

HILLSBOROUGH COUNTY INFANT AND TODDLER STUDY

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EXECUTIVE SUMMARY

INTRODUCTION

In 1999-2000, during investigations of child abuse and/or neglect, the Department of Children and Families (hereafter “DCF”) increased the number of children in out-of-home shelter placements in Hillsborough County by approximately 80%. In fiscal year 1999, 1,793 Hillsborough County children under the age of three were victims of child maltreatment, representing 26% of the total child victims for this reporting period (Brown & Lipien, 2000). Local child advocates and professionals, led by the Children’s Board and DCF, called for immediate action and an analysis in order to understand the nature of young children entering out-of-home care and their families. The number of children, under the age of three, placed in over-crowded foster/shelter homes was of special concern.

This study sought to answer critical questions:

1. To what extent could out-of-home placements been prevented through adequate in-home family preservation efforts?
2. Are the children placed in out-of-home care receiving the support and services needed?
3. What efforts are being made to reunify these children with their families, if deemed safe to do so?
4. What barriers to facilitating timely, appropriate permanency are present in the current system?

HIGHLIGHTS OF FINDINGS

The study findings indicate that most shelter placements were necessary, as these children and families had multiple problems that jeopardized the safety of the children. Interventions would have had to occur prior to this latest incident. Children were frequently placed with caretakers who were not given sufficient resources to meet their needs. Successful reunification would require significant resources to be in place for both the children and the parents, with a need for additional permanency options to be explored when these efforts failed. The following issues provide further challenges to the child protection system:

REPEATED HISTORY OF CHILD MALTREATMENT

The young children in Hillsborough County who were sheltered during this study period, and their families, are a group with multiple needs and significant risk issues. Ninety-seven percent had been victims of prior abuse and/or neglect and 45% of the families had had prior children removed from their homes due to maltreatment.

Twenty-five percent of the 60 families reviewed had had two or more children removed prior to the study child’s removal. Of those with no prior removals, 94% had prior reports, with most (79%) having one or two prior reports. Thirty-three percent of families had at least three prior reports. All families having four or more prior abuse reports had at least one prior removal.

REPEATED HISTORY OF PARENTAL PROBLEMS

Of the parents in this study, 25% had been in foster care as children. This percentage is probably an underestimation because this is not standard information gathered or kept in the case files.

Parents of the children in this study had additional problems that supported and sustained environments that continued to be unsafe for their children. Most mothers were teenagers when they first became parents and had long histories of unemployment, substance abuse, criminal activities, domestic violence, and prior maltreatment of older children. Fathers also had histories of criminal activities, including as perpetrators of domestic violence and substance abusers. Very little evidence was gathered during this study to support any multiple system's approach to working with these families.

PROBLEMS WITH TEMPORARY PLACEMENTS

Placement options for the children were not always fully explored, or were severely limited. Thirty-seven percent of the children were placed separately from their siblings. Most shelter/foster homes were over capacity regarding the number of children they were licensed to have in the home. Including foster parent biological children, the number of children in the home ranged from two (a medical services home) to 18. One home had eight to 10 children on any given day; another home had five adopted children and 11 foster children, which included three sibling groups. These large family units did not allow for sufficient one-on-one time with the small child.

Caretakers reported having insufficient resources to meet young children's needs. Very few of the children reviewed had had an early health screening, or any intervention geared at remediating the effects of early abuse and/or neglect. Foster parents and caseworkers expressed concerns for these children, such as high anxiety in the child; excessive slapping, biting, and screaming; delayed emotional development as well as suspected developmental delay; and a need for educational and learning toys.

HIGHLIGHTS OF RECOMMENDATIONS

- Practice must include Early Health Screenings, such as the Early and Periodic Screening, Diagnosis and Treatment Service (EPSDT), for all young children entering the shelter system.
- Develop and implement policies and practices for matching children with the most appropriate substitute caregiver who can provide stability while the child is in a temporary out-of-home placement.
- Assure that case workers understand and can implement effective concurrent case planning with families whose history places them at low probability for successful reunification.
- Develop plans for specialized recruitment, training and support for alternative caregivers, including assisting shelter, foster and relative caregivers in fostering developmental enhancement activities with the child, provide mentoring and parenting support to birth parents, mediate family decisions regarding placement and permanency goals, and case manage the permanency plan for the child.
- Implement multi-disciplinary health care programs: Community centers that offer early medical and psychosocial screenings with professionals experienced with victims of abuse and neglect and its effect on development; intensive case management, counseling, parent support and education, therapeutic nursery and respite care for birth and

alternative parents.

- Develop special programs for foster teens on pregnancy prevention, job training, mentoring, and parenting.
- Implement multi-disciplinary intensive interventions for parents that cross multiple systems of child protection, substance abuse, criminal justice and domestic violence. These systems must work together to develop and fund programs that share responsibility and outcomes for these adults.
- Expanded visitation resources for parents and their children to allow a minimum of a once a week visit which is sufficient in length to provide continuity of the bond between the parent and the child.
- Hillsborough County has many challenges as it seeks to strengthen its out-of-home care for all children who have been abused or neglected. Young children and their families require specialized care which meets all of their multiple needs. Child protection must work with WAGES, substance abuse, mental health, criminal justice, and early childhood professionals to develop programs that minimize the cycle of abuse that effects generations of families. The care of these children and families are our entire community's responsibility.

