



SUPPORTING EARLY CONNECTIONS

Executive Summary, November 2011

Program Evaluation of a Court and Community Partnership Dedicated to Improving the Lives of Maltreated Infants and Toddlers in King County, WA

Infants and toddlers are the largest group of children to enter, remain in and re-enter foster care and the least likely to reunify with their biological families. In Washington State, 36% of children entering foster care are under the age of three. Over a decade of research definitively shows that early relationships play a critical role in a child's brain development and future academic and social success. When these relationships become neglectful or abusive, the course of an infant's entire life is impacted. Young children who experience trauma and neglect are much more likely than their peers to develop mental health disorders and physical ailments; they are also at greater risk of having behavioral and educational problems. Moreover, dysfunctional relationships are often passed down through generations, further compounding the alarming issues that arise from early maltreatment.

From April 2008 to September 2011, the Center for Children & Youth Justice (CCYJ) coordinated a groundbreaking project in south King County, WA, called Supporting Early Connections (SEC). With funding from the Stuart Foundation, CCYJ developed an effective, multi-system, child-focused collaboration committed to addressing the social-emotional, mental health and relationship needs of infants, toddlers, and their biological parents who had child welfare cases heard at the dependency court in Kent, WA.

Through collaboration, cross-system training for professionals, and access to evidence-based treatment (Child Parent Psychotherapy) for babies and their families, SEC sought better outcomes for young children involved in the dependency system. This includes earlier exits from the child welfare system into permanent homes through reunification with biological parents, long-term placement with relatives, or adoption. By supporting healthy early relationships, SEC provided vulnerable babies a stronger foundation for their future physical, emotional and cognitive development. This critical early investment in maltreated children will ultimately reduce long-term costs to the community, particularly within the justice, child welfare and mental health systems.

Program Outcomes

A program evaluation of the three and a half year implementation of SEC has shown it to be a highly successful court-community collaboration. The goal of the evaluation was to determine if the SEC project could impact the awareness and practice of community professionals, and improve outcomes for babies and their families. With SEC in place, King County has made great strides in its efforts to meet the needs of infants, toddlers and their families who encounter the dependency court.

Highlights of SEC's success include:

- Created a **sustainable King County collaboration that includes on-going provision of treatment**, and is continuing post-grant. Referral information for ongoing access to SEC can be found at: www.kingcounty.gov/courts/JuvenileCourt/dependency/SEC.aspx
- King County's court, child welfare and mental health systems have demonstrated **real growth in their understanding of the social, emotional and relationship needs of maltreated young children and their families**.
- Created a series of resources, including sample forms and court order language, to **facilitate development of similar programs in other communities**.
- By focusing on family engagement, meeting with families in their homes and communities, and providing transportation, **SEC retained over 80% of parents for the full ten months of treatment**. This included parents who did not expect to be reunified with their children.
- Multiple measures of child-parent relationship functioning showed **statistically and clinically significant improvements for families in SEC treatment**.
- The mental health of participating children improved, indicated by a **substantial reduction in the number of children presenting with one or more mental health diagnoses by the end of treatment (87% vs. 47%)**.¹
- Child welfare outcomes improved for participating children
 - **No children were re-referred to the child welfare system** during the pilot project period.
 - **Children in SEC achieved permanency faster** than typical when compared to both state and regional numbers (~18 vs ~24 to ~28 months). Ten months of foster care for an infant costs Washington \$4,200 in foster care payments alone, even without accounting for other costs to courts, child welfare, or families.
 - By the end of the pilot project, **55% of children had reunified with one or both of their biological parent(s)**.
 - By the end of the pilot project, **almost three quarters (71%) of children were living long-term with a family member (either their biological parent(s) or a relative caregiver)**.

For a copy of the full evaluation, please visit: www.ccyj.org

*"The attention and energy focused on having the different professionals sit down at the same table and understand each other's language, agendas and the scope of their roles in the process was really helpful."
- Navos Supervisor*

*"The awareness of the needs of young children affected the way court participants treat babies and toddlers in general, regardless of a family's participation in SEC. It resulted in a consciousness-raising that was wider than the SEC program."
- Commissioner*

*"SEC gets to the core of what's needed for families being served - helping parents understand and meet the child's needs. This can only be done in the context of the ongoing relationship between parent and child... More than any other service that I see being made available, Supporting Early Connections can fundamentally alter and strengthen that relationship."
- CASA Volunteer*

*"Having treatment occur in our home, in our natural environment, was great. The therapist was able to see the behaviors we see and help us learn practical, hands-on skills to be the best parents we can be."
- SEC Relative Caregiver*

¹ Children were diagnosed using the Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood, Revised (DC:0-3R)