



National Center for Infants, Toddlers and Families

## **COURT TEAMS FOR MALTREATED INFANTS AND TODDLERS IMPACT STATEMENT**

### **EXECUTIVE SUMMARY**

The Court Teams for Maltreated Infants and Toddlers Project has been successfully launched in Texas, Iowa, and Mississippi. Its purpose is to reduce the recurrence of abuse and neglect and improve outcomes for vulnerable young children. The model is based on judicial leadership partnered with child development expertise to increase awareness of the impact of abuse and neglect on very young children and change systems to improve outcomes and prevent future court involvement.

This project directly addresses the co-occurrence of child maltreatment, substance abuse (specifically methamphetamine use), domestic violence and parental mental illness. The project can already point to significant impacts on systems reforms, increased resource sharing and new collaborative strategies as part of a comprehensive approach to enable courts to address the complex issues of abused and neglected babies.

### **THE PROBLEM**

Child welfare systems are not meeting the needs of the children who rely on public intervention to protect them. The federal government, through Child and Family Service Reviews (CFSR), monitors the states' performance on 14 child welfare outcomes. These outcomes include seven measures addressing safety, permanency, the children's well-being, and seven outcomes focused on system readiness (e.g. statewide information system, case review system, and training). In a study examining 19 states' CFSR performance<sup>1</sup>, no state achieved all specified outcomes. All were failing to meet the outcome related to the provision of physical and mental health services. Without adequate assessment and treatment for the developmental and social problems that are endemic to children who have experienced maltreatment<sup>2</sup> the consequences of maltreatment will go unchecked and lead to academic, professional, and personal problems that will plague them throughout their lives.<sup>3, 4, 5</sup>

The problems of child welfare systems are magnified when infants and toddlers are involved. They comprise the largest cohort of young children in care – accounting for one in three admissions.<sup>6</sup> Once they have been removed from their homes and placed in foster care, infants and toddlers are more likely than older children to be abused and neglected and to stay in foster care longer.<sup>7</sup> Infants and toddlers are the most vulnerable to the effects of maltreatment, and its impact on all aspects of their development can have

life-long implications if not properly addressed. Research shows that young children who have experienced physical abuse have lower social competence, show less empathy for others, have difficulty recognizing others' emotions, and are more likely to be insecurely attached to their parents.<sup>8</sup> They are also more likely to have deficits in IQ scores, language ability, and school performance than children who have not been maltreated.<sup>9</sup>

Child abuse and neglect fatalities are a serious problem nationally, underscoring the extreme vulnerability of young children. Infants and toddlers are most at risk. In fiscal year 2004, children under age four accounted for 79 percent of child fatalities, with children under age one accounting for 44 percent.<sup>10</sup>

In addition there is a rapidly spreading epidemic of methamphetamine use that is overwhelming the child welfare systems in many states. For example, Iowa is grappling with a severe methamphetamine problem that is having a tremendous impact on the rates of child abuse and neglect. The national average rate of victimization for all children decreased by 7.5% from 13.4 per 1,000 in 1990 to 12.4 per 1,000 in 2003. However, in Iowa the victimization rate for children ages birth - three was 30.3 per 1,000 in 2003.<sup>11</sup> Prevent Child Abuse Iowa reports 1,167 confirmed child abuse cases involving the presence of an illegal drug in a child's body in 2003, nearly triple the number from the previous year. Iowa is not alone. Methamphetamine use is spreading eastward across the country and what was originally a rural problem is now invading urban areas as well.

## **A SOLUTION FOR THE MOST VULNERABLE VICTIMS**

A new pilot program developed and overseen by the national nonprofit organization ZERO TO THREE combines judicial muscle with child development and other community partners so that babies and toddlers are given the attention and life-changing help they need. In each of three communities -- Fort Bend County, Texas, Hattiesburg, Mississippi and Des Moines, Iowa -- a judge is partnering with a child development specialist to create a team of child welfare and health professionals, child advocates and community leaders who provide services to abused and neglected infants and toddlers. By working together (with support and training from ZERO TO THREE) these teams are developing and enacting comprehensive approaches to meet young children's complex needs swiftly and effectively. The Court Teams approach seeks to ensure that these children are both monitored closely and receiving the services they need.

