the system and is a source of information.

identified needs. The term "comprehensive EPSDT" check-up is used to indicate a truly comprehensive assessment of the child's health and developmental needs (which is technically required but often not provided under services billed as EPSDT visits).

In most instances, the parent or guardian's permission is required to conduct any such screening of the child (it may be possible to obtain a court order in extreme circumstances, or to enable the child protective service system to conduct such a screen in the case of abandonment or inability to locate the parent). The parents who are the subjects of child abuse and neglect investigations or assessments are often fearful of what workers can do, which makes training of workers important in presenting this opportunity in a manner that is less threatening and more supportive.

In addition, the child welfare system can provide resources and information to parents that alert them to possible developmental issues, including where they can go to receive help. If provided in multiple languages and geared toward a seventh grade reading level, such resources can provide information that these parents and guardians otherwise might not receive or know about.

In short, the following activities can be undertaken within the investigative or assessment process to help insure the child protective service system works as an early detection system for developmental issues in very young children that, if not addressed, will threaten their readiness for school:

- Provide focused training to investigators and assessors on identifying signs of health and developmental concerns among very young children, including

an understanding of ways to encourage parents to agree to developmental screens and ways to establish effective referral structures with health care providers for comprehensive EPSDT check-ups, early intervention screenings, and special education evaluations.

- Set an expectation for investigators and assessors to identify and respond to the health and developmental concerns of young children, including the commensurate additional time and resources to take on this responsibility.
- Develop culturally and linguistically appropriate resource and informational materials for parents and guardians regarding the developmental needs of young children, in collaboration with health and child development specialists, and, where appropriate, provide these to parents and guardians who are the subject of investigations and assessments.
- Establish, within Medicaid, a system for ensuring that EPSDT check-ups of children referred through the child welfare system are comprehensive in scope and address developmental issues and delays and that the prescribed treatment is, in fact, provided.

Addressing School Readiness While Monitoring Children and Families and Providing In-Home Services. When cases are opened due to a determination of child abuse or neglect (or when parents voluntarily accept services without a determination, as is possible in many states), child welfare workers have additional options to address young children's health and development. Further, this can apply to all young children in the family, whether or not they were the subject of the specific abuse or neglect report. They can recommend, and in some instances require, parents and children to participate in services as part of their case plans. In many instances, case plans include some form of counseling or parent education, but these may not focus upon specific health or developmental issues that exist in the family's young child or children.

In addition to such counseling or parent education, case plans also should include health and developmental plans for the children. This can involve meeting regular well-child health check-up schedules that involve developmental assessments and responses to those assessments. It can include participation in Head Start or other enriched pre-school programs. A checklist developed for use with children in foster care by the New York State Permanent Judicial Commission on Justice for Children provides a useful set of questions that could be adapted for use in all ongoing cases, whether or not the child is in foster care.

Further, as described in Part One, a large percentage of very young children in the child welfare system have special needs, including: health conditions requiring extra care and support; developmental delays or mental retardation requiring extra patience; or behavioral issues requiring extra efforts to establish consistent

Checklist for the Healthy Development of Children in Foster Care

1. Has the child received a comprehensive health assessment since entering foster care?
2. Are the child's immunizations complete and up-to-date for his or her age?
3. Has the child received hearing and vision screening?
4. Has the child received screening for lead exposure?
5. Has the child received regular dental services?
6. Has the child received screening for communicable diseases?
7. Has the child received a developmental screening by a provider with experience in child development?
8. Has the child received mental health screening?
9. Is the child enrolled in an early childhood program?
10. Has the adolescent child received information about healthy development?

Source: New York State Permanent Judicial Commission on Justice for Children. *Ensuring the Healthy Development of Foster Children: A Guide for Judges, Advocates and Child Welfare Professionals*. [Full guide reproduced in Appendix]

disciplinary and nurturing parental practices. Beyond counseling or parent education, parents may need training and support in dealing with complicated caregiving regimes or challenging behaviors their children exhibit, as well as respite services to enable them to refuel themselves. They may benefit from participation in peer support groups, such as Parents Anonymous or the Federation of Families with Mental Health Needs.

In short, the following activities may be undertaken during case planning and service provision and monitoring for families who become involved in the child welfare system:

- Include a child health and development planning section within case planning work for families with very young children.
- Provide specific training and support to workers on how to develop such case plans and the range of resources they may enlist in following through on those options, including access to Head Start and other enriched pre-school programs and use of early intervention and special education services to develop individualized plans.

- Include specific training for parents to address special health care or developmental needs, potentially funded through Medicaid under EPSDT as a rehabilitative treatment service targeted to addressing the child's special health needs.
- Develop relationships with existing parent support groups and programs and work with organizations in the community to support the development of new or additional support groups, when identified as a need for children and parents in the local system.

In most instances, working with parents or guardians rather than in spite of them, is a key to success. Parents or guardians often are struggling to keep their families together, and these services and supports should help them in this effort. As parents see their children's development and lives improve, the family stress that often led to the abuse or neglect will likely be reduced.

