The Safe Babies Court Team™ Approach: Core Components and Key Activities

ZERO TO THREE
Early connections last a lifetime

ZERO TO THREE's Safe Babies Court Team™ (SBCT) approach applies the science of early childhood development in meeting the urgent needs of infants and toddlers and strengthening their families.

- *The goal* is to advance the health and well-being of very young children and their families, so they flourish.
- *The target population* is children birth to three years of age under court jurisdiction, who are in foster care or at risk of removal, and their families.

SBCTs focus intensively on:

- Driving best practices for babies, toddlers, and their families,
- Removing barriers to racial equity and social justice, and
- Empowering parents and elevating the parent voice.

SBCTs provide structure for cross-sector teamwork that functions at two levels:

The **Family Team** uses a trauma-informed lens to ensure very young children and their parents receive expedited, comprehensive services and supports that:

- prevent children's removal and placement in foster care,
- promote reunification and other lasting permanency outcomes,
- strengthen family **protective factors** including enduring, positive social connections, and
- protect and build safe, stable, and nurturing early relationships.

The **Active Community Team** brings stakeholders together to address the needs of children and families involved with the dependency court and the child welfare system. It focuses on reducing disparities, addressing gaps in systems coordination, and driving improvement through new practices and policies. This team also advocates for comprehensive and equitable community services to prevent child abuse and neglect. These include **two-generation programs** and services that address the **social determinants of health.**

ZERO TO THREE's National Resource Center supports implementation of SBCTs.

The National Resource Center for the Infant-Toddler Court Program provides training and technical assistance to any dependency court, family treatment court, child welfare agency, or statewide effort to support effective implementation of the SBCT approach.

This approach is guided by a strategic framework that identifies the following areas of focus:

AREA 1 Interdisciplinary, Collaborative, and Proactive Teamwork

AREA 2 Enhanced Oversight and Collaborative Problem-Solving

AREA 3 Expedited, Appropriate, and Effective Services

AREA 4 Trauma-Responsive Support

AREA 5 Continuous Quality Improvement

Within this framework there are ten core components.

Each of the SBCT ten components is necessary. They work synergistically to produce best outcomes for children and their parents.

The section that follows provides a description of each core component and its key activities.

See *Definition of Terms* on page 6 for explanations of bolded terms.

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AREA 1

INTERDISCIPLINARY, COLLABORATIVE, & PROACTIVE TEAMWORK

At the heart of the SBCT approach is professionals coming together in partnership, across sectors, to engage in collaborative and proactive teamwork. This teamwork depends on leadership and staffing that supports the shift away from doing business as usual and towards improvement - always keeping the urgent developmental needs of infants and toddlers at the center of decision making.

CORE COMPONENT 1: Judicial and Child Welfare Leadership

Together, the Judge and Child Welfare decision makers:

- Champion and model cross-system collaboration to improve services and systems for infants, toddlers, and their families
- Support and engage in the collaborative work of the **Active Community Team**
- Develop partnerships at the state and local/county level to implement new policies that support improved practices across systems and promote sustainability of improvements

CORE COMPONENT 2: Local Community Coordinator

The Community Coordinator:

- Serves in a full-time position, working with up to 20 families at a time, due to the intensity and expansive nature of the role
- Provides a consistent, strong voice for infants, toddlers, and their parents
- Facilitates real-time information sharing and collaboration among the cross-sector professionals working to support the child and family (the **Family Team**), including coordinating and participating in **Family Team Meetings**
- Explores and coordinates community-based resources for SBCT families
- Builds relationships and forms new partnerships across traditional and non-traditional services and systems

CORE COMPONENT 2 (CONTINUED):

- Identifies training needs and facilitates the provision of training for community stakeholders on best practices and effective services
- Supports the convening of regular **Active Community Team** meetings
- Alerts the **Active Community Team** to gaps in and barriers to services for SBCT families

CORE COMPONENT 3: Active Community Team

The cross-sector stakeholder **Active Community Team:**

- Fosters a learning environment that encourages an interdisciplinary approach to meeting the needs of children and families, reducing the **siloing of services**
- Identifies and responds to: gaps in the availability, accessibility, and alignment of services for children and families involved with the dependency court and child welfare systems; needed systems reforms; and supportive community services needed in preventing child maltreatment
- Advocates for, facilitates access to, and participates in multidisciplinary trainings to enhance capacity to better meet child and family needs, including training on trauma-informed care and **reflective practice**
- Installs new policies/procedures at the local/county level that reinforce and sustain best practices across systems

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AREA 2

ENHANCED OVERSIGHT & COLLABORATIVE PROBLEM-SOLVING

Frequent review hearings allow the Judge to provide close oversight of progress on the case. This judicial oversight goes hand-in-hand with the Family Team's proactive, problem solving work. Pre- or post-removal conferences are critical, setting the collaborative tone for Family Team Meetings and launching vigorous family engagement efforts from the start.

