



# QUARTER 3

## PIP 5.1.3

### PIP Item 5.1.3

**Collaborate with CIP select committee, youth and community stakeholders to focus on improving youth transition, including youth participation in court and develop a plan.**

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In collaboration with the Court Improvement Program (CIP) and in assessing what the issues were in reference to improving youth transition and their participation in court it was identified that many judges did not know what questions to ask youth while they were in court attendance. Therefore, it was recommended that research was necessary to collect best practice information in an effort to improve the court process while a youth was in attendance at their judicial hearing. It was further recommended that this information would be provided to judges, youth and other stakeholders during the CIP July 2011 "Focus on Kids" Conference, and that these materials would be disseminated statewide to all Judges through the Division's collaboration with CIP.

Research was conducted as to best practices needed to improve youth transition including youth participation in court. In attempts to gather best practice information contact was made with the National Council of Juvenile and Family Court Judges (NCJFCJ) to request if NCJFCJ could provide best practice information for Judges, and some examples of questions to ask youth who attend court hearings.

The NCJFCJ provided Nevada with resources from the Youth Justice Board (YJB) (attachment 9) as well as some articles and bench cards from the American Bar Association (ABA) (attachment 3-7). CIP sponsored the 2011 "Focus on Kids" Conference in July of 2011. Robert G. Lewis, M.Ed., MSW, LICSW was asked to speak at the CIP Conference to Nevada judges, youth and other stakeholders concerning issues on youth permanency, transitioning youth and how to engage youth in the court process. Mr. Lewis was formerly the Assistant Director and Director of the Massachusetts, Department of Public Welfare, Group Care Unit, and he is a consultant, an author and a strategic thinker who provides training and technical assistance to child welfare organizations. He focuses on the development of social work practices in permanency as well as policy and organizational development in support of permanency. Mr. Lewis has a special interest and expertise in the area of life-long family connections for adolescents in the child welfare system. He has written training programs for social work supervisors to teach effective strategies for adolescent permanency and a workbook for supervisors and workers on how to locate families for teens. Since 2000, Mr. Lewis has consulted extensively with New York City's Administration for Children's Services (ACS) on adolescent permanency. ACS adopted Adolescents and Families for Life for its agencies and

staff that serve teens. Mr. Lewis has also been doing workshops, consulting and working with several sites in California as well as in NY, MT, MN, KY and others.

During the CIP 2011 Conference Mr. Lewis conducted several sessions and provided information concerning transitioning youth and how to engage these youth in the court process. Please see the attached "Focus on Kids" Conference agenda (attachment 1), and other materials used and provided during sessions conducted by Mr. Lewis (attachment 2, 8 and 9) This information was shared with Nevada Judges, youth and other stakeholders during Mr. Lewis's sessions at the Judges Conference in July 2011.

Specifically, Mr. Lewis's session "Engaging Children in the Process" provided information on the importance of letting youth have a voice during court hearings. Some of the key points addressed were: Why should the youth be included in the court process? When should they be included? How should youth be prepared to participate? How do you ask youth the right questions to get the responses you need?

Mr. Lewis' presentation provided a great deal of materials that will be used by our Judges to help them ask youth driven questions. The ABA Judicial Bench Cards and the Stand Up Stand Out publication is a resource for judges that is being provided to those at the CIP Select Committee with a cover letter stating that the State is working hard to make positive changes in practice and in enhancing services to the children and families we serve. Providing the materials at the CIP Select Committee meeting will ensure that Judges throughout the state have the necessary tools to engage youth in court. CIP has also added a new member to their committee. He is a former foster care alumni from the State of Nevada and has been sharing his thoughts about Nevada's foster care system and the court system at the CIP quarterly meetings.

Lastly, additional funds through CIP have been identified to make copies of all the Judicial Bench Cards and questions from page 47 and page 48 of the "Stand Up Stand Out: Recommendations to Improve Youth Participation in New York City's Permanency planning Process" document that will be printed and distributed to all judges throughout the state of Nevada.

Nevada's child welfare agencies believe this information and resources is extremely valuable and helpful to increase youth involvement in the court system and during their transition to adulthood.

SUPREME COURT ADMINISTRATIVE OFFICE FORECLOSURE MEDIATION SELF-HELP PRO SE LAW LIBRARY LAW DAY

CIP 2011 Conference  
 Save the Date  
 Presentation Materials

Presenter's Biographies  
 Thursday Agenda  
 Friday Agenda  
 Saturday Agenda  
 Brochure  
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 Conference Program

**Conference Agenda—Thursday**  
**Thursday, July 21**

CIP Overview  
 CIP News  
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 Resources and Articles  
 Upcoming Events

HOME

11:00 a.m. – 5:00 p.m. Registration  
 12:30 – 12:45 p.m. Introductory Remarks  
*Hon. Nancy M. Saitta, Chair, Court Improvement Program Select Committee*  
*Katherine Malzahn-Bass, Court Improvement Coordinator, Supreme Court of Nevada*

12:45 – 2:15 p.m. Plenary Session: (1.5 CLE/CEU hours)  
**But I Did Nothing Wrong – Balancing the Rights of the Non-Offending Parent, the Neglectful**  
*Vivek S. Sankaran, Clinical Assistant Professor of Law, Child Advocacy Law Clinic*  
 This presentation is designed to familiarize participants with the constitutional right parent. Learn what solutions may be implemented to ensure that the fit parents remain makers in their children's lives.

The resources for this session can be found here:  
 The Rights of Non-Offending Parents  
 Parent's Run Amuck

2:15 - 2:30 p.m. Break  
 2:30 - 4:00 p.m. Concurrent Session A

**A1. Bring Back the Dads: Engaging Fathers and Paternal Families in Dependency**

*Vivek S. Sankaran, Clinical Assistant Professor of Law, Child Advocacy Law Clinic*  
 Professor Sankaran, a foster care expert, strategizes on why, when, and how to engage families in the dependency proceedings. This session focuses specifically on the engagement, support, and notification a priority.

The resources for this session can be found here:  
 Bring Back the Dads

**A2. The Fundamentals of the Indian Child Welfare Act**

*Hon. Cheryl Fairbanks, Justice, Inter-Tribal Court of Appeals of Nevada and Partner*  
*Hon. Stephen M. Rubin, Pima County Superior Court Judge (Ret.), and SMR Con.*  
 In addition to outlining the ICWA basics including the higher burden of proof at the hearing, ideas will be shared on how District Courts can reach out to increase contact and collaboration with our tribal communities and courts.

The resources for this session can be found here:  
 The Fundamentals of ICWA  
 Choctaw v. Helyfield  
 ICWA Case

**A3. Recruitment is Everyone's Business**

*Robert G. Lewis, M.Ed., MSW, LICSW, Consultant*  
 This session will teach you how to expand the home recruitment process beyond. Learn to map connections, engage natural networks, and think outside the box.

The resources for this session can be found here:  
 Recruitment is Everyone's Business  
 The Voices of Children and Youth Setting the Record Straight

4:00 – 4:15 p.m. Break  
 4:15 – 5:00 p.m. Concurrent Session B

**Talk Among Yourselves – What is Working?**

Facilitated peer discussions sharing what is working in your district. Learn from your best practices right here in our own backyard that you can take home and begin in

**B1. Discussion for Judges and Masters**

*Facilitator: Hon. Stephen M. Rubin, Pima County Superior Court Judge (Ret.) and*

**B2. Discussion for Attorneys**

*Facilitator: Madelyn Shipman, Esq., Laxalt-Nomura, Ltd.*

**B3. Discussion for Social Workers**

*Facilitator: Robert G. Lewis, M.Ed., MSW, LICSW, Consultant*

5:00 – 7:00 p.m.      Welcome Reception  
   Unveiling of Nevada's Best Practices

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## Conference Agenda—Friday

### Friday, July 22

7:30 – 8:30 a.m. Continental Breakfast *Display of Nevada's Best Practices* **Rose Ballroom A**  
 8:45 – 10:15 a.m. Plenary Session (1.5 CLE/CEU hours) **Rose Ballroom B**

#### Evolving Standards for Child Safety Decision-Making

*Clint Holder, National Resource Center for Child Protective Services*

Hear from an expert in child safety on how to make critical safety decisions based upon a decision-making structure addressing the fundamentals of safety assessments and planning. Learn the questions judges and attorneys can ask to glean specific safety information. Differentiate between risk and safety, and understand the significant information needed to determine when out-of-home placement is needed and when in-home is sufficient.