Addressing School Readiness Needs During Placement. When removal is necessary to protect the child, the system has an even heightened responsibility to address the health and developmental needs of the child. Even very young children experience separation anxiety and some separation loss when removed from their biological home. In fact, it is common and expected to see some regression in behavior among very young children who are removed from home, a reversion back in their developmental progress. If comprehensive health and developmental screenings have not occurred during the investigative or assessment process, they

Birth to Three Services Program

The Birth to Three Services program is a recent initiative of the Illinois Department of Child and Family Services (IDCFS). The state now requires that every young child (0-3) in foster care receive a developmental screening by a trained developmental specialist and be provided with appropriate services based on that screening. Foster and adoptive parents are involved in the program, but are not permitted to decline any of the services identified as necessary. Birth to Three Services began as a public/private partnership, but is now fully funded through state appropriations for staff, equipment, and screening activities. In order to provide enrichment services for children deemed at-risk, IDCFS also appropriates \$2 million of child care funds to cover the cost of private, early childhood programs for foster children.

For more information: This Illinois program is managed by Andria Goss, Program Director, Illinois Department of Children and Family Services - Early Childhood, 100 W Randolph St, Suite 6 – 200, Chicago, IL 60601.

Voice	312/814-5988	E-mail	agoss@idcfs.state.il.us
Fax	312/814-8945	Website	http://www.state.il.us/dcfs

certainly need to be conducted at this point. Again, the New York State Permanent Judicial Commission on Justice for Children's Checklist represents a model for practice that could be incorporated into judicial and departmental protocols and even into state statute. State regulations should be clear that, when removal does occur, the state has the authority and is mandated to conduct EPSDT, early intervention, and special education assessments, regardless of the wishes of the birth parents. Illinois has developed a special program to ensure that developmental screenings and follow-up services are provided when children are placed into foster care.

While foster parents receive basic training, most state systems do not provide specialized training, particularly in early child development, that focuses upon special needs children. While many states have some form of enhanced or therapeutic foster care to deal with children with special health care needs or particularly challenging behavioral issues, this often is limited to children who have been chemically exposed or have congenital abnormalities that require special medical care. Foster parents of very young children may have limited experience or access to expertise in caring for, or even recognizing, very young children with developmental issues. Training in early childhood development and responses to specific developmental issues, and establishment of support networks among foster parents to provide additional sources for information can help in addressing such developmental issues. Foster and adoptive parent associations can be excellent resources in providing information, training, and support, but they require resources to do so.

Iowa Foster and Adoptive Parent Association Partnership

The state of Iowa provides ongoing funding support for the Foster and Adoptive Parent Association to strengthen the ability of foster parents to connect with and support one another. This support has enabled the association to provide specialized training and support programs and develop local foster parent support groups, which work with local department offices in providing resources and information that foster and adoptive parents identify as needs. The partnership has strengthened both recruitment and retention of foster and adoptive parents, and provided new channels and opportunities for foster and adoptive parents to receive training and support around special child development issues and concerns.

For more information: Iowa's association is managed by Lynhon Stout, Iowa Foster and Adoptive Parent Association, 6864 NE 14th St, Suite 5, Ankeny, IA 50021.

Voice 515/289-4567

E-mail

lstout@ifapa.org

Fax 515/289-2080

Website

<http://www.ifapa.org>

Further, although reunification with the birth parents occurs in most cases, there often is limited communication between foster and birth parents and limited sharing

of specific caregiving, disciplinary, and developmental practices between the two, which can often result in a child's experiencing additional separation issues when reunified with the birth parents. With training and support, many foster parents can serve as "reunification partners" in the fostering process and facilitate frequent, structured contacts between birth parents and the young child that can support both reunification and positive child development. The Family-to-Family Initiative of the Annie E. Casey Foundation has shown the value of developing more neighborhood-based foster care systems which enable this level of contact, and has a wealth of materials providing guidance on how to create such systems.³²

Family-to-Family

The Annie E. Casey Foundation has supported neighborhood-based foster care services in a number of poor neighborhoods across the country. This program seeks to develop foster care arrangements within six blocks of the child's birth home — to reduce the separation loss that occurs when a child is removed by continuing the ties the child has in the neighborhood and to facilitate reunification through very frequent structured contacts with birth parents. Called "Family-to-Family," the initiative has succeeded in minimizing separation loss and enhancing reunification activities. Further, foster parents often serve ongoing, post-reunification roles in supporting birth parents and young children, providing an additional source of developmental support and guidance.

For more information: The Annie E. Casey Foundation has produced a series of guides related to different aspects of the Family-to-Family Initiative. These include reports on recruiting and retaining foster parents, conducting family group conferences, and redesigning the work of child protection. They can be ordered from their publications voice line at 410/223-2890 or their website, available at <http://www.aecf.org>

In addition to foster parent training and support to foster parents in their direct care and their work with birth families, the child welfare system also can help ensure that young children receive necessary enriched developmental opportunities such as Head Start, Early Head Start, and other early education programs. Children in foster care are automatically eligible for Head Start, and should be eligible for most existing, state-supported early care and education programs. Foster parents should be supported in making sure that children participate in such programs, and provided support for carrying out developmental plans in their home that are recommended as an adjunct to such programs. Federal financial participation under Medicaid may be available to cover such training and support activities for foster parents, when these are directed specifically to addressing a rehabilitative need of the child in care.³³

Finally, foster parents serving very young children, particularly those with multiple needs, themselves require respite care. This may include skilled respite caregivers or arrangements for the child to participate in appropriate early care and education programs.