I. INTRODUCTION

In 1999-2000, during investigations of child abuse and/or neglect, the Department of Children and Families (hereafter “DCF”) increased the number of children in out-of-home shelter placements by approximately 80% in Hillsborough County. In fiscal year 1999, 1,793 Hillsborough County children under the age of three were victims of child maltreatment, representing 26% of the total child victims for this reporting period (Brown & Lipien, 2000). Local child advocates and professionals, led by the Children’s Board and DCF, called for immediate action and an analysis in order to understand the complex nature of the children entering out-of-home care and their families. The number of small children, under the age of three, needing to be placed in over-crowded foster/shelter homes was of special concern.

This study sought to answer critical questions:

1. To what extent could out-of-home placements been prevented through adequate in-home family preservation efforts?
2. Are the children placed in out-of-home care receiving the support and services needed?
3. What efforts are being made to reunify these children with their families, if deemed safe to do so?
4. What barriers to facilitating timely, appropriate permanency are present in the current system?

BACKGROUND

A GROWING PROBLEM

Children under age six are the subjects of 40% of the confirmed reports of maltreatment, although they represent only one-third of the child population in this country (National Center on Child Abuse and Neglect, 1996). Reports on young children increased 67% from 1986 – 1996 (Sedlak & Broadhurst, 1996). The youngest children are also the most likely to be victims of death or severe injury (Sorenson & Peterson, 1994). A 1997-98 *Hillsborough County Child Protection Study* (Barrett, Dollard, Brown and Lipien, 1999) indicates that infants/ toddlers most commonly experience neglect (69%) and they are at greatest risk for all forms of maltreatment.

Children in the United States are increasingly victims of violence, including domestic violence and child maltreatment. A large body of evidence suggests that many young children are living in compromised environments with their parents. Child maltreatment most often occurs in settings where multiple factors such as substance abuse, domestic violence, chaotic living arrangements, and poverty co-exist with the maltreatment. When children are placed under the auspices of the child welfare system, their lives and development continue to be disrupted. Even if permanency is achieved, the accumulated affective, physical, and cognitive assaults that children endured require continued rehabilitative efforts (Berrick, Needell, Barth, and Jonson-Reid, 1998).

The line between physical and psychological safety is not always clear. The psychosocial stress experienced in the first two years of life impacting children's subsequent brain development further complicates decisions that must be made very quickly (Gunnar, 1996). Child welfare professionals, from social workers to judges, are responsible for the fate of young children although many have poor knowledge of possible outcomes and inconsistent opinions about the most relevant issues.

YOUNG CHILDREN SERVED BY THE CHILD WELFARE SYSTEM

The children and families who come to the attention of the child welfare system are a population with a great need for services. A 1987 Cook County, Illinois study, provided a medical and psychosocial screening for 149 children entering foster care (Hochstadt, Jaudes, Zimo and Schachter, 1987). Results indicated that children entering care have a much greater incidence of chronic medical conditions, weight loss, and are significantly shorter than their peers in the general population. They also require greater amounts of sub-specialty care, have a high incidence of developmental delays, and major deficits in adaptive behavior with a large number of behavioral problems associated with psychiatric disorders. Several studies compiling data on children entering foster care, and additional research on abused and neglected children support these findings. Indications are that it is not separation or loss alone that predicts negative outcomes, but the context (i.e., family dysfunction and abuse) in which separation occurs (Bohman & Sigvardsson, 1985; Brown, Harris, & Bifulco, 1986; Quinton, Rutter, & Liddle, 1984; Wolkind & Rutter, 1985). The authors of the Illinois study attempted to isolate the socio-economic variable and found that children from comparable socio-economic backgrounds who reside in their birth parents' homes have a significantly lower incidence of medical and psychological problems than those children entering foster care (Hochstadt et al., 1987). Many studies also indicate that maltreatment of children alone puts them at greater risks of developing poor object relationships, which is a critical component to attachment (Crittenden and Ainsworth, 1990; Schneider-Rosen, Braunwald, Carlson, and Cicchetti, 1985; Sroufe & Fleeson, 1986).

CHILD DEVELOPMENT AND CHILD WELFARE

Occasionally, workers continue to assess the developmental risks for children after they have been placed, although this was inconsistent (Berrick et al., 1989, Halfon, Mendonca, & Berkowitz, 1995). Despite the 1997 expansion of eligibility categories for Early Intervention services, states continue to have strict requirements to be eligible for on-going services (Baltman, 1999). Poor coordination of services, limited continuity of care, and limited training of child welfare professionals in children's health care needs contribute to this situation (Silver, 1999). The research also indicates that because licensing requirements tend to focus on safety and capacity, little is done to insure that foster parents provide an environment conducive to the developmental needs of young children (Simms & Horwitz, 1996).