The resources for this session can be found here:

- CPC Reference Sheet
- Impending Danger Threats
- Present Danger Situations
- Evolving Standards for Child Safety Decision Making - Dark Background
- Evolving Standards for Child Safety Decision Making - Light Background
- Child Safety: A Guide for Judges and Attorneys

10:15 – 10:30 a.m. Break **Rose Ballroom A**  
 10:30 a.m. – Noon Concurrent Session C (1.5 CLE/CEU hours)

#### C1. The Complex Web of Differential Reactions to Partners Being Accused of Abuse: **Ponderosa B**

##### Family Violence & Reasonable Efforts

*Debbie "Sam" Smith, Consultant*

Learn that the non-offending parent can have a range of reactions to his/her child being abused. These reactions can be frightening and are often expressed in a range of ways. They may appear inappropriate, even counter to protecting the child, when they are simply part of the coping process.

#### C2. Reasonable Cause versus Preponderance of Evidence – What IS the Difference? **Ponderosa A**

*Hon. Stephen M. Rubin, Pima County Superior Court Judge (Ret.), Consultant*

Judge Rubin will compare and contrast the essential differences between child protective services' standard of evidence or reasonable cause and the courts' preponderance of evidence.

#### C3. Navigating the Interstate Compact on the Placement of Children: **Bonanza A**

##### Tips for Child Dependency Judges, Attorneys, and Caseworkers

*Vivek S. Sankaran, Clinical Assistant Professor of Law, Child Advocacy Law Clinic, University of Michigan Law School*

This law professor and foster care expert will outline the issues commonly presented by placement of a child across state lines, which could trigger the application of ICPC.

The resources for this session can be found here:

- Navigating the ICPC PowerPoint
- Navigating the ICPC
- ICPC Caselist

#### C4. Mediation: A Tool for Families and Courts **Bonanza B**

*Jeanette K. Belz, J. K. Belz & Associates, Inc.*

*Margaret Crowley, Esq., Crowley Mediation*

Mediation is emerging as an effective tool in child welfare to resolve disputes and expedite permanency for children. Learn techniques to help you empower parents to cooperate, give all parties a voice, facilitate communication, make conflict productive, and promote positive working relationships for the welfare of the children.

The resources for this session can be found here:  
Why Use Mediation

Noon – 12:15 p.m.	Break <i>Display of Nevada's Best Practices</i>	<b>Rose Ballroom A</b>
12:15 – 1:30 p.m.	Luncheon and Networking	<b>Poolside Terrace</b>
1:30 – 1:45 p.m.	Break <i>Display of Nevada's Best Practices</i>	<b>Rose Ballroom A</b>
1:45 – 3:15 p.m.	Plenary Session (1.5 CLE/CEU hours)	<b>Rose Ballroom B</b>

#### **Permanency for Older Youth –Talking and Listening with Heart**

*Robert G. Lewis, M.Ed., MSW, LICSW, Consultant*

Become cooperative colleagues, empowering teens to own their permanency process. Learn to make permanency as intuitive as safety. Learn why aging out should never be an option. Learn to listen with respect and speak with understanding and compassion.

The resources for this session can be found here:

Permanency for Older Youth  
Raising Teens  
Understand the Six Needs of Mourning  
40 Development Assets  
Building a Better Teenager  
Parent-Teen Conflict

3:15 – 3:30 p.m.	Break <i>Display of Nevada's Best Practices</i>	<b>Rose Ballroom A</b>
3:30 – 5:00 p.m.	Concurrent Session D (1.5 CLE/CEU hours)	

#### **D1. Co-Occurring Disorders: Chickens, Eggs, and Omelets** **Bonanza B**

*Melissa Piasecki, M.D., Board-Certified Psychiatrist*

Explore the challenges of co-occurring disorders including system limitations and social stigmas. An overview of psychosis and mood disorder diagnosis is provided and reviewed in context with simultaneous alcohol and drug use. Attention will be given to adolescent co-occurring disorder with focus on developmental impact. Integrated treatment will be considered as well.

The resources for this session can be found here:

Co-Occurring Disorders: Chickens, Eggs, and Omelets

#### **D2. Engaging Children in the Process** **Ponderosa A**

*Robert G. Lewis, M.Ed., MSW, LICSW, Consultant*

Learn the answers to these and more questions: **Why should children be included in the court process? When should they be included? How should children be prepared to participate? How do you ask children the right questions to get the responses you need?**

The resources for this session can be found here:

Engaging Children in the Process  
Seeing the Voices of Children & Youth: Setting the Record Straight  
Tools For Asking Connection Questions

#### **D3. Safety Planning in Nevada: Reasonable Efforts to Prevent Removal** **Ponderosa B**

*Clint Holder, National Resource Center for Child Protective Services*

*Master Buffy Jo Dreiling, Second Judicial District Court, Family Division*

Discussion of the implementation of the enhanced Nevada Child Safety Model for Washoe and rural counties, and its impact on removals from home, the mitigation of safety threats, and timeliness to permanency.

The resources for this session can be found here:

Safety Planning in Nevada: Reasonable Efforts to Prevent Removal  
CPS Case Process and Decision Making  
Safety Plan Determination: Process and Conclusions  
What Criteria Can Be Used to Judge Provider Suitability  
Safety Services Within Safety Plans

5:00 p.m. Evening on Your Own

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**Conference Agenda—Saturday  
Saturday, July 23**

7:30 – 8:30 a.m. Continental Breakfast **Rose Ballroom A**  
*Display of Nevada's Best Practices*

8:30 – 10:00 a.m. Plenary Session (1.5 CLE/CEU hours) **Rose Ballroom B**

**Addictions, Withdrawal, and Treatment**

*S. Alex Stalcup, M.D., Medical Director, New Leaf Treatment Center—Lafayette (CA)*

Dr. Stalcup will explain what the drug-addicted brain looks like, and how we can recognize the effects of drugs and implement appropriate treatments. He will discuss the impacts of methamphetamine, heroin, pain medications, and synthetic drugs; withdrawal and its management; and the factors affecting tolerance.

The resources for this session can be found here:  
 Addictions, Withdrawal, and Treatment

10:00 – 10:15 a.m. Break **Rose Ballroom A**  
*Display of Nevada's Best Practices*

10:15 – 11:45 a.m. Plenary Session (1.5 CLE/CEU hours) **Rose Ballroom B**

**Empowering Our Youth — A Panel of Youth Discussing Impacts of Foster Care On Youth**

*Moderator: Hon. Nancy Saitta*

Hear from the youth, themselves, about the impact foster care and the child welfare system has had on their lives.

11:45 a.m. – Noon A Call to Action **Rose Ballroom B**  
*Hon. Nancy Saitta*

Noon Conference Adjourns

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# ENGAGING OLDER ADOLESCENTS (AGES 16+) IN THE COURTROOM

## JUDICIAL BENCH CARD

### Document court actions

#### Document in the court order:

If the youth is present, have him identify himself on the record.