In short, the following activities may be undertaken by child welfare agencies to address the school readiness needs of young children who have been placed into foster care:

- Include protocols within departmental and court activities that ensure that basic and developmental health needs of foster children are identified and addressed, with tracking and monitoring features to ensure they receive high priority.
- Provide specialized training to foster parents of young children on child development issues (the importance of touching, holding, playing, and reading to young children), with opportunities for advanced sessions around developmental issues and concerns specific to the child in care.
- Facilitate foster parent support groups, through foster parent associations or other mechanisms, to enable foster parents of young children to support and learn from one another and from experts in the field.
- Develop neighborhood-based foster care systems that enable frequent, structured contacts between foster and birth parents to support reunification efforts that create smooth transitions and address the child's developmental needs and reduce the likelihood of disrupted placements.
- Incorporate enriched developmental services, including Head Start and other child care and pre-school programs, into the service planning and support.
- Provide necessary support and compensation to foster parents to take on enhanced responsibilities, including covering the time, transportation, and costs of training, carrying out developmental plans in the home, working with birth parents, and arranging for developmental activities.
- Provide respite services to foster parents enabling them to address the demands of their work.
- Ensure that all services recognize and respond to the cultural and linguistic identity of the child and the child's parents and caregivers.

Addressing School Readiness Needs in Adoption. In extreme circumstances of abuse, neglect, or abandonment, very young children will never be able to return to their birth home and parental rights must be terminated. In these cases, adoption is clearly the best alternative. Many adoptions of very young children actually occur through the fostering process, but many are arranged with adoptive parents who did not initially serve in a foster parent role.

As with foster parenting, many of the same issues apply to adoptive parenting. Even infants and very young children who are adopted may have serious developmental issues and concerns, although some of these issues may not be apparent at the time of the adoption.

It is important that adoptive parents have access to training, support, and information in their role as adoptive parents that can address developmental issues and challenges as they are manifested. Whether or not such adoptions are classified initially by a state as “special needs” adoptions, young children may have special developmental issues that will need to be addressed. Even under “special needs” adoption provisions in many states, adoptive parents may not be provided similar supports to those provided foster parents related to “special care needs,” although the same needs are present. “Special needs” adoption provisions should assure that the developmental needs such as attachment and bonding of young children are covered.

Particularly in the first five years of life, support to adoptive parents around child development issues can reap huge dividends. The child welfare system can play a significant role in assuring that adoptive parents are connected to the information and supports that can help their adopted children succeed.

Adoptive Parent Instruction

Even very basic instruction to adoptive parents can produce strong dividends. One of the highlighted research-based programs effective in improving the mental health of pre-school children is a Scandinavian-based instructional program for adoptive parents on developmental issues. By providing developmental information aimed at helping parents identify early symptoms of mental challenges in their children, the program has shown itself to be effective at improving parental ability to respond to developmental issues and to improve the social and emotional health of adopted children. The effectiveness of this approach was established for all adoptions, not simply those through the child welfare system. In particular, adoptive parents through international adoptions may benefit from special educational programs addressing both cultural and developmental issues around such adoptions.

For more information: This and other research-based programs to improve young child mental health and development are found in: Olds, D., Robinson, J., Song, N., Little, C., & Hill, P. *Reducing Risks for Mental Disorders During the First Five Years of Life: A Review of Preventive Interventions*

In short, the following activities may be undertaken to support successful adoptions of very young children who cannot be returned to their birth homes:

- Conduct comprehensive health and developmental screenings prior to adoption that fully inform adoptive parents of current and potential developmental issues and offer access to future assistance and support when needed.

- Insure that “special needs” adoption provisions include very young children and allow for potential or emerging developmental issues that may not have manifested themselves at the time of adoption.
- Insure that adoptive families recognize and respond to the cultural and linguistic identify of the child.
- Insure that foster children who are adopted continue to exercise their right to Head Start and other enriched pre-school experiences to which they are entitled.

A key component of successful early childhood initiatives and prevention efforts in the child welfare system is strong partnerships among a variety of stakeholders.

Getting Started: Opportunities for Action.

As repeatedly stated throughout this brief, child welfare professionals cannot and should not assume full responsibility for addressing the developmental needs of the young children they serve. A key component of successful early childhood initiatives and prevention efforts in the child welfare system is strong partnerships among a variety of stakeholders.

One way to build these partnerships is through task forces and other planning groups. Many states have established task forces, committees, or other intergovernmental structures that are focused on building early childhood systems and achieving the 1st National Education Goal. Some are very broadly designed, while others are more focused – on pre-school or on early care and education services.

Often, such planning groups have a majority of their membership from the early care and education (child care and pre-school) world. Still, they usually include representatives from health, family support programs such as home visiting, and human services. They may involve parents, including parents of children with disabilities, although they usually do not include parents, foster parents, or advocates of parents involved with the child welfare system.

Child welfare professionals and advocates can seek to join existing state or local early childhood planning groups or committees. This represents a strong opportunity to share information and knowledge with a receptive group of stakeholders who can be advocates for change. Child welfare professionals and advocates can help create subcommittees that focus specifically on young children in the child welfare system, in order to insure that these children’s special needs receive appropriate attention.

Alternatively, child welfare professionals and advocates can invite other early childhood professionals to join child welfare groups convened to address child development concerns. Where “school readiness” groups do not exist in the state, child welfare professionals can take the initiative and convene stakeholders to

address the developmental needs of young children in their care.

At a minimum, child welfare professionals are encouraged to seek information about existing services for young children and how to access these services for the children and families they serve. Particularly at the local level, staff can be encouraged to develop relationships with early childhood staff in their communities. It sometimes is amazing how a brief conversation over a cup of coffee or a soft drink can facilitate getting good things done for children and their families.