CORE COMPONENT 4: Pre-/Post-Removal Conferences and Family Team Meetings

The Judge:

- Establishes more frequent review hearings to ensure close judicial oversight and sets the expectation for frequent 'out of court' **Family Team Meetings (FTMs)**
- Sets the tone for and encourages interdisciplinary collaboration and problem-solving by the **Family Team**

The Family Team:

- Convenes a family engagement conference prior to the child's placement in foster care, so that the family can help to make the transition as smooth as possible for the child and all involved (pre-removal conference); when this is not possible, the meeting is held as soon as possible after the child's placement in foster care (post-removal conference)
- Convenes frequent **FTMs** - SBCT best practice is that they are held monthly with individual families
- Engages collaboratively in courageous and difficult conversations to address the safety and well-being of the child and family
- Expedites timely screenings, assessments, and referrals as early as possible in the case process

The Family Team, continued:

- Identifies and addresses new needs as quickly as possible
- Provides the platform for **concurrent planning** and transition planning
- Fosters an environment of compassion, transparency, and child-focused problem-solving that is also responsive to the parent's needs

The Community Coordinator:

- Ensures that neutral facilitation is incorporated in **FTMs**, either facilitating directly or arranging for an outside facilitator
- Provides scheduling, agendas, and post-meeting summaries that capture key events and strategies
- Serves as a liaison for identifying community-based resources and supports (such as transportation funding, car seats, cribs/toddler beds, food, medicine, utility payments) to help families access needed supports

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AREA 3

EXPEDITED, APPROPRIATE, & EFFECTIVE SERVICES

The Judge, Community Coordinator, and Family Team ensure that child and family needs are systematically and fully identified as early as possible in the case process and that referrals are made in a highly individualized way to address specific needs with effective services and interventions.

CORE COMPONENT 5: Continuum of Services for Children and Families

The Judge:

- Establishes more frequent review hearings to monitor progress in the case and ensure reasonable efforts; SBCT best practice for infants and toddlers is review hearings that are held monthly
- Seeks information from professionals and the family about the timing, appropriateness, and effectiveness of services that the child and parent(s) are referred to/receiving
- Holds the **Family Team** accountable for proactive efforts in pursuing appropriate services to meet the family's individual needs and promote best practice

The Community Coordinator:

- Seeks creative solutions that address barriers families face in accessing formal and informal supports
- Connects with community providers to explore referral processes and problem-solve to expedite access
- Identifies trainings that will help stakeholders address the **social determinants of health**

The Family Team:

- Ensures assessment-driven needs identification, including assessment of the parent-child relationship and child and parent trauma
- Prioritizes evidence-based interventions, including those with promising research evidence
- Ensures timely referral to children's services including: regular well-child visits where children receive age-appropriate developmental screenings, immunizations; Part C-Early Intervention services and other developmental supports; and Infant and Early Childhood Mental Health services
- Ensures timely referral to high-quality, trauma-informed mental health and substance use disorder prevention and treatment services for parents; primary and other needed health care services for the parent (e.g., postpartum care); and evidence-based parenting interventions
- Ensures timely access to services and supports that address basic needs and the **social determinants of health**
- Regularly monitors cases to ensure referrals are made and services are received

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AREA 4

TRAUMA-RESPONSIVE SUPPORT

All professionals involved in the SBCT understand the impact of the families' trauma history, including experiences of child maltreatment, on adults and their very young children. They collaborate in creating an atmosphere that promotes healing and resilience for very young children and their families.

CORE COMPONENT 6:
Meeting Parents Where They Are

- Fostering a compassionate court and 'out of court' climate that takes a healing, rather than punitive, approach
- Engaging and valuing parents with kindness and respect in all interactions
- Responding to parents' histories of trauma and adversity and underlying mental health issues
- Increasing awareness of different forms of bias, including structural racism and discrimination
- Empowering parents by creating opportunities to increase their capacity for self-advocacy, confidence, and motivation
- Building parental resilience and improved functioning with appropriate supports
- Shifting perceptions and bias about substance use disorder so that it is recognized as a complex, recurring medical condition that necessitates a therapeutic approach

CORE COMPONENT 7:
Nurturing Parents' Relationships and Building Social Supports in the Community

- Supporting parents in making social connections and building strong, enduring social supports
- Creating formal and informal opportunities for building mentoring relationships and social supports for parents, within their community and cultural circle
- Developing peer support networks to help parents navigate the child welfare system and, where relevant, to support recovery from substance use disorder
- Broadening knowledge of the value of co-parenting and implementing strategies for building co-parenting relationships between parents and **resource families**

CORE COMPONENT 8:
Frequent, Quality Family Time

- Is carefully planned to minimize anxiety and stress, and prevent retraumatization, for both children and parents
- Occurs as soon as possible following removal establishing (a) an immediate plan created that specifies when families can expect the earliest contact with their child, and (b) an ongoing plan for frequent time together to support the child's attachment needs
- Is as frequent as possible (ideally several times a week) when appropriate and safe, with the provision that creative, alternative quality family time arrangements can be identified to assist the child in maintaining family connections
- Takes place in a comfortable setting that is safe and appropriate for an infant or toddler, with developmentally appropriate toys and books and where it is safe for the child to crawl and play on the floor
- Takes place in a comfortable setting where the parent is unintimidated by the environment, well-supported, and where there are natural opportunities for nurturing moments that strengthen attachment (homelike settings like the resource caregiver's home, a library, or outdoor play space)
- Provides mentoring and modeling to parents that strengthens their sense of agency and capacity for nurturing, protective caregiving

