BETTER OUTCOMES FOR INFANTS AND TODDLERS

Judicial Survey on Infants and Toddlers and the Dependency Court System
Summary of Findings Report

National Council of Juvenile and Family Court Judges
Permanency Planning for Children Department

September 2009
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The National Council of Juvenile and Family Court Judges (NCJFCJ), in cooperation with the Honorable Pamela Abernethy of Marion County Circuit Court in Oregon and ZERO TO THREE (ZTT), the National Center for Infants, Toddlers and Families, conducted a survey to determine the extent of current knowledge about infant development, to identify barriers judges have faced in taking action, and to identify ways judges have been especially successful in taking action. The data gathered were intended to be used to determine how NCJFCJ and ZTT can expand education and opportunities that will allow judges to take this knowledge "to scale" nationwide, as well as to provide assistance to Judge Abernethy as she leads efforts to diffuse best practice in this area throughout the state of Oregon.

In summary, the survey results analysis found that:

- Members of NCJFCJ and Oregon judicial officers were well informed about early childhood development overall;
- Judges involved in the Child Victims Act Model Courts Project are more knowledgeable about infant and toddler development than those who are not involved;
- The longer the judicial experience, the more knowledge judges have with respect to infant and toddler development;
- Nearly half of the respondents did not know about the Individuals with Disabilities Education Act (IDEA) Part C referral requirement;
- Only 36% of the total respondents refers a child to mental health intervention through a qualified infant mental health specialist under IDEA Part C services; and
- Nearly half of the respondents indicated one or more items related to obtaining data such as judicial caseload involving infants, type of court orders issued concerning infants, and compliance with court orders, that could be gathered within one year.

**Sample**

A total of 1228 judicial officers nationwide were invited to participate in the survey, of which 1175 judicial officers were NCJFCJ members and 53 were judicial officers on the child protection bench in Oregon. Recipients were given 14 days to complete the survey. A follow-up reminder email was sent to them after nine days to encourage participation. Of the total 1228 invitees who received the invitation via e-mail, 284 judicial officers responded to the survey (a response rate of 23%).
Assessment of general knowledge about the brain development of infants and toddlers 
\((n = 284)\)

In order to assess general knowledge of the relationship between brain development and bonding and attachment formation, the juvenile and family court judges who participated in the survey were asked to indicate their agreement with the following statement on a scale from 1 “Strongly Agree” to 6 “Strongly Disagree”:

“I have a general understanding of the scientific evidence from neurobiology that the quality of a very young child’s relationships with his/her parents or other primary caretakers impact the development of the child’s brain.”

Overall, 93% of the respondents indicated that they agreed with the statement regardless of the degree of rating. Thirty-nine percent of the respondents reported that they “strongly agreed” with the statement. Group comparisons were conducted to examine for differences among respondents. The mean responses were averaged and compared between respondents who were Victims Act Model Court members and non Model Court members. An analysis of the means indicates that respondents who are Model Court members \((x=1.66)\) are significantly more likely to agree that they had a general understanding of the science behind parent-infant relationships as compared to respondents that were not Model Court members \((x=2.12; F[1, 192] = 8.18, p < .005)\). Group comparisons were averaged and compared for judges with different levels of experience. An analysis of the means found a significant difference was also found with regard to years on the bench \((F[2, 202] = 4.097, p < .018)\), with judicial officers that have been on the bench two years or less \((x=2.46)\) being significantly less likely to agree that they had a general understanding of the science behind parent-infant relationships as compared to judges who have been on the bench three years or more \((x=1.82)\).

For those who responded with one of the “agree” responses \((n = 259)\), they were asked to share how they gained that knowledge. Sixty-three percent of the respondents reported that they gained this knowledge from in-state judicial education (63%), followed by self-directed reading (62%), being a parent or caregiver themselves (57%), national judicial education (32%), continuing legal education (30.5%), other discipline professional education (29%), and family and friends (25%). Fourteen percent responded with an “other” response, providing specific sources of acquiring the knowledge. Specific sources offered included listening to expert witnesses in court (44%), college courses (19%), being on a task force or committee (14%), and being on the bench (8%). Two judges identified themselves as ZTT Fellows which provided the opportunity for them to acquire the knowledge.

