

From Science to Public Policy: Court Teams for Maltreated Infants and Toddlers

By

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What the Science Says

In the time it takes to watch an episode of *Law and Order SVU*, five infants are being removed from their homes for abuse or neglect or both. During the time you're getting ready to go to work, another five babies move into foster care. Everyday in the United States, 118 babies leave their homes because their parents cannot take care of them.¹ The quality of their entire lives – at home and in foster care – is deeply troubling. Children between birth and three years have the highest rates of victimization, with infants accounting for almost 10% of all child maltreatment victims.² Children ages 3 and younger are also 34% more likely to be placed in foster care than children ages 4 to 11.³ Once they have been removed from their homes and placed in foster care, infants stay in foster care longer than older children.⁴ Infants and toddlers who come into contact with the child welfare system are at great risk of compromised development.⁵ Approximately 42% of them are developmentally delayed, many of them so delayed that pediatricians consider them developmentally impaired.⁶

Babies 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.⁷ They are also more likely to have deficits in IQ scores, language ability, and school performance than children who have not been maltreated.⁸

The science of infant-toddler development and mental health is instructive to both professionals and policymakers working toward improving outcomes for infants and toddlers in the child welfare system. Indeed, the science makes it abundantly clear that positive intervention during the first years

¹ Administration for Children & Families. (August 2005) *The AFCARS Report: Preliminary FY 2003 Estimates as of April 2005 (10) What were the ages of the children who entered care during FY 2003?*, U.S. Department of Health and Human Services, http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report10.htm, retrieved January 23, 2006.

² U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2005) *Child Maltreatment 2003*, Washington, DC: U.S. Government Printing Office, 23.

³ Ibid, 72.

⁴ Wulczyn, F. & Hislop, K. (2002) Babies in foster care: The numbers call for attention. *ZERO TO THREE Journal*, 22 (4), 14-15.

⁵ Family Life Development Center, College of Human Ecology. (Fall 2004) NSCAW Documents High Risk Level of Children in Child Welfare System. *The NDACAN Update*, 15, 4. Ithaca, NY: Cornell University.

⁶ Stahmer, A.C., Leslie, L.K., Hurlburt, M., Barth, R.P., Webb, M.B., Landsverk, J., and Zhang, J. (2005) Developmental and Behavioral Needs and Service Use for Young Children in Child Welfare. *Pediatrics*, 116 (4), 891-900. Grove Village, IL: American Academy of Pediatrics.

⁷ Shonkoff, J., & Phillips, D. (Eds.). (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: National Academy Press.

⁸ Ibid.

of life is critical to children in the child welfare system. Consider these facts about infant-toddler development and mental health:

- Between birth and three years old, the brain cell connections that govern sight, hearing, and language are mapped out. External stimulation (positive and negative) has major influence over everything the brain regulates: among them are memory, emotions, and learning.⁹
- From the first days of life, infants remember what has happened in their lives. So called “perceptual memory” links growing babies to sights and smells that can trigger intense psychological and physiological responses.
- From smiles to averted gazes and yawns, babies are trying to communicate their needs and feelings to us.¹⁰
- It is now possible to identify signs of depression and other psychological disorders in babies as young as 3 months.¹¹
- From birth, babies feel empathy toward other babies in distress.¹²
- Low birth weight and pre-maturity lead to developmental challenges for infants and put them at greater risk for a range of medical problems. It is estimated that forty percent of babies involved with the foster care system were born low birth weight or premature or both. More than half of these children suffer from serious health problems, including elevated lead blood-levels, and chronic diseases such as asthma.¹³
- Flying below the radar screen is Fetal Alcohol Spectrum Disorder (FASD). It is a physical disability whose primary symptoms (e.g., poor judgment, impulsivity, difficulty learning from experience, slow developmental pace) are often misdiagnosed as oppositional defiant disorder, conduct disorder, attention deficit disorder, and emotionally disturbed. The brain damage is caused by alcohol and drugs that pass the placental barrier during pregnancy. It cannot be cured but, if correctly diagnosed and treated, accommodations can be made to allow people with FASD to lead productive lives.¹⁴
- The single most important predictor of a child’s healthy growth and development is the attachment s/he forms with a consistent, loving caregiver. A secure emotional bond with a loving caregiver gives infants the belief that they are worthwhile and gives them the ability to nurture themselves, care for those around them, and develop the motivation to learn about their world.
- Babies grieve when their caregivers disappear.