OR if the youth is not present, address the reasons why the youth is not in attendance:

- What efforts were made and the accommodations offered to encourage the youth's attendance.
- Explore and encourage resolution of common reasons for nonattendance, including interference with the school schedule and transportation issues.
- In the absence of exceptional circumstances, postpone the hearing until the youth can be present.
- Request a current picture that will be introduced into the record.<sup>1</sup>

### Communicate with the youth during the court hearing

- Use age-appropriate language.<sup>2</sup>
  - Talk with the youth about his interests, likes, and dislikes.
  - If helpful, offer to have a conversation in chambers, making sure it complies with all procedural rules.
- Provide an age-appropriate list of legal terms to the youth before court to which he may refer during the hearing.<sup>4</sup>
- Avoid legal jargon and acronyms.
- Ask directed questions.<sup>5</sup>
- Encourage the youth to ask questions, particularly if he doesn't understand a question or statement.
- Recognize cultural differences in language.
- Publicly praise the youth's accomplishments.

### Observe the youth's behavior and appearance

Observe the youth's interaction with caregivers, parents, and guardians.

- Does the youth look to them for help, support, advice, etc.?

Observe the youth's physical appearance and health.

- Is the youth appropriately dressed?
- Does the youth look well-nourished?
- Does the youth have appropriate personal hygiene?

### Preparations for court attendance

Ensure that your courtroom is teen friendly.<sup>6</sup>

Ensure all children are accompanied by a support person at the hearing such as the foster parents, CASA, mentor, coach, or other adult role model.

Have the agency invite the youth to submit report cards, letters, drawings, stories, poems, or other age-appropriate materials periodically. Refer to anything previously submitted.

Read anything that the youth gives to the court while the youth is present.

When appropriate, ask for the youth's input and opinions.

Talk with the youth about permanency options.<sup>7</sup>

Review the outcome of the hearing with the youth and answer any questions (or ensure that someone else will do so).

Ensure the youth understands what was ordered and why.

When appropriate, share court documents with the youth.<sup>8</sup>

Ask the youth what he wants to accomplish before the next hearing.

Consult with the youth and his caregiver when scheduling the next hearing so it does not interfere with the youth's normal daily routine, including school.

Keep a school district calendar on the bench to ensure there are no conflicts with state standardized tests.

<sup>1</sup> This bench card was created to assist judges when a child is present in the courtroom. It does not include what information the judge should require from additional parties, such as a report from the child's therapist about the child's mental health status.

<sup>2</sup> The social worker or caregiver can provide the court with a picture.

<sup>3</sup> Older adolescents can understand more complex concepts.

<sup>4</sup> See Andrea Khoury, *With Me, Not Without Me: How to Involve Children in Court*. Child Law Practice, Vol. 26, No. 9 (November 2007).

<sup>5</sup> Where do you want to live? What do you like about your home? Do you know why you live away from home? Do you see your mom and dad? What things do you like to do with them? Do you wish you could see them more?

<sup>6</sup> It may be necessary to address issues related to the youth's safety at the courthouse and the appropriateness of courtroom waiting areas. Judges may find it beneficial to have age-appropriate games and books available.

<sup>7</sup> Questions that address permanency may include: Who do you spend most of your time with? Over the holidays, who do you spend time with? Is there a relative that you are close to? Is there a close family friend that you like to spend time with? Do you know what adoption is? Do you want to be adopted?

<sup>8</sup> Sharing court documents increases awareness and gives the youth a sense of control.

Thank the youth for coming to court.

Encourage the youth to attend the next hearing.

- Ask the youth whether he has any last questions, thoughts, or concerns.

### Possible questions to ask the youth

- Who is your favorite teacher? Why?
- Do you participate in sports or other extracurricular activities?
- Is there anyone helping you with vocational or college applications?<sup>9</sup>
- When will you graduate?
- What are your post-graduation plans?
- Do you have an interest in the military?
- Do you have a mentor?
- Do you have someone you can call at anytime?
- Who do you rely on if you need help?
- Do you drive?
- What do you like to do on the weekends?
- Do you have a job?

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<sup>9</sup> For a more detailed list of questions to ask regarding school and related issues, see National Council of Juvenile and Family Court Judges, *Asking the Right Questions: A Judicial Checklist to Ensure That the Educational Needs of Children and Youth in Foster Care Are Being Addressed* (2005). Other resources to address education issues can be found at the Legal Center for Foster Care & Education website, [www.abanet.org/child/education](http://www.abanet.org/child/education), and in the Legal Center's recent publication, *Blueprint for Change: Education Success for Children in Foster Care*, available at [www.abanet.org/child/education/blueprint](http://www.abanet.org/child/education/blueprint).

# ENGAGING ADOLESCENTS (AGES 12-15) IN THE COURTROOM

## JUDICIAL BENCH CARD

### Document court actions

#### Document in the court order:

If the youth is present, have him identify himself on the record.

OR if the youth is not present, address the reasons why the youth is not in attendance.

- What efforts were made and the accommodations offered to encourage the youth's attendance.
- Explore and encourage resolution of common reasons for nonattendance, including interference with the school schedule and transportation issues.
- In the absence of exceptional circumstances, postpone the hearing until the youth can be present.
- Request a current picture that will be introduced into the record.<sup>1</sup>

### Communicate with the youth during the court hearing

Keep language simple and age appropriate.

- Talk with the youth about his interests, likes, and dislikes.
- If helpful, offer to have a conversation in chambers, making sure it complies with all procedural rules.
- Provide an age-appropriate list of legal terms to the child before court to which he may refer during the hearing.<sup>2</sup>
- Avoid legal jargon and acronyms.
- Encourage the youth to ask questions, particularly if he doesn't understand a question or statement.
- Recognize cultural differences in language.
- Avoid abstract questions.<sup>3</sup>
- Ask directed questions.<sup>4</sup>
- Publicly praise the youth's accomplishments.

### Observe the youth's behavior and appearance

Observe the youth's interaction with caregivers, parents, and guardians.

- Does the youth look to them for help, support, advice, etc.?

Observe the youth's physical appearance and health.

- Is the youth appropriately dressed?
- Does the youth look well-nourished?
- Does the youth have appropriate personal hygiene?

### Preparations for court attendance

Ensure that your courtroom is teen friendly.<sup>6</sup>

- Ensure all children are accompanied by a support person at the hearing such as the foster parents, CASA, mentor, coach, or other adult role model.
- Provide the youth with a task (e.g., taking notes) during the hearing.<sup>7</sup>
- Have the agency encourage the youth to submit report cards, letters, or other age-appropriate materials periodically. Refer to anything previously submitted.
- Read anything that the youth gives to the court while the youth is present.
- When appropriate, ask for the youth's input and opinions.
- Review the outcome of the hearing with the youth and answer any questions (or ensure that someone else will do so).
- Ensure the youth understands what was ordered and why.
- When appropriate, share court documents with the youth.<sup>8</sup>
- Ask the youth what he wants to accomplish before the next hearing.
- Consult with the youth and his caregiver when scheduling the next hearing so it does not interfere with the youth's normal daily routine, including school.

<sup>1</sup> This bench card was created to assist judges when a child is present in the courtroom. It does not include what information the judge should require from additional parties, such as a report from the child's therapist about the child's mental health status.

<sup>2</sup> The social worker or caregiver can provide the court with a picture.

<sup>3</sup> See Andrea Khoury, *With Me, Not Without Me: How to Involve Children in Court*, Child Law Practice, Vol. 26, No. 9 (November 2007).

<sup>4</sup> An example of an abstract question is "How well do you get along with your family?"

<sup>5</sup> Where do you want to live? What do you like about your home? Do you know why you live away from home? Do you see your mom and dad? What things do you like to do with them? Do you wish you could see them more? For more information about questioning children, see Anne Graffam Walker, *Handbook on Questioning Children: A Linguistic Perspective* (ABA Center on Children and the Law 2d ed. 1999).