The work of the Court Teams is based on a model developed by Judge Cindy Lederman and psychologist Dr. Joy Osofsky in the Miami-Dade Juvenile Court. In Miami-Dade, babies and toddlers are screened for developmental delays and chronic health problems as soon as they come to the court's notice, and they receive care and healing along with their families. A major lesson emerging from the work in Miami-Dade is that Juvenile and Family Court Judges, who are responsible for the safety of the children in their courts, can be powerful agents of change. They are uniquely positioned to improve the well-being of infants and toddlers in the child welfare system and to ensure that they are receiving the resources and supports they need to address their special needs. In fact,

judges have an opportunity, perhaps the last one for these most vulnerable infants and toddlers, to focus on healing in the process of adjudicating the case.<sup>12</sup>

This ground-breaking project has inspired great enthusiasm among judges nationally who are looking for ways to break the intergenerational cycle of abuse and neglect. Many other jurisdictions have expressed keen interest in the Court Team concept which to date has led to the first meeting of the Court Teams Information-Sharing Network and numerous requests for presentations on the Court Team model.

## PROJECT GOALS

The principal goals of the project are to improve outcomes and reduce the recurrence of abuse and neglect for infants and toddlers. These goals will be achieved by developing court-community teams led by local judges to raise awareness of the needs of maltreated infants and toddlers, change practices, policies and programs and develop materials and publications related to the needs of infants and toddlers in the judicial system

## COURT TEAMS IMPLEMENTATION: CORE COMPONENTS

Court Team implementation involves eight core components:

- 1. Judicial Leadership:** Local judges in Court Team communities are the catalysts for the programs. When beginning a Court Teams project, a local judge convenes the initial meeting with representatives of community service providers and other stakeholders to build commitment and cooperation.
- 2. Local Community Coordinator:** In each Court Team community, a local Community Coordinator serves as a resource for child development expertise for the court. The Community Coordinator coordinates services and resources in support of infants and toddlers in the court systems.
- 3. Court Team:** The Court Team is made up of key community stakeholders who commit to working to restructure the way the community responds to the needs of maltreated infants and toddlers. The makeup of Court Teams varies from community to community, but at the three current sites have included: pediatricians; child welfare workers; attorneys representing children, parents, and the child welfare system; Court Appointed Special Advocates (CASAs); Guardians *Ad Litem* (GALs); mental health professionals; substance abuse treatment providers; representatives of foster parent organizations and children's advocacy groups; Early Head Start and child care providers; and Court Improvement Project staff.
- 4. Monthly Case Reviews:** Each month, all individuals and organizations delivering court-mandated services to infants and toddlers meet together with the judge to review progress on each case. This monitoring process in and of itself can help prevent very young children from falling through the cracks in the child welfare system and ensure that the services they are receiving are effective and age-appropriate.
- 5. New Court Order Forms:** Court-ordered service referrals have been expanded in Court Team sites to include a variety of services for children. By focusing attention

on the children themselves, it is hoped that children's needs for medical and mental health interventions will be incorporated into resolving the family's child welfare system involvement.

- 6. Training and Technical Assistance:** ZERO TO THREE staff and consultants provide training and technical assistance to court personnel and community service providers on topics such as: dyadic therapy as used in Miami-Dade to help parents learn to be more responsive to, and responsible for, the children's social and emotional development needs; general infant and toddler development; parenting interventions; services available to foster children in the community; and children and trauma.
- 7. Mental Health Treatment:** Ideally each Court Team will have the capacity to refer parents to mental health services, such as the dyadic therapy employed in Miami-Dade, which are designed to improve the parent-child relationship by focusing on reading and responding to cues in ways that support development and to address unmet emotional needs that the parent may have which impacts her ability to meet the needs of her baby.
- 8. Resource Materials:** ZERO TO THREE staff and consultants develop resource materials including bench books and training videos for use by the Court Teams sites and for national dissemination.