Accurate, state-level information can be persuasive in getting policymakers to recognize the need for child welfare to play a part in school readiness initiatives.

Developing these partnerships and relationships can and should lead to new actions. In particular, many of the enhancements to the child welfare system described in the preceding sections can be developed on a demonstration basis, particularly in local jurisdictions which have shown a particular enthusiasm for making such changes. It may be possible to secure specific funding for demonstrations, based upon the recommendations of school readiness committees, task forces, or intergovernmental structures, where funding for immediate statewide implementation would not be possible. Demonstrations often have the advantage of providing the enhanced funding that is necessary to build up the child welfare system's response and learn by doing, without imposing mandates that, however logical in terms of purpose, cannot be met without additional resources and supports (e.g. "unfunded mandates"). By being part of planning structures and building relationships with other early childhood stakeholders, child welfare professionals and advocates have new opportunities for securing resources for system change.

One of the keys to this work is likely to be good information. Child welfare professionals and advocates may be able to collaborate with universities and other research partners to collect and present state-specific information on young children in the child welfare system and their developmental and school readiness needs. Some of this information currently exists in the child welfare system but may not have been assembled and presented with a "school readiness" audience in mind. Accurate, state-level information can be persuasive in getting policymakers to recognize the need for child welfare to play a part in school readiness initiatives.

Many states are in the process of developing indicators of school readiness designed to assess progress toward the goal that "all children start school ready to learn." Such indicators will be used to determine needs, identify effective practices, and convince policymakers that additional resources are needed to achieve the 1st National Education Goal. As much as is possible, data detailing the developmental and readiness needs of young children in the child welfare system should be

included among these indicators. This data also should be available for inclusion in other state reports on child well-being, including state Kids Count reports and other state and local reports on child and family well-being.

In short, the following activities may be undertaken to start the process of including enhancements to child welfare in broader state strategies to achieve school readiness:

- Seek information from and develop relationships with early childhood service providers to ensure access by young children in the child welfare system.
- Seek membership and participation on state- and community-level early childhood systems development and school readiness task forces, committees, or other intergovernmental structures.
- Use this membership and participation to focus specific attention on the special needs of young children in the child welfare system.
- Develop options for testing or demonstrating school readiness strategies for young children in the child welfare system through state and community planning structures.
- Develop state-level information on young children in the child welfare system and their school readiness issues and needs, with the broader early childhood audience in mind.
- Press to incorporate measures related to children in the child welfare system and their school readiness challenges into child and family well-being indicator systems in the state.

Summary. The above recommendations can seem daunting; particularly to workers, administrators, and advocates in child welfare systems that are struggling to perform their existing responsibilities well. Adding on new tasks and responsibilities without new resources and supports not only will put further stress on the system, it will not be effective in producing positive gains.

At the same time, there are many potential partners who should take the majority of the responsibility for providing the health and developmental services young children need to achieve school readiness. The health system, the early intervention system, the special education system, and the early care and education system (particularly enriched programs such as Head Start) all have significant roles to play. Since most young children in the child welfare system are eligible for or are currently covered under Medicaid or the State Children's Health Insurance Program (SCHIP), financial access to health and developmental services should be available. All children with developmental issues are eligible for assessments and services on Part B and Part C of IDEA. For those who are not eligible but are covered under private health insurance plans, those plans should cover (or regulation could require them to cover) such health and developmental services.

The current public and policymaker interest in school readiness represents an opportunity for building this greater capacity within the child welfare system. Some of the illustrations provided throughout this brief represent or began as demonstration programs – where new resources were set aside specifically to address these concerns.

The child welfare community and advocates for child welfare can be pro-active in presenting these opportunities to state or community planning groups currently focusing upon school readiness issues, which often initially are primarily focused upon education and child care concerns, with memberships primarily with backgrounds in those areas. Bringing the child welfare community into those planning efforts is needed – and can pave the way for enhancements to the child welfare system that contribute to better achieving the 1st National Education Goal for those children most at risk of missing out on it. These partnerships can also contribute to achievement of the child well-being goal of the child welfare system.

A Note About Judicial Leadership

While the primary focus in this brief has been upon executive and legislative branch policymakers, judges and attorneys have a crucial role to play in helping states and communities ensure optimal child development for all children. Their role can include that of conveners, monitors, activists, or educators. In many communities, judges have convened the appropriate stakeholders to identify existing services, duplication of efforts, and service gaps both for children who are court-involved and for other children in the community. In other communities, judges have mandated developmental assessments and monitored the delivery of developmental services for children under their jurisdiction. In still other sites, judges and attorneys have served as advocates by writing editorials, talking with business and government leaders, and holding forums for court personnel and others about the importance of promoting young children's optimal development, and thus readiness for school.

With few exceptions, judges have access to the majority of youngsters entering the child welfare system. It is incumbent upon them to use their power to make sure that all children under age six are appropriately screened for developmental issues and that services are provided to

Judges and attorneys can bring much needed attention to the needs of vulnerable young children, both in court and in their communities.

address identified needs. The New York State Permanent Judicial Commission on Justice for Children has been cited previously and is just one example of leadership by judges and others in the juvenile court system concerned about children's well-being. A key component of New York's effort has been education and training for all those involved in the court process about the health and developmental needs of children in foster care.