EXISTING MODELS FOR PRACTICE AND INTERVENTION

Existing models for intervention include the establishment of regional clinics for children involved in the child welfare system. One example is *The ENHANCE (Excellence in Health Care for Abused and Neglected Children) Program* in Syracuse, New York. This program, developed in 1991, provides a multi-disciplinary health care program for children in foster care. Children entering foster care receive medical and psychosocial screenings by child abuse professionals knowledgeable of the effects abuse and neglect have on victims and their development. Medical and psychosocial records are centralized, circumventing the problem of disconti-

nuity and incomplete records. Similar centers offer “one-stop shopping” services, such as intensive case management, counseling, parent support and education, a therapeutic nursery and respite care, to the biological and foster families and children. One such model is the Center for the Vulnerable Child (CVC) in Oakland, California, serving children in foster care, those newly reunified, and children of homeless parents. The CVC also offers multi-disciplinary assessment and treatment by an array of professionals including developmental pediatricians (Eagle, 1994). More extensive training for child welfare workers and foster parents is also recommended (Simms and Horwitz, 1996). Ultimately, it is clear that changes in policy and perhaps philosophy are indicated to truly safeguard the overall best interests of the child.

“Child welfare agencies have a challenging task of embracing a mission to provide multitiered, complex, and sometimes contradictory services. Children must be protected from harm, but families must be supported in an environment that seeks to promote lifetime permanence. When young children are involved, the task can be especially daunting. The early months of service may add up to a lifetime for young children as the choices child welfare workers and the courts make in supporting or neglecting them play out meaningfully in the life course of families. From a child’s perspective, every moment counts.” (Berrick et al., 1998).

The evidence clearly indicates that children being cared for within the child welfare system are a vulnerable population. Very young children entering the foster care system are the most likely to reenter the system (Berrick et al., 1998). If very young children must be removed from their families in order to ensure their safety, it is critical to understand and provide for their complex needs. The goal is twofold: 1) How can we minimize the negative outcomes that may result from young children being placed in out-of-home care; and 2) How can we maximize the services provided to continue nurturing the child’s healthy development?

PURPOSE OF THE STUDY

The Hillsborough County Infant/Toddler Study was undertaken in response to the recognized need for understanding the problems and issues faced by very young children receiving out-of-home care. The study examined the following:

1. Could placements have been prevented if adequate in-home family preservation services were provided?
2. Are the children in out-of-home placements receiving appropriate and adequate care?
3. What are the reunification efforts on behalf of children, who may safely be returned home?
4. What are the barriers to facilitating timely and appropriate permanency?

Additionally, the study sought to understand circumstances and issues leading to out-of-home placements for children; the placement experience of infants and toddlers in out-of-home care; and the effectiveness of services being matched to developmental needs.

II. STUDY METHODOLOGY

The study gathered data on children ages birth to three years who entered shelter care in Hillsborough County between September 1, 1999 and January 15, 2000. During this time, 120 infants and toddlers entered out-of-home shelter foster homes, relative placements and non-relative placements. Demographic and service system information on these children was provided by the Department of Children and Families. The information included the child's name, date of birth, abuse category or reason for service entry, name of shelter or foster care placement, the date service began, date service ended if the child had been reunited with family, and to whom the child was reunited.

Further, an advisory board made up of experienced child welfare and early childhood professionals, program directors, and foster parents was established to guide the study process. The advisory board helped identify the kind of information being sought and reviewed preliminary results to further refine the analysis process.

From the initial 120 children, 60 cases were randomly selected for in-depth case file reviews. A file review protocol was developed by the principal investigator and refined by a team of three reviewers experienced in the area of child welfare. The protocol included more complete information on the children, including ethnicity, the circumstances that brought the child into care, placement information and information on the child's and family's issues and service needs. Case file reviews were completed between March 2, 2000, and March 21, 2000. The data was analyzed by creating a data base and examining various categories.

Following record reviews, 20 cases were randomly selected for telephone interviews with the child's caseworker, placement caretaker, and a family member. The interviews were completed by the person who conducted the case file review and were to further elucidate and clarify information gathered in the file review, and determine if there were other issues or concerns not found in the file. Those qualitative types of information are presented in the findings as they relate to the data gathered in the protocols.

The following presents the demographic information for all of the 120 children, the findings of the record review data analysis, and qualitative information gathered via the telephone interviews.

III. FINDINGS

INFANT AND TODDLER DEMOGRAPHICS

Demographic information is reported for the entire population of 120 infants and toddlers who entered the shelter system between September 1, 1999 and January 15, 2000. The child's ethnicity is reported for only the 60 cases reviewed.

CHILD'S AGE

Table 1 below illustrates the children's ages in months at the time they were first sheltered in an out-of-home placement. All children were between the ages of 0 months and 3 years, and 49% were under one year of age.

Table 1. Child's Age in Months

Age	Percent
0 - 6	32%
7 - 12	17%
13 - 18	12%
19 - 24	6%
25 - 36	32%

% is greater than 100% due to rounding

CHILD'S GENDER AND ETHNICITY

Of the 120 infants and toddlers, 51% were male and 49% were female. Ethnicity was determined for only the 60 cases reviewed. Forty-seven percent were Black, 41% were White, 13% were Hispanic, 3% Black/Hispanic, and 3% were Haitian. However, the percentages are probably less than accurate because of the tendency for children to be identified as either Black or White.