## ISSUES

The project has identified the following issues and the sites are working on strategies to address them:

- 1. Frequency of visitation:** Current practice in many localities is to order visits once a week for one hour. Research has shown that increasing the number of visits per week improves the likelihood of achieving permanency within 12 months. Brief weekly visits do not promote the strong positive attachment necessary for the healthy development of infants and toddler. The project is working with an expert on visitation issues to explore options to increase the frequency of visitation and to examine the role of the foster parents in supporting them. In some communities parents are encourage to have daily visits and foster parents often help provide the necessary transportation and support.
- 2. Referral to Part C (Early Intervention) Services:** Part C services are underutilized because children in the child welfare system are not routinely referred for screening and evaluation. The project is investigating of the development and implementation of policies to assure that all infants and toddlers are referred for Part C services. This would also assure that all eligible children receive a service coordinator who could assist with accessing other community services.
- 3. Financial support for kinship care/relative placements:** Currently, kinship care families in many states do not receive any public financial support. Texas has a new state law to pilot a program in one county that would provide some financial support. The project is working to establish a fund to support a modest number of kinship care families in each site and track the impact of such support.
- 4. Coordinated assessment of infants and toddlers:** Currently, infants and toddlers are scheduled for multiple appointments at different agencies to complete the necessary health, mental health and developmental assessments and there is no coordination of information among the agencies involved. This delays or prevents the initiation of appropriate services. The project is exploring the possibility of developing a centralized assessment center for each Court Team site where infants would receive health, mental health and developmental evaluations. This would enable prompt sharing of information and better coordination of needed services.
- 5. Availability of mental health services for very young children:** States have not met the federal criteria of providing necessary mental health services to young children in foster care. One of the reasons is the lack of mental health clinicians who are trained to work with children under age 3. The project is developing a plan to provide training for a core group of clinicians in each site to enable them to provide infant-parent psychotherapy.
- 6. Reimbursement for mental health services for very young children:** Another barrier to providing mental health services is funding. Medicaid policy in many states does not specifically cover parent-child psychotherapy, a primary treatment modality for very young children with mental health needs. The project is investigating the feasibility of changing the Medicaid policy at the state level to permit reimbursement. We are also investigating additional potential funding sources including the federal Victims of Crime Act.

## **ACCOMPLISHMENTS**

Launched in April, 2005, the Court Teams for Maltreated Infants and Toddlers Project can already list a series of accomplishments that belie the project's short history. All three demonstration sites are up and running, despite the effect of Hurricanes Katrina and Wilma on the Mississippi and Texas sites. There is tremendous energy in each of the Court Teams sites to improve outcomes for the youngest children in the child welfare system. Stakeholders from public and private agencies have committed personal and professional resources to implementing comprehensive changes in the way cases involving infants and toddlers are handled.

Major accomplishments to date include:

1. Establishment of Court Teams
2. Increased knowledge and awareness of the needs of maltreated infants and toddlers among key community stakeholders and service providers
3. Increased knowledge and utilization of existing services by child-serving agencies
4. Improved coordination of services for young children involved with the courts
5. Establishment of a monthly monitoring and tracking system for all new cases of children birth through three entering foster care
6. New guidelines for court orders
7. Development of new materials for judges and other court personnel on the impact of abuse and neglect on early development
8. Provision of training and technical assistance to the courts and communities

## **RELATED WORK IN MIAMI/DADE COUNTY**

As part of the funding for the Court Teams projects, ZERO TO THREE is supporting a follow-up study of the very successful pilot program in the Miami-Dade Juvenile Court designed to reduce child maltreatment. The pilot program provided intensive parent-infant psychotherapy and case management services to selected families involved with dependency court. Preliminary outcomes indicated marked improvement in parent-child interaction, a high rate of permanency and no recurrence of abuse or neglect.

## **ABOUT US**

ZERO TO THREE Policy Center is a non-partisan, research-based, nonprofit organization committed to promoting the healthy development of our nation's infants and toddlers. ZERO TO THREE provides direction and leadership for the overall Court Teams project as well as training and materials connected with the project. ZERO TO THREE has also collaborated with the American Bar Association Center on Children and the Law on a grant to increase awareness of the needs of young children in the legal system. To learn more about this topic, or about the ZERO TO THREE Policy Center, please contact us at 202-638-1144 or on the Web at <http://www.zerotothree.org/policy>.

## REFERENCES

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