A Model Solution

With this knowledge in hand, Judge Cindy Lederman and psychologist Dr. Joy Osofsky developed a model for addressing the needs of infants and toddlers within the context of the judicial system in Miami-Dade County, Florida. Their model program combines judicial muscle with a parent/child mental health intervention so that babies, toddlers, and their parents receive the life-changing help

⁹ Kotulak, R. Inside the brain: revolutionary discoveries of how the mind works. Kansas City, MO: 1997, 7-17.

¹⁰ Lillas, C.M., Langer, L., Drinane, M. Addressing infant and toddler issues in the juvenile court: challenges for the 21st century. *Juvenile and Family Court Journal*, 55 (2), 85-87.

¹¹ Wingert, P., Brant, M. Reading your baby’s mind: new research on infants finally begins to answer the question: what’s going on in there? *Newsweek*, CLXVI (7), 35.

¹² Ibid.

¹³ Halfon, N.; Mendonca, A.; & Berkowitz, G. (1995) Health status of children in foster care: The experience of the Center for the Vulnerable Child. *Archives of Pediatric and Adolescent Medicine*, 149 (4), 386-391.

¹⁴ Malbin, D.V., 53-63.

they need. 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 appropriate services are ordered by Judge Lederman as soon as the health assessments are completed. 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 perhaps the last opportunity to heal these most vulnerable infants and toddlers as they adjudicate their cases.¹⁵

Court Teams for Maltreated Infants & Toddlers: Policy Change in Action

Juvenile and family court judges from across the country have long felt frustrated by the challenges infants and toddlers face in the child welfare system. In particular, many judges have struggled to quickly reunify families or place infants and toddlers in permanent homes. ZERO TO THREE recognized these challenges, the scientific research supporting early intervention, and the success of the Miami-Dade model and designed an approach to address the problem. In April 2005, ZERO TO THREE launched a pilot project called Court Teams for Maltreated Infants and Toddlers, which combines community organizing and an array of services targeted specifically for babies within the context of the court system. 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. 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. The Court Teams approach seeks to ensure that these children are both monitored closely and receiving the services they need.

By bringing various disciplines and systems together (with support and training from ZERO TO THREE), the Court Teams are developing and enacting comprehensive approaches to meet young children's complex needs swiftly and effectively. Several other jurisdictions have expressed keen interest in the Court Team concept, and ZERO TO THREE is working with them to assess the feasibility of implementing the project in their communities.

The Court Teams project is affecting policy change at the community level in ways many could not have imagined. One state is working to modify their Medicaid reimbursement rules to allow psychotherapy for the parent and child together, as piloted in Miami. Other policy changes include interagency memoranda of understanding to share transportation resources, and modified practice guidelines defining visitation frequency (e.g., multiple times each week) to meet the developmental needs of very young children. As the success of this project grows, it is possible that even more policy changes will take place at the state and community level, reflecting the lessons learned and the needs of families.

At the national level, the Court Teams project is attracting the attention of federal lawmakers from states across the country. ZERO TO THREE was able to secure short-term federal funding for the

¹⁵ Lederman, C., Osofsky, J., & Katz, L. (2001). When the bough breaks the cradle will fall: Promoting the health and well being of infants and toddlers in juvenile court. *Juvenile and Family Court Journal*, 52 (4), 33-37.

pilot project with the support of Congressional representatives for those sites. To fully realize the potential of the Court Teams initiative and meet the long-term goals of the project, ZERO TO THREE is exploring avenues to expand the Court Teams approach and secure a long-term funding source.

Conclusion

Scientific research about the earliest years of life informs the ways in which we provide services and supports to infants, toddlers and their families. In turn, science can inform practice on a larger scale by changing public policies and instituting standards for how to promote the healthy development of infants and toddlers. Since child maltreatment is an area of such great complexity, the connections made between science, practice and policy have the potential to create constructive changes on behalf of our nation's most vulnerable young children. The Court Teams for Maltreated Infants and Toddlers project is one positive example of how science can inspire policy change for babies and toddlers.

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“From Science to Public Policy” is an occasional article in The Baby Monitor: ZERO TO THREE Policy and Advocacy News. Each article will illustrate how scientific research about infant-toddler development informs policy decision making through an example from the community, state or federal level.