REASON FOR ENTERING SERVICE

Table 2 illustrates the top four reasons children were brought into shelter care.

Table 2. Reason for Entering Service

Reason	Percent
Physical Abuse/Other	25%
Neglect/Other	25%
Neglect/Substance/Parent	16%
Other Dependency	16%

The *physical abuse/other* category includes physical abuse to a sibling and threatened harm to the study's target child; unexplained injury in two cases; and/or an instance of physical abuse by a paramour. *Neglect/other* includes neglect and inadequate supervision; neglect of a sibling and threatened harm to the target child; neglect and bruises; and drugs, neglect and inadequate supervision. The *neglect/substance/parent* includes neglect and both drugs and alcohol problems for a parent. *Other dependency* includes cases in which the specific abuse/neglect could not be determined and would likely fall into one of the above three categories.

The remainder of the cases were as follows: the child was born positive for drugs (6%); the child was born into a family with an open case (3%); unfounded neglect (2.5%); the mother was in foster care at the time of the child's birth (2.5%); physical abuse with substance abuse by the parent and abandonment/neglect (1.6%). In one custody case, the family court judge ordered the child to be sheltered and the child was returned by the dependency court judge at the next day hearing.

CASE STATUS AT TIME OF REVIEW

More cases were closed than open at the time of review, however, the difference was not great: 57% had been closed and 43% were still open. Table 3 below categorizes to those whom the children were released in closed cases.

Table 3. Case Status

Released To	Percent
Parent/Guardian	44%
Grandparent/Relative	49%
Other	7%
Released To	Percent

The vast majority of children in the *parent/guardian* category were released to one or both parents, as opposed to a legal guardian. The *other* category includes non-relatives (friends), institutions, foster care placements, and one child who died after surgery that was not related to the maltreatment.

SERVICE EXPERIENCE AND PLACEMENTS

Information on prior reports and removals, whether the child was placed with siblings, number of placements the child experienced, permanency goals and appropriateness of removals is reported for the 60 cases reviewed. The remainder of the *Findings* section reports only on the 60 cases receiving full case file review.

NUMBER OF PRIOR REPORTS AND PRIOR REMOVALS

Three percent of the families reviewed had no prior involvement with the child protection system and for 55% of the families this was the first time a child had been removed. The remaining families (97%) had one or more prior child abuse/neglect reports and one or more prior children removed (45%). Tables 4 and 5, illustrate the number of prior reports and number of prior child removals.

Table 4. Prior Reports

Number Reports	Percent
1	35%
2 - 3	42%
4 or more	20%
Total	97%

Table 5. Prior Children Removed

Number Removed	Percent
1	20%
2-3	15%
4 or more	10%
Total	45%

Twenty-five percent of the 60 families reviewed had had two or more children removed prior to the study child's removal. Of those with no prior removals, 94% had prior reports, with most (79%) having one or two prior reports. Thirty-three percent of families had at least three prior reports. All families having four or more prior abuse reports had at least one prior removal.

CHILD PLACEMENT

Thirty-seven percent of the infants and toddlers were not placed with their siblings. Thirty-three percent were placed with all of their siblings; 18% were placed with some of their siblings; and 12% had no siblings.

Information gathered in telephone interviews indicated that most shelter/foster homes were over capacity regarding the number of children they were licensed to have in the home. Including foster parent biological children, the number of children in the home ranged from two (a medical services home) to 18. One home had eight to 10 children on any given day; another home has five adopted children and 11 foster children, which included three sibling groups. Caregivers were asked about the daily schedules for both the review child and other children in the home. Although the responses indicated that these caregivers were efficient and effective in meeting many of the child's needs, such as clothing, safe home environment, etc., most described a daily schedule that left little time for one-on-one time with the review child.

NUMBER OF PLACEMENTS

The number of placements experienced by the child was determined as follows: 43% had one placement; 42% had two placements; 15% had three placements; and 3% experienced four placements. Due to the tracking system which tracks only licensed foster placements, these numbers do not reflect the children who have had other placements/shelter with relatives or friends as well.

PERMANENCY GOAL AND REMOVAL

Reunification was the permanency goal for 70% of the children in this study. Maintain and strengthen the placement with parents was the goal for 13%; 5% of the cases had no case plan yet; and 5% did not have a formal permanency goal because they had been returned to their parents within 24 hours. Termination of parental rights (TPR) was the goal for 3%; 2% had the goal of adoption; and 2% had only TPR for siblings as the goal. While termination of parental rights is not a permanency plan, this is the only permanency goal identified in the records for some.

Thirty-five percent of the reunification goals had prior removals and 35% did not have prior removals. However, 8% were reunification with the other parent and 27% were reunification back to the “removal” parent.

Many DCF workers related that they could not expedite TPR because a parent still maintained occasional contact with DCF. Even in situations where there was little compliance or case plan progress, the worker reported that the goal usually remains reunification if there is some movement or contact on the parent’s part.