<sup>6</sup> It may be necessary to address issues related to the youth's safety at the courthouse and the appropriateness of courtroom waiting areas. Judges may find it beneficial to have age-appropriate games and books available.

<sup>7</sup> Performing the task should be presented to the youth as an option and solely for his benefit. Performing the task may help the youth to focus attention and dissipate anxiety.

<sup>8</sup> Sharing documents increases awareness and gives the youth a sense of control.

Keep a school district calendar on the bench to ensure there are no conflicts with state standardized tests.

- Thank the youth for coming to court. Reward even the smallest attempt at participation.<sup>9</sup>
- Encourage the youth to attend the next hearing.
- Ask the youth whether he has any last questions, thoughts, or concerns.

### Possible questions to ask the youth

- How old are you?
- What do you like (or not like) about where you are staying now?
- Do you see your mom and dad?
- Do you miss anyone? Provide options, e.g., brothers, sisters, grandparents.
- Where do you go to school?<sup>10</sup>
- What grade are you in?
- Who are some of your friends?
- What courses are you taking?
- Who is your favorite teacher?
- Do you participate in any extracurricular activities?
- Have you thought about a career or what you want to do when you finish school?
- Are you having any problems in school?
- Do you have a tutor?
- What do you do on the weekends?

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<sup>9</sup> Rewarding all attempts at participation adds to the youth's sense of control and self-confidence.

<sup>10</sup> For a more detailed list of questions to ask regarding school and related issues, see National Council of Juvenile and Family Court Judges, *Asking The Right Questions: A Judicial Checklist to Ensure That The Educational Needs of Children and Youth in Foster Care Are Being Addressed* (2005). Other resources to address education issues can be found at the Legal Center for Foster Care & Education website, [www.abanet.org/child/education](http://www.abanet.org/child/education), and in the Legal Center's recent publication, *Blueprint For Change: Education Success For Children in Foster Care*, available at [www.abanet.org/child/education/blueprint](http://www.abanet.org/child/education/blueprint).

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For more information, see <http://www.abanet.org/child/empowerment/home.html>.

This publication was made possible in collaboration with Casey Family Programs, whose mission is to provide, improve – and ultimately prevent the need for – foster care.

# ENGAGING SCHOOL-AGE CHILDREN (AGES 5-11) IN THE COURTROOM

## JUDICIAL BENCH CARD<sup>1</sup>

### Document court actions

Document in the court order:

If the child is present, have him identify himself on the record.

OR if the child is not present, address the reasons why the child is not in attendance.

- What efforts were made and the accommodations offered to encourage the child's attendance.
- Explore and encourage resolution of common reasons for nonattendance, including interference with the school schedule and transportation issues.
- Depending on the situation, consider postponing the hearing until the child can be present.
- Request a current picture that will be introduced into the record.<sup>2</sup>

### Communicate with the child during the hearing

Keep language simple and age appropriate.

Talk with the child about his interests, likes, and dislikes.

If helpful, offer to have a conversation in chambers, making sure it complies with all procedural rules.

Provide an age-appropriate list of legal terms to the child before court to which he may refer during the hearing.<sup>3</sup>

Avoid legal jargon and acronyms.

Encourage the child to ask questions, particularly if he doesn't understand a question or statement.

Answer one question at a time.

Recognize cultural differences in language.

Avoid abstract questions.<sup>4</sup> Recognize that school-age children usually answer questions literally. *For example:* Q: Are you in school now? A: No. The child may be referring to where she is right now (the courtroom) instead of the broader question

of whether she attends school.

Publicly praise the child's accomplishments.

### Observe the child's behavior and appearance

Observe the child's interaction with caregivers, parents, and guardians.<sup>5</sup>

- Does the child look to them for help, support, advice, etc.?

Observe the child's physical appearance and health.

- Is the child appropriately dressed?
- Does the child look well-nourished?
- Does the child have appropriate personal hygiene?

Observe the child's body language.

- Be mindful of signs that the child may be frustrated or overwhelmed.<sup>6</sup>

### Preparations for court appearance

Ensure that your courtroom is child friendly.<sup>7</sup>

Ensure all children are accompanied by a support person at the hearing such as a foster parent, CASA, mentor, coach, or other adult role model.

Have the agency encourage the child to submit report cards, letters, drawings, or other age-appropriate materials periodically. Refer to anything previously submitted.

Read anything that the child gives to the court while the child is present.

Review the outcome of the hearing with the child and answer any questions (or ensure that someone else will do so).

Ensure the child understands what was ordered and why.

If age appropriate, ask the child what he wants to accomplish before the next hearing.

<sup>1</sup> This bench card was created to assist judges when a child is present in the courtroom. It does not include what information the judge should require from additional parties, such as a report from the child's therapist about the child's mental health status.

<sup>2</sup> The social worker or caregiver can provide the court with a picture.

<sup>3</sup> See Andrea Khoury, *Wish Me, Not Without Me: How to Involve Children in Court*, *Child Law Practice*, Vol. 26, No. 9 (November 2007).

<sup>4</sup> An example of an abstract question is "How well do you get along with your family?" For more information about questioning children, see Anne Graffam Walker, *Handbook on Questioning Children: A Linguistic Perspective* (ABA Center on Children and the Law 2d ed. 1999).

<sup>5</sup> Please note that some school-age children act out behaviorally with those they trust because they feel safe enough to express their stress, fear, or frustration. The child may also be testing limits. In addition, changes in a child's demeanor while answering questions may have several meanings. For example, a child could look to an adult for the answer because he is attached to that adult and wants to please him or her. On the other hand, the same action can mean that the child is afraid of the adult.

<sup>6</sup> Signs may include squirming, lying down, or fussing.

<sup>7</sup> It may be necessary to address issues related to the child's safety at the courthouse and the appropriateness of courtroom waiting areas. Judges may find it beneficial to have age-appropriate toys and books available.

Consult with the child and his caregiver when scheduling the next hearing so it does not interfere with the child's normal daily routine, including school.

Keep a school district calendar on the bench to ensure there are no conflicts with state standardized tests.

Thank the child for coming to court.

Encourage the child to attend the next hearing.

Ask the child whether he has any last questions, thoughts, or concerns.

### Possible questions to ask the child

How old are you?

What is your best friend's name?

What do you like (or not like) about where you are staying now?

Do you see your mom and dad?

Do you miss anyone? Provide options, e.g., brothers, sisters, grandparents.

Where do you go to school?

What grade are you in?

Who is your favorite teacher?

Who takes you to school?

Are you having any problems in school?

Do you have a tutor?

What do you like to do before and after school?

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# ENGAGING TODDLERS (AGES 1-3) OR PRESCHOOLERS (AGES 3-5) IN THE COURTROOM