The National Center for Children in Poverty has identified other examples of judicial leadership in promoting young children's optimal development, several of which are highlighted on the next page. For additional information, see *Improving the Odds for the Healthy Development of Young Children in Foster Care*.³⁴

As the following examples demonstrate, judges and attorneys can bring much needed attention to the needs of vulnerable young children, both in court and in their communities. By asking appropriate questions and insisting that caseworkers pay attention to children's developmental needs, they contribute to ensuring that children receive the services that they need to enter school ready for formal learning.

Selected Examples of Judicial Leadership

Family Drug Treatment Courts

Based on success with drug courts (those designed to allow criminal substance abusers to receive treatment rather than jail time), Family Drug Treatment Courts have arisen to address the needs of both the parent substance abuser and the children. Collaboration among numerous stakeholders is a key component of these efforts, with a special focus on addressing children's health problems. Led by judges, ten such courts have been established and are currently operating across the country, with early results showing success in helping parents stay sober and reducing children's time in foster care.

Miami Dependency Court Intervention Program

Led by Judge Cindy Lederman, the Dependency Court Intervention Program in Miami is a court-initiative demonstration project funded by the U.S. Department of Justice targeting young children and women with co-occurring domestic violence and child maltreatment. Each child under age six who is adjudicated dependent by the court receives a comprehensive assessment of his or her cognitive, language, social, and emotional development. The assessment also includes observations and evaluation of the parent and child relationship. Comprehensive intervention and prevention services are provided to meet identified needs. Based on this successful effort, the Dade County Juvenile Court, Eleventh Judicial Circuit of Florida, was selected as one of the state's three Infant and Young Children's Mental Health Pilot Project sites. Judge Lederman also mandates that all children receive EPSDT screenings and, if appropriate, referrals to Early Intervention and other services such as Head Start.

Superior Court of Santa Clara County, California

Judge Leonard Edwards, supervising judge of the Juvenile Dependency Court in San Jose, California, holds frequent hearings on individual cases, including pursuing critical questions about children's health and developmental needs and on-going monitoring to ensure that needed services are delivered. He insists that case plans address developmental issues and solutions. Judge Edwards continues his leadership in the community by working with other stakeholders to improve and expand existing services needed by young children involved with the court system and their families.

New York Legal Aid Society Juvenile Rights Division

The Juvenile Rights Division of New York City's Legal Aid Society employs a designated attorney to ensure that young children involved with the courts receive early intervention and special education services. The attorney works closely with other professionals and provides training and on-going consultation on early intervention services to the interdisciplinary staff of the Legal Aid Society, New York City child welfare caseworkers, and child advocates.

Part Three – Promising Approaches

While the majority of federal, state, and local early childhood initiatives are not specifically targeted to young children in the child welfare system, they often have a strong focus addressing the needs of children at high risk of poor outcomes. Lessons from these efforts can help inform deliberations about how to ensure that young children in the child welfare system have strong foundations for future success.

This section highlights some “promising approaches” for strengthening responses to the nation’s most vulnerable babies, toddlers, and preschoolers. Several projects are designed specifically for young children in the child welfare system. As states work more diligently to define and measure child well-being, more attention is being directed toward prevention and early intervention services that can be accessed at the first signs of risk, danger, or developmental delay.

Center for the Vulnerable Child and Services to Enhance Early Development Oakland, California³⁵

The Center for the Vulnerable Child (CVC) foster care program at Children’s Hospital of Oakland serves children and their biological and foster families through a variety of family-focused services including assessments, support groups, home and clinic-based mental health consultation, and case management. Collaborative relationships and an interdisciplinary team of physicians, nurses, psychologists, and social workers provide primary health care, child development screening for children, short-term mental health services, and a rich array of support services for families and foster parents.

A partnership initiative between the CVC and the Alameda County Department of Social Services, Services to Enhance Early Development (SEED) is a pilot project providing therapeutic interventions and care coordination services for children under age three in foster care. Staffed by four child welfare workers and a public health nurse, SEED provides individual developmental and family needs assessments (with foster parents), and obtains a complete medical history of the child. Biological families are encouraged to participate when appropriate.

Community Partnerships for Protecting Children³⁶ Jacksonville, Florida; Cedar Rapids, Iowa; Louisville, Kentucky; and St. Louis, Missouri

The Community Partnerships for Protecting Children initiative is working with four communities and their states to fashion a more neighborhood-based child protective service system that builds upon community supports in preventing the occurrence and recurrence of child abuse. While not focused explicitly on children birth to five, a substantial share of the work is with families with very young children.

Family Care and Baby's First Lorain County, Ohio³⁷

While not specifically focused on young children, a partnership between the Lorain County Board of Mental Health, Lorain County Children's Services, Lincoln Counseling Center, and the Guidance Center of Lorain County provides specialized support services for children and their foster families when the placement is at risk of disruption. Services through Family Care include specialized in-home training, behavior management programs, and collaborative treatment plans. There is 24-hour assistance available to foster parents trying to cope with children who bring with them the problems associated with abuse, trauma, or neglect.

Baby's First is a community-based program providing behavioral health services to families with infants and toddlers (up to age four). Recognizing that parents and caregivers provide the essential emotional attachments for healthy development in the early years, the program helps families access concrete services such as food, housing, and medical care; offers developmental guidance focused on helping parents and caregivers learn growth-enhancing strategies that takes into account family values, culture, and capacity; provides parent–infant relationship counseling to help parents and caregivers understand how things that have happened to them can get in the way of providing nurturing environments; and serves as an advocate to help families to receive support from other service systems such as foster care and health care. Baby's First also provides in-home visits for those without access to transportation.