Some foster parents reported concern about the goal of reunification because they did not feel the child would be safe upon return home. They also feared the judicial system was returning some children to unsafe homes too quickly. Relative caregivers reported having no idea what the case plan or permanency plan was for the child. Finally, several of the foster placements reported that they would like to adopt the child or children, if they could be released for adoption, but there were often delays in changing the child’s goal from reunification to termination of parental rights/adoption.

After reviewing the file and completing the protocol, each reviewer evaluated the appropriateness of that case plan’s goal. Cases were compared and discussed for validation. The reviewers agreed that the permanency goal was realistic for 70% of the children and was not realistic for 17% of the children. The remainder could not be determined. Examples of unrealistic permanency goals include: 1) Prior reports, prior removals, failed voluntary services, mother determined incompetent to parent and protect from paramour; 2) prior reports, prior removal, and continued failure to protect from paramour; 3) parents with developmental disabilities, alcohol problems, and children with untreated injuries; 4) many reports and adjudicated dependencies of siblings, prior removals, and continued births testing positive for drug exposure.

The reviewers concluded that the removal probably could not have been avoided for 95% of the children, and could have been avoided for 3% of the children; whether or not removal was warranted could not be determined in the remainder of the cases. Examples of indications that removal could have been avoided include: a young mother with no priors and no indicators of abuse, with an unverified report received when she moved away from her own mother; removal when hospital personnel reported other children had been removed in another state and that the mother had mental health problems.

PARENT DEMOGRAPHICS

Parent demographic information includes the mother’s age and mother’s age at the time of first birth, father’s age, adults in the child’s household, number of siblings, socioeconomic information, and whether the child’s parents were raised in foster care.

MOTHER'S AGE (AT REVIEW TIME & AT THE BIRTH OF HER FIRST CHILD)

The mother's age, at the time of the review, is presented in Table 6 below. Age was unknown for 7% of the mothers.

Table 6. Mother's Age

Age	Percent
15 - 18	15%
21 - 25	35%
26 - 30	20%
31 - 40	20%
41+	3%

It was possible to determine the mother's age at the time of giving birth to her first child for 36 of the mothers: 54% were between the ages of 13 and 19 years. Looking at the mother's number of children and her current age for the remainder of the mothers, it is probable that a significantly higher percentage (61%-70%) of the mothers in this study were teenagers when their first children were born.

FATHER'S AGE

Less information was available on fathers' ages. Four percent were 15 or 16 years old; 5% were 19-21; 20% were 22-25; 12% were 26-30 years; 23% were 31-40; 8% were 41+ years; and ages were unknown for 28% of the fathers. Note the fathers' comparatively older ages. A total of 50% of mothers were ages 15-25, while 29% of fathers were ages 15-25 years.

FAMILY HOUSEHOLD

Table 7 below illustrates the adult make-up of the child's household at the time of removal. Most of the children in this study were living with the mother and unmarried father or with the mother only. As well, a few of the mothers living as single were in domestic violence or homeless shelters. The remainder of the children not included in the table were living with their mother and a relative, with their mother in foster care, or living with the divorced father.

Table 7. Family Household

Household Members	Percent
Mother/Paramour-Father	37%
Mother	32%
Mother/Paramour	13%
Married Mother/Father	5%

NUMBER OF MOTHER'S CHILDREN

Table 8 shows the total number of children in each family. The vast majority of families contained two to five children. Further breakdown of the data indicates that 30% of the families had two children and 25% had four children. One family had 19 children.

Table 8. Mother's Children

Number of Children	Percent
1	8%
2 - 3	48%
4 - 5	32%
6 -7	8%
8 or more	4%

MOTHER'S EMPLOYMENT STATUS

Table 9 below shows the employment status of mothers in the study.

Table 9. Mother's Employment Status

Status	Percent
Unemployed	25%
Unemployed w/ Public Assistance	19%
Unemployed/Other	8%
Employed	18%
Employed Part-time or sometimes	7%

The mothers in the *unemployed/other* category included mothers who were student age or in jail. The employment status of the remaining mothers (25%) not included in the table was unknown. Eight percent of the families had both parents employed. Of the limited information on fathers, 17% were employed and some fathers were in jail.

PARENTS IN FOSTER CARE AS CHILDREN

Of the parents in this study, 25% had been in foster care as children. This percentage is probably an underestimation because this is not standard information gathered or kept in the case files.

CHILD AND FAMILY ISSUES AND SERVICES RECEIVED

CHILD'S ISSUES

The record reviews indicated no issues for 35 of the children. It is unclear whether this is because those children are healthy and doing well or whether there is another explanation, for example, the very young age of many of the children. There may also be a tendency to assume there are no problems if the infant is young and does not exhibit severe behavior problems.

Table 10 below illustrates the more common issues identified for the children in this study.

Table 10. Child's Issues

Child's Problem	Percent
Complex medical	15%
Developmental delays	15%
Eating/feeding problems	12%
Low birth weight	8%
Severe temper tantrums	7%
Chronic crying	7%

Other problems experienced by these children were failure to thrive, sleep problems, severe aggression, being under socialized or hyperactive, and evidence of an attachment problem. In particular, attachment problems may not be recognized until they become profoundly noticeable. This may also be true for developmental delays.