Knowledge about Infant and Toddler Development

To further assess knowledge about the relationship between brain development of infants and toddlers and bonding and attachment formation, ten factual statements were listed and respondents were asked to rate their knowledge of that fact \((0 = I \text{ did not know that} \text{ and } 5 = I \text{ know a lot about that})\).
Overall, the majority of the responding judges appear to know the relationship between bonding and attachment formation and children’s brain development. In particular, the majority of the judges appear to know that childhood abuse would increase the odds of both future delinquency and health problems without intervention ($M = 4.14$). It is interesting to note that nearly half of the judges did not know that infants and toddlers were eligible to get assessments and early intervention services through the Individuals with Disabilities Education Act (IDEA) Part C and were required to be referred if there was a substantiated incident of abuse or neglect (49%).
<table>
<thead>
<tr>
<th>Knowledge of the Brain Development of Infants and Toddlers and Bonding and Attachment Formation (n = 264)</th>
<th>0 &quot;I didn't know.&quot;</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 &quot;I know a lot.&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Babies in foster care are at highest risk for developmental delays or neurological impairment due to trauma, separation and disrupted attachment. (n = 264)</td>
<td>4.9%</td>
<td>4.9%</td>
<td>8.0%</td>
<td>25.4%</td>
<td>37.5%</td>
<td>19.3%</td>
</tr>
<tr>
<td>b. Children under age 3 in the foster care system are at a very high risk of having below average cognitive development. (n = 264)</td>
<td>8.0%</td>
<td>8.0%</td>
<td>12.9%</td>
<td>24.6%</td>
<td>30.7%</td>
<td>15.9%</td>
</tr>
<tr>
<td>c. Unless babies and toddlers in foster care receive needed services early on, they won’t be ready to start elementary school. (n = 264)</td>
<td>8.0%</td>
<td>7.2%</td>
<td>13.6%</td>
<td>19.3%</td>
<td>31.4%</td>
<td>20.5%</td>
</tr>
<tr>
<td>d. The quality and reliability of a child’s first relationships form the actual physical architecture of a child’s brain. (n = 264)</td>
<td>4.9%</td>
<td>8.3%</td>
<td>7.6%</td>
<td>18.6%</td>
<td>31.8%</td>
<td>28.8%</td>
</tr>
<tr>
<td>e. The bond that forms between a baby and a consistent loving caretaker is the single most important predictor of a child’s healthy growth and development. (n = 259)</td>
<td>1.9%</td>
<td>3.5%</td>
<td>5.4%</td>
<td>23.2%</td>
<td>39.0%</td>
<td>27.0%</td>
</tr>
<tr>
<td>f. Each additional visit that babies and toddlers receive with parents per week triples the odds of permanency in a year. (n = 259)</td>
<td>22.8%</td>
<td>13.9%</td>
<td>19.3%</td>
<td>18.9%</td>
<td>14.3%</td>
<td>10.8%</td>
</tr>
<tr>
<td>g. Infants and toddlers have the same levels of risk in terms of developmental and behavioral issues as pre-schoolers. (n = 259)</td>
<td>16.6%</td>
<td>21.6%</td>
<td>19.3%</td>
<td>20.1%</td>
<td>15.1%</td>
<td>7.3%</td>
</tr>
<tr>
<td>h. Infants and toddlers can get assessments and Early Intervention services through Individuals with Disabilities Education Act (IDEA) Part C and are required to be referred if there is a substantiated incident of abuse or neglect. (n = 255)</td>
<td>49.0%</td>
<td>10.2%</td>
<td>6.7%</td>
<td>9.4%</td>
<td>16.1%</td>
<td>8.6%</td>
</tr>
<tr>
<td>i. Babies show very clear signs that their emotional needs are not being met. (n = 255)</td>
<td>5.1%</td>
<td>11.4%</td>
<td>16.1%</td>
<td>20.8%</td>
<td>27.8%</td>
<td>18.8%</td>
</tr>
<tr>
<td>j. Without intervention, childhood abuse increases the odds of both future delinquency and health problems. (n = 255)</td>
<td>1.2%</td>
<td>0.8%</td>
<td>5.9%</td>
<td>11.0%</td>
<td>37.3%</td>
<td>43.9%</td>
</tr>
</tbody>
</table>
Cross-tabulations between key groups of respondents were calculated to measure knowledge of bonding and the effect attachment has on children’s brain development. Group differences were examined between Model Court members (i.e., Model Court members vs. non-Model Court members), and experience on the bench (i.e., 0-2 years, 3-10 years, 10+ years). Each table presents the participants’ mean responses regarding their knowledge level for the 10 items measuring infant and toddler development (as presented in Table 1). The overall mean for each item, as well as the mean total for all of the answers summed together are presented as well.