Family Care Program Round Rock, Texas³⁸

The Family Care Program of the Texas Baptist Children's Home provides residential services to mothers and their children who are at high risk of out-of-home placement. Targeted to families with low incomes, poor housing, and inadequate parenting skills, the program places three to five single mothers and their children with a staff family in small cottages. The staff family provides case management, role-modeling, and coaching in parenting, discipline, effective communication, meal preparation, daily planning, and other life skills. A qualified therapist provides group and individual counseling. Child care is available to allow parents to seek employment, work, attend appointments, or go to school. Limited support services and financial assistance are also available on an as-needed basis for one to two years after placement.

The Family Care Program has been successful in helping families remain together. In addition, the majority of graduates are employed when they leave the program (average stay is four months) and several have gone on to college, including law and medical school.

Kinship Care

El Paso County, Colorado³⁹

Passage of welfare reform in 1996 led human service officials in El Paso County, Colorado to re-think their approach to both cash assistance and child welfare. The key operating principle rest on the premise that Temporary Assistance to Needy Families (TANF) must be the primary prevention program for child welfare and that child welfare must become an antipoverty program. Under this approach, \$6.5 million in flexible TANF funds have been invested in prevention services and TANF, food stamps, Medicaid, child care, and related programs have been re-defined as supports to strengthen families.

One of the key prevention programs under this approach is the Kinship Care Program. Kinship families work closely with a special team composed of TANF technicians and child welfare staff to identify what is needed for relatives to successfully raise their kin, when parents are unable to assume that role. Services include grandparent support groups that connect families with community resources; help in establishing legal guardianships, allowing grandparents to approve medical treatment and school enrollment; and family preservation services. The team also has access to flexible funds to help families - similar to wraparound services in child welfare but funded by TANF.

A second component of El Paso County's kinship care services is a subsidized guardianship program for grandparents who have had grandchildren for an extended period of time and are currently receiving foster care payments. This strength-based approach transfers custody from the state to the grandparents and offers voluntary services designed to deliver just what the family feels they need.

The El Paso County Department of Human Services also provides a support program for teen parents and supplemental funding through TANF to enhance the quality of child care. One such enhancement is partnering with Head Start to create full-day, full-year child care with slots reserved for children in the child welfare system.

According to the 2000 census, grandparents today are the heads of household for 6.3% of the country's children, whether through formal kinship care agreements reached with child welfare agencies or through voluntary agreements and arrangements. The growth in grandparents and other relatives serving as primary caregivers for children has place increasing importance on providing systems that recognize and support kinship care, such as in El Paso. In addition, grandparents and other relatives often face unique challenges in raising these children. The Children's Defense fund has produced a series of guides specifically devoted to helping grandparents take on this responsibility and role.⁴⁰

Kinship Center's Seedling Project Orange County, California

Kinship Center is a child placement and mental health organization licensed statewide in California, offering an integrated array of programs to support families, including: adoption and foster care services, developmental and mental health services, and parent and professional services.

In 2001, Kinship Center established the Seedling Project in Orange County to ensure that infants and young children in the foster care system have early comprehensive screenings, developmental and mental health assessments, and appropriate mental health services. In addition, the Seedling Project provides highly specialized training and individual coaching for parents and caregivers.

Initially funded with a special grant, the Seedling Project now draws down Medicaid funds, through EPSDT. The Seedling Project first used *The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC 0-3)*, a recognized and effective tool for assessing young children. While some states have a federal Medicaid waiver to use diagnoses from DC 0-3 as a screen, California does not. In order to bill Medicaid, Kinship Center uses the DC 0–3 and then crosses over to DSM IV diagnoses that are recognized by Medicaid. Kinship Center staff has received training from national mental health professionals in learning how to translate diagnoses for young children into DSM IV language and thus meet federal Medicaid requirements.⁴¹

Parents and Children Together Birth-to-Five Initiative Detroit, Michigan⁴²

The Birth-to-Five Initiative is a partnership between the Wayne State University and the Michigan Family Independence Agency designed to provide specialized training via internships to post-bachelor professionals to enhance their skills in working with young children in the child welfare system. All foster children involved in the initiative receive a developmental screening and follow-up services as need determines. Parents and Children Together (PACT) staff – infant mental health specialists, university interns, and an early intervention service coordinator – meet with biological and foster parents, make home visits, and provide individual and family counseling, parent education groups, and parent-child interaction activities. PACT also provides transportation and food vouchers and ensures that each child has a medical home.

The Reginald S. Lourie Center for Infants and Young Children Montgomery County, Maryland⁴³

The Reginald S. Lourie Center for Infants and Young Children, under contract to the Department of Health and Human Services, provides a therapeutic nursery program (TNP) for young children with a variety of social, emotional, and behavior issues, including those traumatized by abuse or neglect. Issues addressed include attachment problems, excessive fears, frequent tantrums, hyperactivity, poor peer

and adult interactions, aggressive behavior, or depression.

The half-day, classroom-based preschool runs year-round and fosters appropriate social, intellectual, emotional, and physical growth in each child through classroom interventions by specially trained staff and family involvement through family therapy, parent education and support groups. In addition, TNP provides consultation to child care providers and teachers as needed. Assistance in transitioning to regular preschool or kindergarten following graduation is also provided.

An interdisciplinary team of mental health professionals and early childhood educators staffs the program. A child psychiatrist and a psychologist provide consultation and testing.