Foster parents and caseworkers expressed concerns for the child, such as high anxiety in the child; excessive slapping, biting, and screaming; delayed emotional development as well as suspected developmental delay; and a need for educational and learning toys. One foster parent recently decided to keep a young child out of daycare so that she could work more closely with the child because she suspected a developmental delay. Other concerns were breathing or health problems due to drugs in the child's system at birth; regressive behavior after family visitation; and possible attachment problems. Some foster parents were responsible for initiating developmental and health screenings, with the aid of the child's caseworker, but most caretakers reported not having developmental or health screens completed on the review child.

CHILD'S SERVICES

No services provided were identified for many of the children. The most common services provided were medical services (45%), childcare (23%), and an early health screenings(17%). Notably, some parents reported difficulty with maintaining visitation schedules because the visits were scheduled during their work hours, or that visitation times and locations were not very accessible for them.

MOTHER'S ISSUES

There were a significant number of cases that did not identify parental issues. Table 11 below presents common issues for mothers.

Table 11. Mother's Issues

Problem	Percent
Unemployment	52%
Arrests/Criminal Charges	47%
Domestic Violence	40%
Drug Use/Abuse	38%
Mental Health Issues	35%
Developmental Disability	22%

Mental health issues included depression, mental illness, mental health treatment, and suicidal tendency. Other significant issues identified for mothers were alcohol use/abuse (17%), being a perpetrator of domestic violence (13%), homelessness (13%), and physical abusiveness (10%). The mother's mental health, particularly those diagnosed with depression, is a concern since this issue has been identified as having a particular impact on the child's development and well being.

Analysis of prior reports, prior removals and mother's issues reveals some interesting trends. However, note that information on a significant number of mothers' issues was not available or known, so identified trends are likely to be underestimated. Thirty-five percent of the mothers with prior reports displayed three or four of the top four problems, and 24% had two issues. Similarly, 44% of the mothers with prior removals had three or four of the top four issues and 22% had two of the top four problems.

FATHER'S ISSUES

Less data was available as to fathers than mothers. Table 12 below presents information on 37 fathers.

Table 12. Father's Issues

Problem	Percent
Arrests/Criminal Charges	92%
Perpetrator/Domestic Violence	54%
Drug Use/Abuse	41%
Unemployment	24%
Alcohol Use/Abuse	22%
Physically Abusive	22%

Being a victim of domestic violence and homelessness were also significant problems for fathers. Less common issues were developmental disabilities, mental health problems, and being a sexual offender.

ISSUES SHARED BY MOTHER AND FATHER

There were 31 cases in which there was information on both the mother and father. Table 13 illustrates the more common issues shared by both parents.

Table 13. Issues Shared by Mother and Father

Problem	Percent
Arrests/Criminal Charges	55%
Perpetrator/Domestic Violence	23%
Victim/Domestic Violence	19%
Drug Use/Abuse	13%

Unemployment and developmental disability each were problems for 10% of the parents. Other issues included homelessness (6%), alcohol use/abuse, victim of sexual abuse, and sexual offender (3% each).

FAMILY SERVICES

The most common services received by the family were parent education/training programs (39%) and substance abuse evaluation/counseling programs (30%). In-home services (28%), psychological/psychiatric evaluations (20%), and domestic violence-related programs (19%) were the other services utilized by the family.

IV. DISCUSSION

Infants and toddlers entering shelter status in Hillsborough County have multiple needs, including the need for safety and stability in their homes, early health screenings, developmental enhancement interventions, and other services and supports to assist them in making gains they may have lost due to their earliest experiences. These children frequently have parents who have had prior histories of being unsuccessful with meeting the needs of their older children and continue to live chaotic lifestyles that include multiple moves, unemployment, substance abuse, criminal history, domestic violence and mental health problems. Of the children reviewed, 97% had families who had been involved with the child protection system prior to this shelter placement, yet these families continued to have children who were at high risk for abuse or neglect.

The following highlights some critical findings of this study.

COULD THESE PLACEMENTS HAVE BEEN PREVENTED?

Many factors were considered in examining the extent to which these placements could have been prevented. In 95% of the cases reviewed reviewers agreed with the initial decision to shelter the child due to immediate safety and risk factors, with only 3 of the 60 cases reviewed appearing appropriate for in-home family preservation interventions. Of the children who entered foster or relative shelter placements, 25% of them had parents who grew up in foster care, and 50% had very young mothers with large sibling groups (44% with 4 or more children). Since a majority of these families had prior incidents with the child protection system, it appears that these prior interventions were ineffective in sustaining any permanent change in the family. Most of the families investigated received very few services and, in 45% of the cases, court intervention to place previous children with relatives or in foster homes.

There were a number of scenarios in the 3 cases reviewers felt were appropriate for in-home, intensive family preservation services. In one case, the parent's discipline practices were extremely harsh, but appeared to be related to her culture. She has completed all of her case plan tasks and has not had her children returned.

