



The Core Components of the Safe Babies Court Team™ Approach

ZERO TO THREE's Safe Babies Court Teams (SBCTs) focus on concrete strategies that allow the professionals who interact most directly with families to improve the parents' and their children's experience of the child welfare system. The SBCT approach is based on 12 core components that articulate a developmentally sensitive way to respond to child maltreatment of infants and toddlers. Although we have always focused on foster and birth parents (newly added as Core Components 5 and 7), we have not previously carried that focus into the core components. Carried across all 12 core components is the SBCT aspiration to address the poverty, trauma, and racism that most of our families confront. Every one of the 12 core components contributes to our racial equity and human dignity platform.

Each SBCT works to implement all 12 components locally, using their unique knowledge of their community to find local solutions that meet the developmental needs of infants and toddlers in foster care.

1. Judicial Leadership: Before there is an SBCT, there is a judge or a child welfare agency leader who is tired of seeing the children become the parents and then the grandparents of babies in foster care, who is passionate about doing right by babies, and who recognizes the importance of the child's first 3 years. They recognize the value in reforming the child welfare system's response to the youngest children as an initial step in avoiding the next generation of child maltreatment. From the bench, the judges set the tone of dignity and respect. Their demeanor reflects an understanding of how traumatic experiences contribute to the parents' behavior in hearings and interactions with social services. Judges set an expectation that hearings are conducted in a caring and thoughtful manner, leading the effort to reduce the adversarial nature of court proceedings. The judges keep everyone focused on achieving timely permanency and resolving the issues that brought families into the system. This approach reduces the stress level of both families and professionals in the court. Off the bench, judges also know that their best efforts are insufficient if they are not combined with the work of the whole community. Local judges in SBCT communities are the catalysts for change because of their unique position of authority in the processing of child welfare cases.

2. Local Community Coordinator: In each SBCT community, a local Community Coordinator with child development

expertise works with the judge to lead the SBCT. The Community Coordinator, with technical assistance provided by ZERO TO THREE, coordinates services and resources for infants and toddlers and their families within the local community. In addition, the Community Coordinator is responsible for staffing the stakeholder team (see Core Component 3), recruiting new members to the stakeholder team, entering data about the families served into the SBCT database, and representing the Court Team in various community efforts as well as the national SBCT learning community. Experience has taught us that the Community Coordinator should be employed full-time. Because of the multiple responsibilities of the position that include developing the community team and resources, the SBCT should adhere to a caseload limit of no more than 20 open cases at any one time. Saturating the work with more than 20 families per coordinator dilutes the quality of work done with each family.

3. Active Court Team Focused on the Big Picture: The SBCT is made up of key community stakeholders who commit to restructuring the way the community responds to the needs of infants and toddlers who are maltreated. The SBCT meets monthly to learn about the services available in the community, review data, identify gaps in services, and discuss issues and patterns raised by the cases that members of the SBCT are monitoring (see Core Component 8). Participation in the SBCT is by open invitation. It is anticipated that the diversity of agencies represented will expand over time.

4. Targeting Infants and Toddlers Under the Court's Jurisdiction: Comprehensive services are offered to each child, including screening for developmental delays and disabilities, medical care delivered in a medical home, and mental health services that focus on the parent-child relationship.

5. Valuing Birth Parents: Because the first permanency goal is to help parents and children reunify, SBCTs must respond to the needs of the birth parents and the wide variety of traumatic stressors present in the parents' lives. The families served by SBCTs face an overwhelming number of risk factors in comparison with the general population. Almost all of the parents of young children who enter the child welfare system have suffered their own history of trauma (Hudson, Beilke, & Many, 2016; Van Der Kolk, 2014). There are many forms of prejudice that families in the child welfare system confront because they are poor; unmarried; lesbian, gay, bisexual, or transgender;

adhere to non-Christian religious beliefs; or lack education. People of color bear the brunt of this oppression (American Psychological Association, 2016). Members of SBCTs must treat all parents with dignity and respect to develop an emotional connection with families that permit us to build genuine relationships of concern and support.

6. Concurrent Planning and Limiting Placements: From the baby's point of view, it would be ideal if the person who agrees to take physical custody of the child when she is removed from her parents' care would also agree to become the child's permanent parent if the birth parents are unable to overcome the challenges that led to the need for a foster care placement. Very young children make sense of their world within the context of their relationships with a few cherished caregivers. All too often the transition into foster care carries with it several transfers between foster homes.

Concurrent planning places equal emphasis on supporting a second permanent family in the event that reunification is ruled out. It needs to begin at removal. To be successful, the team must support a mindset about fostering that values birth parents, understands the importance of placement stability, and recognizes the complicated dynamics that can come into play between birth and foster parents. Regardless of the final permanency outcome for the child—reunification, guardianship, or adoption—a relationship would ideally continue between the birth and foster parents after the child welfare case closes.