Since the Center began operating the TNP, more than 50 young children have been served. The majority has successfully transitioned to regular classrooms in child care or school. Montgomery County's Department of Health and Human Services, private fees and grants, and donations to the Center fund the TNP.

Regional Intervention Program (RIP)

Nashville, Tennessee⁴⁴

While not specifically focused on children in the child welfare system, Tennessee's Regional Intervention Program (RIP) targets families with pre-school age children with behavior problems. Through direct practice and supportive feedback, this internationally recognized program teaches parents the skills they need to work with their children. Phase two of the program involves parents working in the program teaching other parents. No formal diagnosis is needed for eligibility and any parent with concerns about their child's behavior may attend. RIP is provided through the Child and Youth Program of the Middle Tennessee Mental Health Institute.

Shared Family Foster Care⁴⁵

Locations throughout the United States

Shared Family Care refers to the planned provision of out-of-home care to parents and their children when the parent and host caregivers jointly share the care of the children. The host family is specially trained to provide mentoring and support for the biological parents to help develop the skills needed to care for the children and live independently. Several models exist across the U.S., the majority of which are focused on teen parents such as the Adolescent Mothers Resource Homes Project of the Children's Home and Aid Society of Illinois and the Pregnant Adolescent Treatment Homes Program of the Children's Home Society of New Jersey.

Targeting adult parents and their children, the Whole Family Placement Program in Minnesota and A New Life Program in Philadelphia, Pennsylvania, provide specially trained host families for whole families referred by child protective services or probation staff. The Whole Family Placement Program targets parents reunifying with their children in out-of-home care, those completing substance abuse treatment

programs or prison terms, parents with mental illness, those with low IQs, and parents leaving domestic violence situations. Families remain the primary caretakers of their children with the host family providing advocacy, resources, and mentoring in parenting and daily living skills.

The New Life Program targets African American women who are addicted to crack cocaine, are pregnant or have an infant, and have a history of out-of-home placements. Services include substance abuse treatment and relapse prevention services, activities to strengthen the mother's capacity to care for her child, and information about how to access community resources. Mentoring families come from the community who share the same cultural background. Mentors are specially trained to support mothers in their recovery, model good parenting behaviors, provide instruction in life skills, and provide mothers and their babies with a stable home.

Recent research indicates that shared family care is especially effective with homeless mothers and their children, those with poor parenting skills, and those with substance abuse problems. Young children in families with these risk factors are all at risk of out-of-home placements.

**Starting Early, Starting Smart
Sponsored by the U.S. Department of Health and Human Services and
Casey Family Programs⁴⁶**

Recognizing the importance of healthy social and emotional development in young children, Casey Family Programs and the U.S. Department of Health and Human Services launched a four-year demonstration program in 2000 to provide child- and family-centered programs that provide behavioral health services. These specific services include: mental health, substance abuse prevention and treatment, and family counseling and parenting to families through familial settings such as health care and child care. Twelve sites were funded – five primary health care clinics and seven early childhood sites (including five Head Start programs). This public and private partnership seeks to address six risk factors associated with poor outcomes – cognitive deficits, early behavior and adjustment problems, parental psychological problems, poor parenting practices, difficulties with peer relationships, and relationships with teachers. Through collaborative efforts at each site, parents learn how to effectively use community services, how to deal with their children's problems more appropriately, and how to support their children's healthy growth and development.

Early findings indicate that SESS interventions have been successful in increasing access to services and in changing behaviors among caregivers and their children. Caregivers in need of behavioral health services reduced their substance use more than a comparison group and significantly improved their use of appropriate discipline methods and positive reinforcements for their children's behavior. SESS caregivers also significantly increased learning stimulation in the home, in marked

contrast to a decrease in comparison homes. Finally, children showed significant reductions in both externalizing and internalizing problem behaviors.

Starting Young Program Philadelphia, Pennsylvania⁴⁷

The Starting Young Program is a multidisciplinary developmental diagnostic and referral service targeting babies and toddlers (those under 30 months old) receiving services through the Philadelphia Department of Human Services (the child welfare agency). The evaluation team includes a pediatrician, child psychologist, speech-language pathologist, physical therapist, pediatric social worker, early intervention specialist, and the youth's child welfare worker and foster or biological parent. Both young children in foster care and those receiving in-home child welfare services are eligible for services.

Funded through a private grant and various federal and state resources, the program is designed to improve the health and developmental outcomes of infants and toddlers in the child welfare system. Objectives of the program include:

- Identifying developmental and medical problems;
- Facilitating access to evaluations and intervention services;
- Establishing linkages between pediatric, child welfare, and early intervention agencies to improve coordination of services;
- Training child welfare personnel to identify infants with developmental and medical risk factors and how to access services for them; and
- Training medical students in multidisciplinary, collaborative models of service.

Other than the evaluations, Starting Young does not provide direct services. Results from the program indicate that of the 300 children evaluated, 41.2% were referred for additional medical evaluation and treatment and nearly half met the criteria for enrollment in early intervention services, a rate much higher than the 10–12% usually found in the general population. More than 500 child welfare professionals have been trained; about 90% of all referrals for evaluation come from those who participated in the training.

West Boone Early Head Start Spokane, Washington⁴⁸

A partnership among the Spokane County Early Head Start, the Casey Family Program, and the Marycliff Institute established the West Boone Early Head Start to provide child development and parent–child support services to young children in foster care. The Casey Family Program operates a network of family foster care programs. Marycliff Institute is a group of mental health therapists and researchers. The full-day Early Head Start program is designed to enhance the healthy development of infants and toddlers in out-of-home placements and promote reunification with their biological parents.