NEEDS OF CHILDREN IN OUT-OF-HOME CARE

A number of concerns were raised about the needs of the infants and toddlers whose cases were reviewed during this study, both in closed cases and the cases that remained open with the Department. Many (49%) of the children were placed in relative homes with very few services and supports to sustain these relative placements. Some relatives reported receiving financial assistance from the Department, but were not offered on-going support. Many of the relatives interviewed reported difficulty accessing needed evaluations and services. Of the 60 children reviewed, only 17% had received an Early Health Screening, designed as a federal entitlement program that is offered free of charge to children who are under three years of age, which can then be used as leverage to obtain resources for needed services and supports. The low finding of developmental delays (15%) and eating/feeding problems associated with attachment disorders (12%) are inconsistent with most findings for this population. This discrepancy suggests that professional evaluations are necessary to assist these children before they cause lifetime problems with learning, significant relationships and social adjustment.

Other specific problems for this vulnerable population include the number of placement changes after the initial shelter placement, the number of children in the home, the finding that 55% of the sibling groups were in different placements, and the lack of visitation resources for the families with a goal of reunification.

All children experience the need for family permanency and stability, yet in 17% of these cases the reviewers did not agree with the case plan goal of reunification. This group includes families who meet the Florida criteria for expedited termination of parental rights, which allows the Department to make a judgement based on the prior history of the family and the maltreatment event and move the child more rapidly towards adoption. Adoptive homes are more readily available for younger children, yet these children remained in foster homes with no plans for permanency. These families include those with previous children removed due to abuse and/or neglect, egregious abuse at the time of the recent maltreatment incident, extensive histories with substance abuse, mental health and domestic violence, and minimal attendance to case plan tasks, including missing scheduled visits with the review child.

Developmental enhancement activities such as structured play, reading to young children, and other stimulating activities were consistently reported missing in the families interviewed in this study. Foster and relative care givers reported a lack of basic toys, games and books, having daily schedules that were not conducive to one-on-one time with the infant/toddler, and caring for more children than would allow time for these enhancement activities.

REUNIFICATION EFFORTS

Most cases reviewed had a goal of reunification, but the case plans did not always reflect interventions addressing the issues that brought the children into shelter care. For example, most case plans reflected tasks that required parents to attend parent training classes, but frequently did not address the substance abuse, domestic violence, or chaotic lifestyles that added to the parents' inability to meet their children's basic needs. The most effective plans were those that did not involve these issues or those that did involve interventions through The Spring of Tampa Bay and child care and substance abuse treatment through Child Abuse Council and the Centre for Women. These plans were the exception, rather than the rule, and there was a perception among case workers that these programs could be accessed only if the parent admitted to problems of substance abuse and/or the domestic violence. Since 97% of the cases involved prior incidents of maltreatment, many leading to a child being removed, it is critical for effective reunification efforts to direct interventions at the collateral issues of substance abuse and domestic violence combined with maltreatment, and coordinate these efforts across these systems.

Effective reunification also requires regular visits between parents and their children while the child is in out-of-home placement. Children placed in relative caregivers' homes frequently did not have opportunities to visit their parents, with many being placed in relatives' homes located in other states. The relatives who were interviewed as a part of this study frequently reported not knowing how long they would be caring for the children, if and when the children should be visiting their parents, and, in general, uncertainties to the reason for the case plan and corresponding goal. There were exceptions to this, such as relatives who agreed to have the children and their parent live in their homes. In these situations, all parties appeared to understand the overall permanency goal and the tasks associated with achieving it.

Since many families consisted of large sibling groups, the fact that the children were frequently placed in different relative, shelter or foster homes was an obstacle to reunification. One observable strength of the system appeared to be the efforts of DCF workers to provide sibling visits on a regular basis. Foster and shelter parents reported participating in plans that

assured these children were able to see their siblings at least one time a month, with many of them seeing their brothers and sisters twice a month.

BARRIERS TO FACILITATING TIMELY PERMANENCE

As noted, there were a number of observable barriers to achieving timely permanency for the children in this study. A lack of understanding or practice towards the use of concurrent case planning was one of the most frequently observed. Many situations which led children into out-of-home care met the state requirements for concurrent case planning because of their low probability for successful reunification. These cases involved parents who had previously lost children due to child maltreatment, who continued to place their children at risk through substance abuse, domestic violence and dangerous living environments, and were minimally involved in completing case plans. Workers reported frustrations with judges and parents' attorneys who argued the goal remain reunification until the parent "proved" they were unable to achieve case goals. These workers felt it was unlikely that these parents would be able to safely parent their children, but felt they could not move towards an alternative permanency goal without sufficient time for the parents to "fail."

Workers had fairly large caseloads, often 30 children or higher, which prevented them from following through with parents who had been referred for substance abuse, domestic violence, or mental health evaluations. Records frequently noted that parents were given referrals for evaluations, but it was unclear as to whether the parents had received the evaluation, and therefore any recommendations for interventions the evaluations might have shown were unavailable to the worker to incorporate into the case plan. These delays in following up with parents led judges and parents' attorneys to demand additional time for the parent to complete case plan tasks, and therefore extended children's time in temporary out-of-home care. This, in addition to frequency of movement, led children to have increasing problems with attachment and behavioral development.