7. The Foster Parent Intervention: Mentors and Extended Family: Referred to by some experts as the primary intervention for children in foster care (C. Zeanah, personal communication, April 24, 2015), foster parents play a pivotal role in determining how safe and nurtured young foster children feel. Their role is multifaceted (Shauffer, 2012):

- a. To provide loving care for children placed with them.
- b. To advocate for the children in their homes.
- c. To nurture healthy relationships between the children in their care and birth parents, siblings, and extended family.

Balancing these roles requires training and support from the child welfare agency prior to and—just as important—while foster parents are engaged with a child and his family. They should be regarded as respected members of the SBCT who participate in family team meetings, court hearings, and community training.

8. Pre-Removal Conferences and Monthly Family Team Meetings: Every day that babies spend in foster care limbo is a **day we should be trying to resolve the issues that led to the child's removal from home.** With pre-removal conferences, we can begin our work before the child is removed from the home. Structured in much the same way family team meetings are organized, the parents are invited and asked to bring with them anyone they consider to be members of their support network. The meeting is facilitated by a trained mediator, either someone engaged by the child welfare agency or the Community Coordinator. The pre-removal conference sets the tone for the family team meetings that occur monthly. **Parents and**

their chosen circle of support are key participants in these meetings.

9. Frequent Family Time (Visitation): The SBCT Project sees family time as a critical way to help the child and parents experience one another as loving partners in their relationship. Each family has their own strengths and challenges when it comes to spending time together, and plans for supporting their relationship must be formed on an individualized basis. Very young children become attached to their parents whether the parents are able to provide consistent loving care or not. Although the quality of that attachment may be insecure or even disorganized, separating a young child from her parents is still painful (Goldsmith, Oppenheim, & Wanlass, 2004). The goal of family time is to permit the child and parent to keep the other a living presence in their lives and to improve the parent's responsiveness to the child's needs. Research has found a correlation between the frequency of family time and the length of time it takes for the child to reach permanency: having more planned visiting days each week was linked to the likelihood that children will achieve permanency within a year; each additional visit tripled the odds (Potter & Klein-Rothschild, 2002).

10. Continuum of Mental Health Services: Infants and toddlers who have experienced trauma may benefit from mental health services that work with them and their parents and foster parents to learn to trust again and form secure attachments and relationships with their birth parents and foster parents. Parents who maltreat their very young children need some level of intervention to help them understand their children's needs and learn ways to build strong supportive bonds. The intensity of the intervention should mirror the specific characteristics of the parent and child as well as the level of preexisting trauma in their relationship and in the parent's own childhood experiences. In order of intensity, recommended interventions include the following:

An assessment of the parent–child relationship. Relationship assessments include two primary procedures (Lieberman & Van Horn, 2007): a structured interactional play assessment that reveals how the caregiver behaves with the child and an interview with the adult to understand the adult's "working model of the child." This allows the clinical evaluator to assess the adult's ability to provide appropriate care to the child.

Teachable moments. Taking advantage of in-the-moment opportunities to help parents successfully respond to their child's behavior.

Visit coaching. Visit coaches can come from a range of professions including child welfare caseworkers, in-home service providers, and Court Appointed Special Advocate volunteers. They work closely with the parents to make each visit a good experience.

Psychoeducational parenting intervention. In individual sessions with parents and their young child, a trained professional shares information on child development and how best to meet the child's needs while assisting the parents in using newly acquired information and skills.

Child–Parent Psychotherapy. In Child–Parent Psychopathy, the clinician seeks to heal the relationship between the child and the parent by helping the parent develop a realistic assessment of the child’s needs and abilities. In determining the number of families referred for Child–Parent Psychopathy, the SBCT family teams will need to work closely with the mental health clinicians providing services to SBCT families to avoid exceeding capacity.

11. Training and Technical Assistance: ZERO TO THREE staff and consultants provide training and technical assistance to the SBCT community on topics such as infant and toddler development; parenting interventions; services available to foster children in the community; children and trauma; as well as parental substance abuse, domestic violence, mental illness,

and poverty. Through weekly team meetings and individual supervisory calls, SBCT Project leadership staff provide support and direction to each of the Community Coordinators. By participating in ZERO TO THREE’s annual Scientific Meeting and Annual Conference and in the SBCT annual Cross Sites meeting, the Community Coordinators, judges, and key members of the SBCTs are integrated into the larger framework of ZERO TO THREE’s efforts on behalf of infants and toddlers.

12. Understanding the Impact of Our Work: Each SBCT evaluates its work. The approach is focused on bringing key participants into continuous quality improvement and evaluation planning. Continuous quality improvement is a process for identifying areas of strength to build on in future work and challenges to address through deliberate action.

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