## JUDICIAL BENCH CARD<sup>1</sup>

Document court actions	AGE	MILESTONES <sup>2</sup>
Document in the court order: If the child is present and verbal, have him identify himself on the record. OR if the child is not present, address the reasons why the child is not in attendance.	12 months	Stands alone Can say 1 word Imitates activities
<ul style="list-style-type: none"> <li>• What efforts were made and the accommodations offered to encourage the child's attendance.</li> <li>• Explore and encourage resolution of transportation issues as a reason for nonattendance.</li> <li>• Depending on the situation, consider postponing the hearing until the child can be present.</li> <li>• Request a current picture that will be introduced into the record.<sup>3</sup></li> </ul>	18 months	Runs Can remove garment Can point to at least 1 body part
	24 months	Jumps up Combines words Puts on clothing
	3 years	Balances on each foot 1 second Speech all understandable Can name a friend
<b>Communicate with the child during the hearing</b>	4 years	Hops Names 4 colors Can copy a cross (+)
<ul style="list-style-type: none"> <li>• Keep language simple and age appropriate.</li> <li>• Speak slowly and allow the child time to process the information.</li> <li>• Use concrete terms.<sup>3</sup></li> <li>• Use names instead of pronouns.</li> <li>• Stop at regular intervals to ask the child if he understands and if he has any questions.</li> <li>• Ask the child to perform simple age-appropriate tasks (as outlined in the Milestone Chart).</li> </ul>	5 years	Can walk on tiptoes Can draw a person with head, body, arms, and legs Capable of lacing own shoes
		<sup>4</sup> 50% to 90% of children can perform these milestones.
		The Milestone Chart was adapted from Hagan JF, Shaw JS, Duncan PM, eds. 2008. <i>Bright Futures: Guidelines For Health Supervision of Infants, Children, and Adolescents</i> , Third Edition, Elk Grove Village, IL: American Academy of Pediatrics and Schor EL, ed. 2004. <i>Caring For Your School-Age Child</i> , New York: Bantam Books.
<b>Observe the child's behavior and appearance</b>		<ul style="list-style-type: none"> <li>• Is he scared? Anxious? Avoidant?</li> <li>• Does he look to the caregiver for the "right" answer?</li> <li>• Assess whether the child appears healthy and well kept.</li> <li>• Does the child exhibit appropriate developmental milestones?<sup>5</sup></li> </ul>

<sup>1</sup> This bench card was created to assist judges when a child is present in the courtroom. It does not include what information the judge should require from additional parties, such as a report from the child's therapist about the child's mental health status.

<sup>2</sup> The social worker or caregiver can provide the court with a picture.

<sup>3</sup> Concrete terms refer to objects or events that are available to the senses. For example, use "in the backyard" instead of "area."

<sup>4</sup> Changes in a child's demeanor while answering questions may have several meanings. For example, a child could look to an adult for the answer because he is attached to that adult and wants to please him or her. On the other hand, the same action can mean that the child is afraid of the adult. For more information about questioning children, see Anne Graffam Walker, *Handbook on Questioning Children: A Linguistic Perspective* (ABA Center on Children and the Law 2d ed. 1999).

<sup>5</sup> Please refer to the Milestone Chart. For more information about child development, see Genie Miller Gillespie and Diane Boyd Rauber (eds.), *A Judge's Guide: Making Child-Centered Decisions in Custody Cases* (ABA Child Custody and Adoption Pro Bono Project and ABA Center on Children and the Law 2d ed. 2008).

#### Preparation for the hearing and courtroom

- Ensure that your courtroom is child friendly.<sup>6</sup>
- Ensure all children are accompanied by a familiar caregiver, such as a foster parent.
- Consult with the child's caregiver when scheduling the next hearing so it does not interfere with the child's normal daily routine, e.g., naptime, mealtime, etc.
- If the child is verbal:
  - If helpful, offer to have a conversation in chambers, making sure it complies with all procedural rules.
  - Have the agency invite him to submit drawings, cards, or other age-appropriate materials periodically. Refer to anything previously submitted.
  - Acknowledge anything that the child gives to the court while the child is present.
  - Thank the child for coming to court.
  - Encourage the child to attend the next hearing.
  - Ask the child whether he has anything to say before the hearing ends.

#### Parent's questions to ask the child at the hearing

- How old are you?
- Do you like where you are staying now?
- What do you like (not like) about where you are staying now? Suggest options (e.g., bedroom, pets, people who live there).
- Do you go to preschool or daycare? What things do you like to do while you are there?
- What kinds of things did you and your mommy (or daddy) do the last time you saw her (or him)?
- Do you feel sad or miss anyone? Suggest options (e.g., brothers, sisters, grandparents).
- Have you been to the doctor?
- Do you like the doctor?

#### Possible questions to ask the caregiver about the child

- Is the child forming healthy attachments?<sup>7</sup> With whom?
- Is the child meeting developmental milestones?<sup>8</sup>

<sup>6</sup> It may be necessary to address issues related to the child's safety at the courthouse and the appropriateness of courtroom waiting areas. Judges may find it beneficial to have age-appropriate toys and books available.

<sup>7</sup> For more information about attachment, see JoAnne Solchany and Lisa Pilnik, *Healthy Attachment for Very Young Children in Foster Care*, *Child Law Practice*, Vol. 27, No. 6 (August 2008).

<sup>8</sup> Please refer to the Milestone Chart.



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Technical Assistance Brief

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# QUESTIONS EVERY JUDGE AND LAWYER SHOULD ASK ABOUT INFANTS AND TODDLERS IN THE CHILD WELFARE SYSTEM

By  
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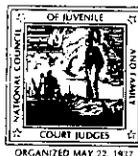
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## INTRODUCTION

Increasing numbers of infants and young children with complicated and serious physical, mental health, and developmental problems are being placed in foster care.<sup>2</sup> The following checklists have been developed for use by judges, attorneys, child advocates, and other child welfare professionals in meeting the wide range of health care needs of this growing population.

## PHYSICAL HEALTH

### **Has the child received a comprehensive health assessment since entering foster care?**

Because children are likely to enter foster care as a result of abuse, neglect, homelessness, poverty, parental substance abuse, or mental illness, all foster children should receive a comprehensive physical examination shortly after placement that addresses all aspects of the child's health. Under the Early and Periodic Screening, Diagnosis, and Treatment provisions of federal Medicaid law<sup>3</sup>, foster children should receive a comprehensive assessment that can establish a baseline for a child's health status, evaluate whether the child has received necessary immunizations, and identify the need for further screening, treatment, and referral to specialists.<sup>4</sup> A pediatrician or family practice physician knowledgeable about the health care problems of foster children should perform the examination.<sup>5</sup>

Ensuring the healthy development of foster children requires that they receive quality medical care. Such care should be comprehensive, coordinated, continuous, and family-supported. One person should be identified who will oversee the child's care across the various agencies and systems, including early childhood services, early intervention services, education, and medical and mental health. Family-supportive care requires sharing the child's health information with the child's caregivers and providing

caregivers with education and training programs in order to meet the needs of their foster child.

### **Are the child's immunizations complete and up-to-date for his or her age?**

Complete, up-to-date immunizations provide the best defense against many childhood diseases that can cause devastating effects. Immunization status is an important measure of vulnerability to childhood illness and can reveal whether the child has had access to basic health care. Incomplete or delayed immunization suggests that the child is not receiving adequate medical care and is not regularly followed by a provider familiar with the child's health needs. A child should have a "well-baby" examination by two to four weeks of age. Immunizations are recommended at two, four, six, and 12 months of age. A child should have at least three visits to a pediatrician or family practice physician during the second year of life with basic immunizations completed by two years of age.<sup>6</sup>

### **Has the child received a hearing and vision screen?**

Undetected hearing loss during infancy and early childhood interferes with the development of speech and language skills and can have deleterious effects on overall development, especially learning. Hearing loss during early childhood can result from childhood diseases, significant head trauma, environmental factors such as excessive noise exposure, and insufficient attention paid to health problems that may affect hearing. Studies reveal that 70 percent of children with hearing impairments are initially referred for assessment by their parents.<sup>7</sup> Because foster care children often lack a consistent caregiver who can observe their development and note areas of concern, they should receive ongoing evaluations of hearing, speech, and language development.

Vision screening is an essential part of preventative health care for children. Problems with vision are

<sup>1</sup> Several of the questions follow the format of and contain excerpts from the "Checklists for Healthy Development of Foster Children," *Ensuring the Healthy Development of Foster Children: A Guide for Judges, Advocates, and Child Welfare Professionals*. New York State Permanent Judicial Commission on Justice for Children, 1999. Excerpted with permission.

<sup>2</sup> American Academy of Pediatrics, Developmental issues for young children in foster care. *Pediatrics*, Vol. 106, No. 5, pp. 1145-1150. November 2000. American Academy of Pediatrics, Health care of young children in foster care. *Pediatrics*, Vol. 109, No. 3 pp. 536-541. March 2002.