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AREA 4

TRAUMA-RESPONSIVE SUPPORT (CONTINUED)

CORE COMPONENT 9: Concurrent Planning

- For each case, a thoughtful individualized plan is developed emphasizing stable, nurturing relationships that will help the young child heal from trauma
- Parents are actively engaged in planning for a feasible alternative permanency plan, should it be necessary, beginning on Day 1
- The focus of the concurrent plan is on protecting early caregiving relationships, addressing **protective factors**, and ensuring proactive efforts to promote reunification or other lasting permanency outcomes for the child
- All interactions with parents are strengths-based, respectful, transparent, and compassionate

AREA 5

CONTINUOUS QUALITY IMPROVEMENT

Continuous quality improvement is the engine that drives effective uptake and sustainability of the SBCT approach. This means systematically collecting data and using it to reflect on and implement needed improvements.

CORE COMPONENT 10: System Commitment to Continuous Learning and Improvement

- The Community Coordinator or other designee at the local site collects and enters program data into the national **SBCT Database** or other state database
- The Community Coordinator helps communities to use their data to tell the story of successes or challenges in making and sustaining improvements, with specific attention to racial/ethnic and other disparities
- The Judge, Community Coordinator, and **Family Team** use data to monitor, identify, and improve implementation progress and outcomes at the child and family level
- The **Active Community Team** shares a commitment to continuous learning and improvement and to sharing data among community partners for continuous quality improvement at the systems level

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DEFINITION OF TERMS

- The ***Active Community Team*** is a stakeholder group of community partners that commonly includes Early Intervention, Infant and Early Childhood Mental Health Services, Early Head Start, Adult Mental Health and Substance Use Disorder Treatment and other child and family prevention and intervention services and supports.
- ***Concurrent Planning*** promotes timely permanence for children in foster care by considering reunification alongside other permanency options at the earliest possible point after a child's entry into foster care (see https://www.childwelfare.gov/pubs/concurrent-planning/).
- The ***Family Team*** includes the Community Coordinator; Parent, Family, and other Supports; Child Welfare Caseworker; Parent Attorney, Child Attorney or GAL, Agency Attorney; CASA; and Service Providers.
- The SBCT ***Family Team Meeting (FTM)*** is a participatory planning and decision-making practice grounded in the science of early childhood development – that is, heavily focused on protecting and nurturing young children's early caregiving relationships and ensuring timely services to meet their developmental needs. **FTMs** equally focus on promoting families' strengths and accomplishments and building relationships among family members and professionals, allowing them to work together to problem-solve and proactively address barriers to reasonable efforts. **FTMs** begin early in the case and continue until a permanency decision is reached.
- ***Protective Factors*** are factors that reduce the risk child abuse and neglect: nurturing and attachment, parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and family interactions that help children develop the ability to communicate clearly, regulate their emotions, and form healthy relationships (see https://www.childwelfare.gov/pubPDFs/guide_2018.pdf and https://cssp.org/our-work/projects/protective-factors-framework/).
- ***Reflective Practice*** can be understood as critical self-reflection and self-awareness in relationship to one's professional practice that involves examining past actions, emotions, experiences and responses and using that information to understand how/why one responds a certain way (see Leering, M. (2014). Conceptualizing reflective practice for legal professionals. *Journal of Law and Social Policy, 23*(5), 83-106).
- ***Resource Families*** is a term that the Administration for Children and Families Children's Bureau is encouraging the child welfare field to use in lieu of foster parents. Resource families encompass all types of out-of-home caregivers: foster parents, foster-to-adopt families, and kinship caregivers. This shift in terminology recognizes that resource families are critical partners for child welfare professionals because they provide care for children who cannot live with their parents and they can play a crucially supportive role in reunification (see https://www.childwelfare.gov/topics/permanency/recruiting/)
- The national ***SBCT Database*** is managed by the National Resource Center, which provides technical assistance for continuous quality improvement through the use of regular site data reports tracking SBCT implementation and outcomes.
- ***Siloing of services*** is caused by long-standing funding and professional education practices that can result in family-serving systems and agencies operating independently of each other. This can inadvertently cause barriers to access or gaps in service delivery.
- The ***Social Determinants of Health*** are environmental factors that enable parents to provide nurturing care and for children to thrive: family economic stability, food security, and housing stability; education and employment pathways; social supports and social cohesion; access to quality health and mental health care; and a safe home, neighborhood, and community environment (https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health).
- ***Two-Generation Programs*** build family well-being by intentionally and simultaneously working with children and the adults in their lives together (see https://ascend.aspeninstitute.org/two-generation/what-is-2gen/)

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