V. RECOMMENDATIONS FOR ACTION AND FUNDING

There are a number of opportunities to improve practices that surround the care of young children and their families who need to be sheltered due to risk of harm from maltreatment. Many of these recommendations would involve very little additional funding, but provide opportunities for significant improvements in the outcomes of this vulnerable population. The following provides recommendations for change that require no additional funding:

RECOMMENDATIONS FOR CHANGE

- **Practice must include Early Health Screenings, such as the Early and Periodic Screening, Diagnosis and Treatment Service (EPSDT), for all young children entering the shelter system.** This will provide improved primary health benefits, as well as assessments and interventions related to history, developmental assessment, physical examination, nutritional status assessment, vision tests, hearing tests, urinalysis, blood test, and other tests as needed.

Necessary stakeholders must include: Department of Children and Families, 13th Judicial Circuit Dependency Judges and Staff, Department of Health, Healthy Start Coalition and the Child Protection Team. The Children's Board of Hillsborough County could provide leadership and direction to facilitate a planning meeting with the above to set policies and procedures that are practical, well disseminated, with desired outcomes that could be measured.

- **Develop and implement policies and practices for matching children with the most appropriate substitute caregiver who can provide stability while there is a need for temporary out-of-home placement.**

Necessary stakeholders must include: Department of Children and Families and licensed foster families. A matching policy and procedure must be developed that can be utilized by placement staff, and evaluated within 6 months of implementation to measure the effectiveness of reducing placement disruptions and changes.

- **Assure that case workers understand and can implement effective concurrent case planning with families whose history places them at low probability for successful reunification.** Supervisors and job coaches working with case managers must provide this training and guidance to assure children remain in temporary out-of-home placements for the least amount of time necessary.

Necessary stakeholders include: the Department of Children and Families, 13th Judicial Circuit Dependency Staff, and the Professional Development Staff.

The following are needed resources for maximizing the care and positive outcomes of the current system that would require some additional funding:

NEEDED RESOURCES

- **Specialized recruitment, training and support for alternative caregivers**, including shelter, foster and relative caregivers to foster developmental enhancement activities with the child, provide mentoring and parenting support to birth parents, mediate family decisions regarding placement and permanency goals and case manage the permanency plan for the child.

Necessary stakeholders include: Department of Children and Families, private providers and funders. Child Welfare Institute will gather specific providers with an expertise in this population such as the Child Abuse Council and the Healthy Start Coalition, to develop a comprehensive plan for implementation and funding.

- **Multi-disciplinary health care programs:** Community centers that offer early medical and psychosocial screening at entry into care with professionals experienced with victims of abuse and neglect and its effect on development; intensive case management, counseling, parent support and education, therapeutic nursery and respite care for birth and alternative parents.

Necessary stakeholders include: the Department of Children and Families, Department of Health, Child Protection Team, Child Advocacy Center, 13th Judicial Circuit Dependency Staff, and the Hillsborough County Public Health Department. Children's Board and CWI will facilitate a comprehensive planning meeting with the stakeholders on plan implementation and funding.

- **Special programs for foster teens** on pregnancy prevention, job training, mentoring, and parenting. These teenagers are at high risk for becoming WAGES recipients, substance abusers, young parents, and/or unsuccessful at becoming independent adults. Programs could be developed by seeking WAGES, Department of Children and Families Office of Family Safety, Alcohol and Mental Health, and private foundation funding.

Necessary stakeholders include: the Department of Children and Families, the YMCA Youth Enterprise Initiative, WAGES, ADM, and private funders. CWI will initiate a planning process with the above stakeholders that will seek to find multiple funding sources and other partners to implement a pilot project in Hillsborough County with a small group of teens and pre-teens in the foster care system.

- **Intensive interventions that are multi-disciplinary for parents** that cross multiple systems of child protection, substance abuse, criminal justice and domestic violence. These systems need to work together to develop and fund programs that share responsibility and outcomes for these adults.

Necessary stakeholders include: Department of Children and Families, Department of Juvenile Justice, Department of Criminal Justice, domestic violence providers, substance abuse providers, and mental health providers to develop and implement a plan for cross-system interventions. Funding possibilities include program funding, federal grants, and foundations.

- **Expanded visitation resources for parents and their children** to allow a minimum of once a week visit that is sufficient in length to provide continuity of the bond between the parent and the child. Visitation Centers need to be available throughout the county accessible to birth, foster, shelter, and relative caregivers, and supervised by trained professionals.

Necessary stakeholders include: Department of Children and Families and the 13th Judicial Circuit Staff. Funding must be sought from the Department to adequately fund this needed resource to comply with Federal and State mandates. Visitation Center funding would be 4E eligible for match, but may need additional local match money, such as could be applied for through the Children’s Board of Hillsborough County.

Hillsborough County has many challenges as it seeks to strengthen its out-of-home care for all children who have been abused or neglected. Young children, and their families, require specialized care that meets all of their multiple needs. Child Protection must work with WAGES, Substance Abuse, Mental Health, Criminal Justice, and Early Childhood professionals to develop programs that minimize the cycle of abuse that effects generations of families.

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