<sup>3</sup> 42 U.S.C. Section 1396(a)(10) and (43)(2000); 42 U.S.C. Section 1396d(a)(4)(B)(2000) and 1396(r).

<sup>4</sup> 42 U.S.C. Section 1396(a)(10)(2000); 42 U.S.C. Section 1396d(a)(4)(B)(2000).

<sup>5</sup> *Supra* note 1.

<sup>6</sup> American Academy of Pediatrics, Immunizations and your child. *American Academy of Pediatrics website*, June 27, 2002.

<sup>7</sup> NIH Consensus Statement, Early identification of hearing impairment in infants and young children. Online 1993 March 1-3 [cited October 8, 2002]; 11 (1):1-24.

the fourth most common disability among children in the United States and the leading cause of impaired conditions in childhood.<sup>8</sup> Early detection and treatment increase the likelihood that a child's vision will develop normally, and, if necessary, the child will receive corrective devices.

#### **Has the child been screened for lead exposure?**

Children who are young, low-income, and have poor access to health care are vulnerable to the harmful effects of lead.<sup>9</sup> Ingested or inhaled lead can damage a child's brain, kidneys, and blood-forming organs. Children who are lead-poisoned may have behavioral and developmental problems. According to the Centers for Disease Control and Prevention (CDC), however, lead poisoning is one of the most preventable pediatric health problems today. Screening is important to ensure that poisoned children are identified and treated and their environments remediated.

The CDC recommends lead-poisoning screening beginning at nine months of age for children living in communities with high-risk lead levels. The CDC also recommends targeted screening based on risk assessment during pediatric visits for all other children.

#### **Has the child received regular dental services?**

Preventative dentistry means more than a beautiful smile for a child. Children with healthy mouths derive more nutrition from the food they eat, learn to speak more easily, and have a better chance of achieving good health. Every year, thousands of children between one to four years old suffer from extensive tooth decay caused by sugary liquids – especially bottles given during the night. Children living below the poverty level have twice the rate of tooth decay as children from higher income levels.<sup>10</sup> Furthermore, poorer children's disease is less likely to be treated.

Early dental care also prevents decay in primary ("baby") teeth which is currently at epidemic proportions in some U.S. populations and is

prevalent among foster children.<sup>11</sup> The American Academy of Pediatric Dentistry recommends that before the age of one year, a child's basic dental care be addressed during routine "well-baby" visits with a primary care provider, with referral to a dentist if necessary. For children older than one year, the Academy recommends a check-up at least twice a year with a dental professional.

#### **Has the child been screened for communicable diseases?**

The circumstances associated with the necessity for placement in foster care – such as prenatal drug exposure, poverty, parental substance abuse, poor housing conditions, and inadequate access to health care – can increase a child's risk of exposure to communicable diseases such as HIV/AIDS, congenital syphilis, hepatitis, and tuberculosis.

A General Accounting Study found that 78 percent of foster children were at high-risk for HIV, but only nine percent had been tested for the virus.<sup>12</sup> Early identification of HIV is critical to support the lives of infected children and to ensure that they receive modified immunizations. Modified immunizations are necessary to prevent adverse reactions to the vaccines while still providing protection against infectious diseases such as measles and chicken pox. The American Academy of Pediatrics recommends that all prenatally HIV-exposed infants be tested for HIV at birth, at one to two months of age, and again at four months. If the tests are negative, the child should be re-tested at 12 months of age or older to document the disappearance of the HIV antibody.

#### **Does the child have a "medical home" where he or she can receive coordinated, comprehensive, continuous health care?**

All children in foster care should have a "medical home," a single-point-of-contact practitioner knowledgeable about children in foster care who oversees their primary care and periodic

<sup>8</sup> American Academy of Pediatrics, Developmental surveillance and screening of infants and young children. *Pediatrics* Vol. 108, No. 1, pp.192-196. July 2001.

<sup>9</sup> American Academy of Pediatrics, Screening for elevated blood lead levels (RE9815). *Pediatrics* Vol. 101, No. 6, pp. 1072-1078. June 1998.

<sup>10</sup> Testimony of Ed Martinez, Chief Executive Officer San Ysidro Health Center, San Diego, CA to the Senate Subcommittee on Public Health, in support of Senate Bill 1626. June 25, 2002.

<sup>11</sup> American Academy of Pediatrics, Early childhood caries reaches epidemic proportions (Press Release). February 1997.

<sup>12</sup> General Accounting Office, "Foster Care: Health Needs of Young Children Are Unknown and Unmet." GAO/Health, Education and Human Services Division, pp. 95-114. May 1995.

reassessments of physical, developmental, and emotional health, and who can make this information available as needed.

## DEVELOPMENTAL HEALTH

### **Has the child received a developmental evaluation by a provider with experience in child development?**

Young foster children often exhibit substantial delays in cognition, language, and behavior. In fact, one half of the children in foster care show developmental delay that is approximately four to five times the rate of delay found in children in the general population.<sup>13</sup> Early evaluation can identify developmental problems and can help caregivers better understand and address the child's needs.

Developmental evaluations provide young children who have identified delays with access to two federal entitlement programs:

- The Early Intervention Program for children under the age of three years, also known as Part C of the IDEA [20 U.S.C. Section 1431 (2000)], and
- The Preschool Special Education Grants Program for children with disabilities between the ages of three to five [20 U.S.C. Section 1419 (a) (2000)].<sup>14</sup>

### **Are the child and his or her family receiving the necessary early intervention services, e.g., speech therapy, occupational therapy, educational interventions, family support?**

Finding help for young children may prevent further developmental delays and may also improve the quality of family life. Substantial evidence indicates that early intervention is most effective during the first three years of life, when the brain is establishing the foundations for all developmental, social, and cognitive domains. "The course of development can be altered in early childhood by effective interventions that change the balance between risk and protection, thereby shifting the odds in favor of more adaptive outcomes."<sup>15</sup> Children with

developmental delays frequently perform more poorly in school, have difficulty understanding and expressing language, misunderstand social cues, and show poor judgment.

Early intervention provides an array of services including hearing and vision screening, occupational, speech and physical therapy, and special instruction for the child, as well as family support services to enable parents to enhance their child's development. Such services can help children benefit from a more successful and satisfying educational experience, including improved peer relationships.<sup>16</sup> Foster children can be referred for early intervention and special education services by parents, health care workers, or social service workers. Early intervention services are an entitlement for all children from birth to three years and their families as part of Part C, IDEA. Both biological and foster families can receive Early Intervention Family Support Services to enhance a child's development.

## MENTAL HEALTH

### **Has the child received a mental health screening, assessment, or evaluation?**

Children enter foster care with adverse life experiences: family violence, neglect, exposure to parental substance abuse or serious mental illness, homelessness, or chronic poverty. Once children are placed in foster care, they must cope with the separation and loss of their family members and the uncertainty of out-of-home care. The cumulative effects of these experiences can create emotional issues that warrant an initial screening, and, sometimes, an assessment or evaluation by a mental health professional. Compared with children from the same socioeconomic background, children in the child welfare system have much higher rates of serious emotional and behavioral problems.<sup>17</sup> It is important to both evaluate them and offer counseling and treatment services when needed so that early difficulties are addressed and later problems are prevented.

<sup>13</sup> Dicker, S. and Gordon, E., Connecting healthy development and permanency: A pivotal role for child welfare professionals. *Permanency Planning Today*, Vol. 1, No. 1, pp. 12-15. 2000.

<sup>14</sup> Website: <http://www.nectac.org/default.asp>.

<sup>15</sup> Shonkoff, J. P. and Phillips, D. A., *From Neurons to Neighborhoods: Committee on Integrating the Science of Early Childhood Development*. National Academy Press, Washington, D.C. 2000.