![Table 2](attachment:table.png)

<table>
<thead>
<tr>
<th>Model Court Member</th>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
<th>e</th>
<th>f</th>
<th>g</th>
<th>h</th>
<th>i</th>
<th>j</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (n=61)</td>
<td>4.51</td>
<td>4.28</td>
<td>4.41</td>
<td>4.92*</td>
<td>5.07*</td>
<td>3.67*</td>
<td>2.79</td>
<td>3.39</td>
<td>4.46*</td>
<td>5.28</td>
<td>3.80*</td>
</tr>
<tr>
<td>No (n=133)</td>
<td>4.41</td>
<td>3.95</td>
<td>4.20</td>
<td>4.38</td>
<td>4.63</td>
<td>3.06</td>
<td>2.44</td>
<td>3.14</td>
<td>3.99</td>
<td>5.13</td>
<td>3.47</td>
</tr>
<tr>
<td>Overall</td>
<td>4.44</td>
<td>4.10</td>
<td>4.20</td>
<td>4.50</td>
<td>4.75</td>
<td>3.20</td>
<td>3.17</td>
<td>2.59</td>
<td>4.11</td>
<td>5.14</td>
<td></td>
</tr>
</tbody>
</table>

* Difference is statistically significant

Analysis of the means presented in Table 2 suggests respondents from Model Court jurisdictions know more about infant and toddler development than non members. Model Court members provided higher ratings for knowledge on each measure, among which four items were statistically significant. Model Court members provided higher knowledge ratings as compared to non-Model Court members with regard to (d) the quality and reliability of a child’s first relationships affecting the actual physical architecture of a child’s brain \((F[1, 192] = 6.21, p < .014)\), (e) the bond that forms between a baby and a consistent loving caretaker being the single most important predictor of a child’s healthy growth \((F[1, 192] = 7.04, p < .009)\), (f) that each additional visit that babies and toddlers receive with parents per week triples the odds of permanency in a year \((F[1, 192] = 5.68, p < .018)\), and (i) that babies show very clear signs that their emotional needs are not being met \((F[1, 192] = 4.59, p < .033)\). The total mean for the summation of all of the items regarding knowledge of infant and toddler development also indicated that Model Court members know significantly more than non Model Court members \((F[1, 192] = 4.59, p < .033)\).

Analysis of the means presented in Table 3 suggests that judges with greater experience on the bench report having more knowledge of the factors influencing the cognitive development of infants and toddlers than less experienced judges. Comparisons were made between three groups of judges. Significant differences were identified on three of the items. Judges with greater than ten years experience were significantly more likely to believe it is vital
for infants and toddlers to receive services in foster care that prepare them for elementary school as compared to judges who had been on the bench for fewer years ($F[1, 192] = 5.65, p < .004$). Judges who have been on the bench less than two years report less knowledge than the other two groups of judges regarding the importance of the bond that forms between a baby and a loving caretaker ($F[1, 192] = 4.688, p < .01$) and whether child abuse increases the odds of delinquency and health problems with intervention ($F[1, 192] = 3.30, p < .039$).

Table 3
Knowledge Level Regarding Infant/Toddler Development by Years as Judge Cross-tabulation

<table>
<thead>
<tr>
<th>Years as Judge</th>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
<th>e</th>
<th>f</th>
<th>g</th>
<th>h</th>
<th>i</th>
<th>j</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 years</td>
<td>4.25</td>
<td>3.75</td>
<td>3.93+</td>
<td>4.18</td>
<td>4.29*</td>
<td>2.82</td>
<td>2.96</td>
<td>2.32</td>
<td>3.71</td>
<td>4.82*</td>
<td>3.27</td>
</tr>
<tr>
<td>(n=28)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-10 years</td>
<td>4.51</td>
<td>4.08</td>
<td>3.96+</td>
<td>4.61</td>
<td>4.73</td>
<td>3.19</td>
<td>3.13</td>
<td>2.41</td>
<td>4.22</td>
<td>5.35</td>
<td>3.53</td>
</tr>
<tr>
<td>(n=83)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10+ years</td>
<td>4.47</td>
<td>4.10</td>
<td>4.64*</td>
<td>4.65</td>
<td>4.97</td>
<td>3.47</td>
<td>3.36</td>
<td>2.69</td>
<td>4.22</td>
<td>5.15</td>
<td>3.71</td>
</tr>
<tr>
<td>(n=95)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>4.46</td>
<td>4.08</td>
<td>4.27</td>
<td>4.57</td>
<td>4.78</td>
<td>3.27</td>
<td>3.21</td>
<td>2.53</td>
<td>4.15</td>
<td>5.18</td>
<td>4.18</td>
</tr>
</tbody>
</table>

* Difference is statistically significant from +

Further assessment of the judicial knowledge of infant and toddler development was conducted by listing a series of statements and asking respondents to indicate whether they thought they were true or false.

“**Infants and toddlers can experience depression.**” ($n = 254$)

The majority of the respondents (83.5%) appear to know that infants and toddlers can experience depression, with less than 1% of the respondents reporting that they did not believe infants and toddlers can experience depression. However, 16% of the respondents reported that they did not know if infants and toddlers could experience depression at such a young age.

“**Infants and toddlers can sense a parent’s mood and be affected by a parent’s depression or anger.**” ($n = 254$)

The vast majority of the respondents (99%) appear to know that infants and toddlers can sense and be affected by a parent’s mood, depression or anger. Only 1% of the respondents reported that they did not know whether the statement was true.

