ADVOCATING FOR CHILDREN ZERO TO FIVE

CASA Court Appointed Special Advocates FOR CHILDREN GEORGIA

OVERVIEW

The first five years of life are a critical period for brain development, attachment, and early learning. Young children are especially at risk for child abuse and neglect because of their developmental vulnerability and dependency on adults for safety and care. Because infants and toddlers rely on consistent, responsive adults to build trust, regulate emotions, and develop foundational skills, advocacy during this stage must be intentional, developmentally informed, and family centered to promote successful reunification efforts and opportunities to form strong attachments and bonds.

CAREGIVER SUPPORTS

Caregivers play a central role in helping infants and young children feel safe, regulated, and connected. Strong, stable relationships with nurturing caregivers support healthy brain development, self-regulation, social-emotional growth, language acquisition, and resilience.

Caregivers are better positioned to support placement stability and healthy development when they receive timely information about the child's history, needs, routines, and services, along with ongoing support to respond to developmental and behavioral concerns.

PRACTICE POINTS

- ○ Confirm the caregiver received key placement information, including medical needs, routines, developmental concerns, visitation expectations, and service providers.
- ○ Monitor for early signs of placement stress and raise concerns promptly to help prevent disruption.
- ○ Review developmental milestones with caregivers and discuss when to seek further evaluation or medical attention.

NEWBORNS AND INFANT CONSIDERATIONS

Newborns and infants require close attention to health, safety, attachment, and prenatal history. For infants and toddlers in out-of-home care, placement stability and meaningful connection with parents and other trusted adults can reduce trauma and improve long-term outcomes. Infants and small children can see their parents at visits of shorter duration, but they must occur more frequently to build and maintain a bond. If prenatal substance exposure has occurred, a Plan of Safe Care should guide coordinated services and supports for both the child and family to promote infant well-being, including safe sleep and responsive caregiving.

PRACTICE POINTS

- Advocate for frequent, developmentally appropriate family time with parents and trusted adults to support child well-being, strengthen attachment, and promote timely reunification.
- Encourage hands-on activities and engagement during family time to promote learning and support bonding.
- Determine whether the infant was prenatally exposed to drugs or alcohol and confirm that a Plan of Safe Care is in place when required.
- Advocate for development and follow-up of a Plan of Safe Care when one is needed but not in place.
- Reinforce safe sleep practices by checking that the infant sleeps alone, on their back, in a crib or bassinet free of loose items.

EARLY CHILDHOOD LEARNING

Early learning experiences help young children build language, curiosity, social skills, and readiness for school. Children in foster care benefit from structured, high-quality early childhood settings and everyday opportunities for reading, play, and exploration that support development across domains.

PRACTICE POINTS

- Confirm the child is enrolled in a Quality Rated early childhood program, such as Head Start, when available.
- Encourage caregivers to establish daily pre-reading routines through shared reading, songs, and age-appropriate activities with pictures, letters, and numbers.
- Promote daily play that supports self-expression, movement, problem-solving, and positive interaction.

Because developmental delays, sensory needs, and medical issues may emerge or become more visible over time, advocacy should include continuous monitoring, follow-up, and coordination across providers and systems.

HEALTH AND DEVELOPMENT SCREENINGS

Comprehensive and ongoing health and developmental screening is essential for identifying concerns early and connecting young children to timely services. Because developmental delays, sensory needs, and medical issues may emerge or become more visible over time, advocacy should include continuous monitoring, follow-up, and coordination across providers and systems.

PRACTICE POINTS

- Encourage use of a consistent primary healthcare provider to support continuity of care.
- Confirm the child receives a comprehensive health assessment[1] after entering foster care and stays current on well-child care and immunizations.
- Verify that dental, hearing, and vision screenings are completed and follow-up care is arranged.
- Advocate for parents to be invited to and participate in their child's health appointments to support awareness, improve communication, and help strengthen the parent-child bond.
- Ensure children ages zero to three are referred to Babies Can't Wait[2] and connected to early intervention services when concerns are identified.
- Reassess developmental and medical needs throughout the case and document key findings and recommendations.

1 Children 1st is a Georgia Department of Public Health (DPH) program that promotes healthy development of young children and assures they arrive at school healthy and ready for success. It collaborates with local hospitals, pediatricians and other health care providers, schools, and community-based organizations to ensure the healthy development of newborns and young children, completes developmental screenings, and refers families to other public health programs like Babies Can't Wait (BCW).

2 BCW is Georgia's statewide interagency service delivery system for infants and toddlers with developmental delays or disabilities and their families. It ensures families have access to the services that are needed to enhance their child's development.

SUPPORTS FOR PARENTS AND TIMELY PERMANENCY

Young children tend to remain in care longer and are less likely to reunify with their parents, making timely permanency planning critical. When reunification is the goal, parents need coordinated supports including mental health and substance use treatment, parenting skills training, and frequent, meaningful family time to rebuild capacity and strengthen bonds with their children. Concurrent planning ensures that if reunification becomes infeasible, the child achieves permanent placement without prolonged uncertainty or additional attachment disruption.

PRACTICE POINTS

- Advocate for in-home supports to reunify at the earliest possible stage and recommend wrap-around services and aftercare to sustain reunification.
- Advocate for the implementation of evidence-based child parent therapy modalities.
- Promote frequent, meaningful family time and visitation in a home-like setting to help maintain bonds; observe visits on occasion to assess progress.
- Ensure parents' mental health, substance use, and cognitive disabilities are addressed and supported throughout treatment.
- Encourage skills-based parenting training that includes modeling, interaction with the child, and responsive feedback to build caregiving capacity.
- Advocate for frequent review hearings and concurrent planning so that if reunification is not feasible, the child achieves permanency as quickly as possible and avoids attachment disruption.
- Determine whether the child's mother qualifies for Women's Treatment and Recovery Services through DBHDD and ensure parents' other needs are met through appropriate service delivery.
- Advocate for substance use treatment options that facilitate and support parental progress and development.
- Participate in relevant meetings, ongoing follow-up, and monitoring of services.

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