<sup>16</sup> American Speech-Language-Hearing Association, Frequently asked questions: Helping children with communication disorders in the schools - speaking, listening, reading, and writing. *American Speech-Language-Hearing Association website*, July 1, 2002.

<sup>17</sup> Halfon, N., Berkowitz, G., and Klee, L., Development of an integrated case management program for vulnerable children. *Child Welfare*, Vol. 72, No. 4, pp. 379-396. 1993.

Children exhibiting certain behaviors may also signal a need for a mental health assessment and neurological and educational evaluations. Many of the symptoms associated with juvenile emotional and behavioral health problems can be alleviated if addressed early. The American Academy of Child and Adolescent Psychiatry recommends assessments for infants who exhibit fussiness, feeding and sleeping problems, and failure to thrive.<sup>18</sup> For toddlers, the Academy recommends assessments for children exhibiting aggressive, defiant, impulsive, and hyperactive behaviors, withdrawal, extreme sadness, and sleep and eating disorders.<sup>19</sup>

### **Is the child receiving necessary infant mental health services?**

The incidence of emotional, behavioral, and developmental problems among children in foster care is three to six times greater than children in the general population.<sup>20</sup> Children with emotional and behavioral problems have a reduced likelihood of reunification or adoption.<sup>21</sup> Children with externalizing disorders, e.g., aggression and acting out, have the lowest probability of exiting foster care.<sup>22</sup> During infancy and early childhood, the foundations are laid for the development of trusting relationships, self-esteem, conscience, empathy, problem solving, focused learning, and impulse control.<sup>23</sup>

To promote and facilitate permanency, children identified with mental health problems should receive care from a mental health professional who can develop a treatment plan to strengthen the child's emotional and behavioral well-being with caregivers. Services may include clinical intervention, home visiting, early care and education, early intervention services, and caregiver support for young children.

## **EDUCATIONAL/CHILDCARE SETTING**

### **Is the child enrolled in a high-quality early childhood program?**

Children cannot learn unless they are healthy and safe. Children learn best in high-quality settings when they have stable relationships with highly skilled teachers.<sup>24</sup> Such programs nurture children, protect their health and safety, and help ensure that they are ready for school. Early childhood programs also provide much-needed support for caregivers. Considerable research has indicated that early education has a positive impact on school and life achievement. Children who participate in early childhood programs have higher rates of high school completion, lower rates of juvenile arrest, fewer violent arrests, and lower rates of dropping out of school.<sup>25</sup> Many foster children are eligible for early childhood programs such as Head Start, Early Head Start, and publicly funded pre-kindergarten programs for four-year-olds.

### **Is the early childhood program knowledgeable about the needs of children in the child welfare system?**

Most children are placed in foster care because of abuse or neglect occurring within the context of parental substance abuse, extreme poverty, mental illness, homelessness, or physical disease, e.g., AIDS. As a result, a disproportionate number of children placed in foster care come from the segment of the population with the fewest psychosocial and financial resources and from families that have few personal and extended sources of support.<sup>26</sup> For all of these reasons, it is very important that these children's child care staff and teachers be well trained and qualified.

<sup>18</sup> American Academy of Child and Adolescent Psychiatry, Practice parameters for the psychiatric assessment of infants and toddlers. *Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 36, (10 suppl.), 1997.

<sup>19</sup> *Ibid.*

<sup>20</sup> Marsenich, L., Evidence-based practices in mental health services for foster youth. California Institute for Mental Health. March 2002.

<sup>21</sup> *Ibid.*

<sup>22</sup> *Ibid.*

<sup>23</sup> Greenough, W., Gunnar, M., Emde, N., Massinga, R., and Shonkoff, J., The impact of the caregiving environment on young children's development: Different ways of knowing. *Zero to Three*, Vol. 21, pp. 16-23. 2001.

<sup>24</sup> National Association for the Education of Young Children. *Week of the young child: April 18-24. Early Years Are Learning Years*, Vol. 99, No. 6. 1999.

<sup>25</sup> Reynolds, A., Temple, J., Robertson, D., and Mann, E., Long-term effects of an early childhood intervention on educational achievement and juvenile arrest: A 15-year follow-up of low-income children in public schools. *Journal of the American Medical Association*, Vol. 285, No. 18, pp. 2339-2346. 2002.

<sup>26</sup> National Commission on Family Foster Care, *A Blueprint for Fostering Infants, Children, and Youths in the 1990s*. Child Welfare League of America, Washington, D.C. 1991.

## PLACEMENT

**Is the child placed with caregivers knowledgeable about the social and emotional needs of infants and toddlers in out-of-home placements, especially young children who have been abused, exposed to violence, or neglected?**

**Do the caregivers have access to information and support related to the child's unique needs?**

**Are the foster parents able to identify problem behaviors in the child and seek appropriate services?**

Childhood abuse increases the odds of future delinquency and adult criminality by 40 percent.<sup>27</sup> Maltreated infants and toddlers are at risk for insecure attachment, poor self-development, and psychopathology.<sup>28</sup> Children in out-of-home placements often exhibit a variety of problems which may be beyond the skills of persons without special knowledge or training. Therefore, foster parents need and should receive information about the child's history and needs as well as appropriate training.<sup>29</sup> Early interventions are key to minimizing the long-term and permanent effects of traumatic events on the developing brain and on behavioral and emotional development. It is imperative that

caregivers seek treatment for their foster children and themselves as soon as possible.<sup>30</sup>

**Are all efforts being made to keep the child in one consistent placement?**

An adverse prenatal environment, parental depression or stress, drug exposure, malnutrition, neglect, abuse, or physical or emotional trauma can negatively impact a child's subsequent development. Therefore, it is essential that all children, especially young children, are able to live in a nurturing, supportive, and stimulating environment.<sup>31</sup> It is crucial to try to keep children in one, consistent, supportive placement so that they can develop positive, secure attachment relationships.

***To develop into a psychologically healthy human being, a child must have a relationship with an adult who is nurturing, protective, and fosters trust and security...Attachment to a primary caregiver is essential to the development of emotional security and social conscience.***<sup>32</sup>

***What happens during the first months and years of life matters a lot, not because this period of development provides an indelible blueprint for adult well-being, but because it sets either a sturdy or fragile stage for what follows.***<sup>33</sup>

<sup>27</sup> Widom, C.S., "The role of placement experiences in mediating the criminal consequences of early childhood victimization." *American Journal of Orthopsychiatry*, 61 (2), pp. 195-209, 1991.

<sup>28</sup> Widom, C.S., "Motivations and mechanisms in the 'cycle of violence.'" In D. Hansen (Ed.), *Motivation and child maltreatment*. Nebraska Symposium on Motivation, Vol. 46, pp.1-37, 2000.

<sup>29</sup> National Foster Parent Association, *Board manual: Goals, objectives, position statements, and by-laws*. Gig Harbor, Washington, 1999.

<sup>30</sup> Carnegie Task Force on Meeting the Needs of Young Children, *Starting Points: Meeting the Needs of our Youngest Children*. New York, NY, Carnegie Corporation, 1994.

<sup>31</sup> *Supra note 2*.

<sup>32</sup> *Ibid*.

<sup>33</sup> *Supra note 15*

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**QUESTIONS EVERY JUDGE AND LAWYER SHOULD ASK  
ABOUT INFANTS AND TODDLERS IN THE CHILD WELFARE SYSTEM**

**PHYSICAL HEALTH**

- \* Has the child received a comprehensive health assessment since entering foster care?
- \* Are the child's immunizations complete and up-to-date for his or her age?
- \* Has the child received a hearing and vision screen?
- \* Has the child been screened for lead exposure?
- \* Has the child received regular dental services?
- \* Has the child been screened for communicable diseases?
- \* Does the child have a "medical home," where he or she can receive coordinated, comprehensive, continuous health care?