Joint plans are developed for each family, balancing the needs of the child with the requirements of Child Protective Services (CPS) for the family. Parents generally spend five days each week learning new skills to promote their child's healthy development and safety and how to strengthen their bond with their child. The majority also participates in the Circle of Security, a special program designed by Marycliff to promote attachment and bonding. Families also have access to mental health consultants with clinical supervision and home visits.

Program staff has regular contact with CPS workers and with Court Appointed Special Advocate (CASA) volunteers who are viewed as vital links for sharing information with the courts. Finally, the program also provides training for CPS and CASA staff about child development and program requirements.

Summary. The programs and initiatives highlighted above reflect creative approaches that states and communities have taken to ensure that young children at high-risk of poor outcomes, including lack of school readiness and academic failure, have the services they need to be successful. Most are based on partnerships among child welfare agencies and other stakeholders concerned with children's well being.

Child welfare officials should also remember, as noted in Section Two, almost all young children who come into contact with the child welfare system are eligible for existing early childhood services. All children aged four and under in foster care are eligible for Early Head Start (for infants and toddlers) and Head Start (for three- and four-year-olds). In addition, almost all infants and toddlers should be eligible for Early Intervention Services (Part C of IDEA), including developmental screenings and services to meet identified needs. All child welfare staff should have information about these and other early childhood programs and how to access them.

A review of the literature on effective practices to promote healthy development in young children confirms that the following components are needed in any effort to address the special needs of the nation's most vulnerable infants, toddlers, and preschoolers:

- Participation in quality early child development programs such as Early Head Start, Head Start, or child care.
- Access to mental health services for the child, foster parents, and biological parents, as appropriate, such as mental health consultants in Head Start or child care programs, therapeutic nurseries, or in-home visits by therapists.
- Family support services to help foster parents and biological parents learn how to create healthy, stimulating environments for young children.
- Access to health care, including a primary care physician.

In addition to the programs identified in this resource brief, there is a growing body of "research-based" programs that have shown, through rigorous research

standards, to improve the social and emotional, as well as cognitive, development of children. An additional source of information on research based programs for young children, with a particular focus upon prevention of mental, behavioral, and emotional problems, is found in an excellent report prepared for the Center for Mental Health Services (CMHS) by David Olds and his colleagues at the Prevention Research Center for Family and Child Health at the University of Colorado Health Sciences Center. The report is entitled *Reducing Risks for Mental Disorders During the First Five Years of Life: A Review of Preventive Interventions*.⁴⁹

Appendix

<http://www.nycourts.gov/ip/justiceforchildren/PDF/ensuringhealthydevelopment.pdf>

Endnotes

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About the Authors

Linda McCart is a Senior Associate with SECPTAN, with the responsibility of providing technical assistance to Arkansas, Kansas, Kentucky, and Missouri. She received her B.A. from Southwestern State University, her M.S.W. from the University of Oklahoma and her Juris Doctorate from Oklahoma City University. Most recently, Linda was the Chief of Early Childhood Services for Montgomery County, Maryland, where she focused on creating partnerships among public and private agencies and organizations and improving the quality of existing early childhood services. She was the Executive Director of the Ohio Family and Children First Initiative under former Governor Voinovich, developing state and community infrastructures, budgets, and accountability mechanisms with the state's child serving agencies. Prior to her position in Ohio, Linda was the Program Director for Children and Social Services for the National Governors Association (NGA), where she provided technical assistance to states on a variety of human service issues and staffed NGA's work on school readiness issues, including the Governors' Campaign for Children under then-chair Governor Dean.

Charles Bruner is Network Director and a Senior Associate with SECPTAN, with the responsibility of providing technical assistance to Arizona, California, Colorado, and Wisconsin. He holds an M.A. and Ph.D. in political science from Stanford University, and received his B.A. from Macalester College. He serves as Executive Director of the Child and Family Policy Center, a nonprofit organization he established in 1989 "to better link research and policy on issues vital to children and families." Prior to that time, he served twelve years as a state legislator in Iowa. Charles has written widely on public policy approaches to developing more comprehensive, community-based responses to children, family, and neighborhood needs and devoted considerable time to the early childhood field, with an emphasis upon more preventive and voluntary services and supports to families with young children that can help achieve the first National Educational Goal.

Dr. Patricia Schene has worked in the field of children and family services for over 25 years, as a state administrator, private agency director, researcher, and teacher. She has a Doctorate in public administration from the University of Colorado with a specialization in non-profit agencies, a Masters from the University of California, Berkeley in political science, and a Bachelors degree in political science from Hunter College in New York City. Dr. Schene served seventeen years on the staff of the American Humane Association (1987-1995), the last eight as Director of AHA's Children's Division. Since 1995, Patricia has worked independently as a consultant on children and family services, with a particular emphasis upon child protection. She has worked with the states of Arkansas, Illinois, and Colorado in the design and implementation of policy and practice changes in settlement agreements or consent decrees resulting from class action lawsuits. She also served as a member of the prestigious JFK School of Government Executive Session to develop a new paradigm for child protective services and has published numerous reports in the child welfare arena, including a 1998 article, "Past, Present, and Future Roles of Child Protective Services" in the Packard Foundation's *The Future of Children* series.