**DEVELOPMENTAL HEALTH**

- \* Has the child received a developmental evaluation by a provider with experience in child development?
- \* Are the child and his or her family receiving the necessary early intervention services, e.g., speech therapy, occupational therapy, educational interventions, family support?

**MENTAL HEALTH**

- \* Has the child received a mental health screening, assessment, or evaluation?
- \* Is the child receiving necessary infant mental health services?

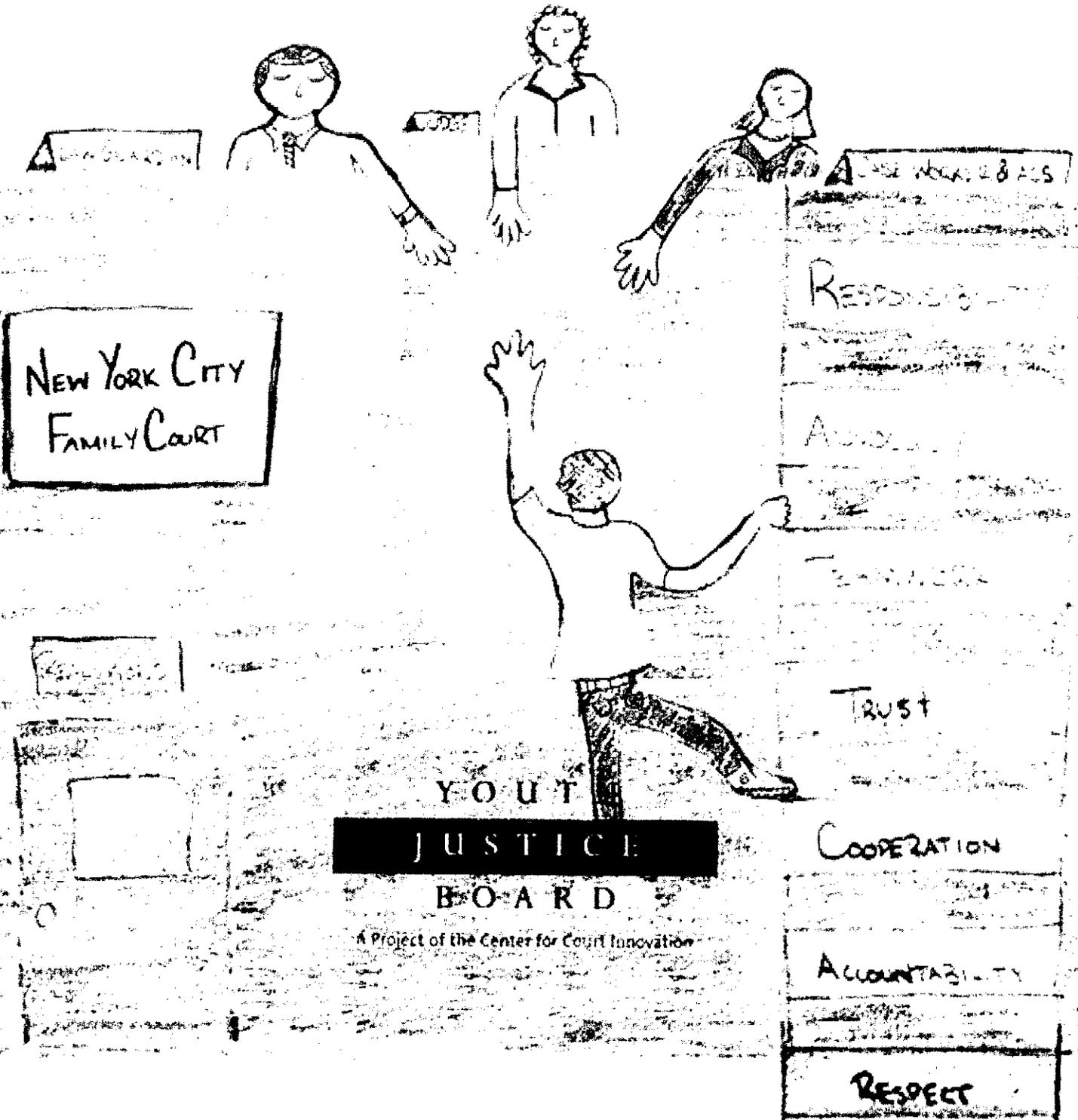
**EDUCATIONAL/CHILDCARE SETTING**

- \* Is the child enrolled in a high-quality early childhood program?
- \* Is the early childhood program knowledgeable about the needs of children in the child welfare system?

**PLACEMENT**

- \* Is the child placed with caregivers knowledgeable about the social and emotional needs of infants and toddlers in out-of-home placements, especially young children who have been abused, exposed to violence, or neglected?
- \* Do the caregivers have access to information and support related to the child's unique needs?
- \* Are the foster parents able to identify problem behaviors in the child and seek appropriate services?
- \* Are all efforts being made to keep the child in one consistent placement?

# STAND UP STAND OUT: RECOMMENDATIONS TO IMPROVE YOUTH PARTICIPATION IN NEW YORK CITY'S PERMANENCY PLANNING PROCESS



NEW YORK CITY  
FAMILY COURT

YOUTH  
JUSTICE  
BOARD

A Project of the Center for Court Innovation

- RESPONSIBILITY
- ACCOUNTABILITY
- TRUST
- COOPERATION
- ACCOUNTABILITY
- RESPECT

This publication was written by the Youth Justice Board members and staff. The Youth Justice Board is a project of the Center for Court Innovation, a public-private partnership between the New York State Unified Court System and the Fund for the City of New York that works to improve public confidence in justice. The recipient of an Innovations in American Government Award from the Ford Foundation and Harvard University, the Center is an independent, non-partisan think tank that works to reduce crime, aid victims, and strengthen neighborhoods. The Center's demonstration projects include the award-winning Red Hook Community Justice Center and Midtown Community Court.

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Points of view and opinions in this document are the opinions of the authors and do not necessarily represent the official position or policies of the Center for Court Innovation or the above-named foundations.

Cover artist: Michael, Youth Justice Board member. "This illustration shows my vision of how Family Court could be. For it to work well, you need everyone working together. And for that, you need fundamentals like teamwork, trust and responsibility. Court should not be a process where youth are at the bottom of the ladder—everyone in the process should reach out to youth, and youth can reach back. Youths' lives are at stake every time they enter that courtroom. We need to improve the court process, to prepare them to go out into the real world."

June 2007

Dear Reader,

Many youth in care believe that they don't have any say in what goes on in their Family Court cases. They don't know that they can attend their court hearings and therefore do not. Our goal is to get more youth involved in their court cases. We want youth to feel like they are included and can participate in getting their lives on track. Youth are completely affected by the court system and most don't even know it. Their lives are often planned out in the courtroom and though they will be the ones living out the decisions made in court, they are not always part of the planning. The courthouse is a very busy place with many important people, but youth have to be informed that they are just as important as everyone else in that room.

This report is a result of focus groups that we conducted with youth in care and interviews we conducted with judges, referees, clerks, lawyers, social workers and child welfare experts in order to find out everyone's opinions on the court process, youth participation and what challenges exist. Based on our research, we think that the court process is improving, but we need more youth involvement and some reinforcement of guidelines and principles that already exist.

We hope that our recommendations will help promote more youth participation, and help the court process run more smoothly for everyone involved. While we understand that our recommendations alone will not make the permanency planning system perfect, we believe that they can launch some things that need to be done in order to create positive change for everyone. We hope that you not only enjoy reading our report, but that you realize how improved youth participation change can positively affect not only youth, but judges, caseworkers, law guardians, referees, and all other key people in the court system.

Sincerely,

The Youth Justice Board

Theresa	Nadica	Jessica	Latanya
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\*The names of the youth in the focus groups are withheld to protect their privacy.