“**Infants and toddlers can experience long term effects from witnessing violence.**” ($n = 254$)

The vast majority of respondents (97%) seem to know that infants and toddlers can experience long term effects from witnessing violence, while 2.5% reported that they did not know whether the statement was true. Only 0.5% indicated that the statement was false.
Judicial Practice and Knowledge of Infant and Toddler Development

To assess judicial practice and judicial knowledge of infant and toddler development, the respondents were asked to rate their degree of agreement with the following three statements.

“I am able to use the scientific knowledge about how very young children develop to make better decisions in cases that involve infants and toddlers.” (n = 247)

On average, the respondents rated this statement with a 2.06 on a 6-point scale (1=Strongly Agree; 6=Strongly Disagree), indicating they “agreed” that they were able to use the scientific knowledge about the development of very young children to make better decisions in cases involving infants and toddlers. Regardless of the degree of rating, 92% of the respondents agreed that they were able to use scientific knowledge about the development of infants and toddlers to make better decisions in cases involving the very young. Thirty-six percent of the respondents “strongly agreed” with the statement, while 35% “agreed.” Only 7.5% disagreed regardless of the degree of rating. One hundred and sixteen responding judges offered specific examples of how they used knowledge of infant and toddler development to make better decisions. Six common areas of decision making emerged from the comments.

1. **Visitation/parenting time (45%)**
   Judges reported that they increased the frequency of visitation for infants and toddlers with parents based on scientific knowledge of child development. Specifically, ordering more frequent visitation and consideration of visitation plans were mentioned. It is interesting to note that 11.5% of the responding judges reported that they increased parenting time and/or visitation for non-custodial parents based on the importance of bonding and attachment.

2. **Judicial decision-making generally (19%)**
   Specific examples of how this knowledge was used in judicial decision-making included asking more questions, use of expert witnesses, and case planning to make judicial decisions generally.

3. **Order of appropriate services to infants and toddlers (16%)**
   Particular examples included using this knowledge to order assessments of infants and toddlers, ordering mental health services, and referrals to early childhood programs.

4. **Placement decisions (14%)**
   Specific examples included using this knowledge in decisions about whether to move the infant to another placement, to place the child with a relative who came forward later in the case process, or to keep the child with the foster parent.

5. **Permanency planning (12%)**
   Particular examples included decisions to reunify the child with parents or move forward with concurrent planning, decisions to remove or not to remove the child, and being diligent in pursuing permanency.
6. **Ordering of services to parents (10%)**

Specific examples included using this knowledge to order domestic/family violence classes to understand the impact of violence on children, and parenting classes to learn how to become better parents.

Despite a general perception of confidence from the judges regarding the use of scientific evidence, responses to this question significantly differed depending on judicial experience ($F_{[2, 202]} = 2.833$, $p < .06$). Judges who have been on the bench two or few years were significantly less likely to believe in their ability to use scientific knowledge to make better decisions ($x = 2.44$) as compared to judges who have been on the bench between three and ten years ($x = 1.92$), or judges who have been on the bench for more than ten years ($x = 1.98$).

“I know how to use my position as a judge to have a positive impact on outcomes for infants and toddlers.” ($n = 239$)

On average, the respondents rated this statement as a 2.18 on a 6-point scale (1 = *Strongly Agree* and 6 = *Strongly Disagree*), indicating that they “agreed” that they knew how to use their position as a judge to have a positive impact on outcomes for infants and toddlers. The majority of the respondents (94.5%) agreed with the statement regardless of the degree of rating. Particularly, 47% chose the “agreed” response, while 26.5% chose “somewhat agreed” and 21% chose “strongly agreed.” Examples with respect to how they used their position as a judge to have a positive impact on outcomes for infants and toddlers were offered by 103 respondents. Six common methods were identified among the supplemental comments.

1. **Entry of orders (41%)**

   Particular examples offered included ordering more frequent visitation, ordering mental health services for infants and toddlers, ordering developmental assessments, and decision-making generally.

2. **Engagement of parties in court (39%)**

   Specific examples offered included asking questions and educating parents about child development, asking questions and educating social workers and attorneys, explaining the decisions to parents by citing scientific reasons, and providing positive reinforcement to parents for service compliance.

3. **Multidisciplinary collaboration (14%)**

   Particular examples shared included community involvement such as development and increase of services for infants and toddlers, participation in committees such as the Juvenile Court Improvement Project, and providing reinforcement to social workers and attorneys.

4. **Making placement decisions (10%)**

   Particular comments offered included placement decisions generally, decisions regarding family preservation or removal of the child from home, and decisions of relative placement versus foster care placement.
5. **Regular/frequent review hearings (9%)**

Specific reasons were offered by two respondents to supplement why they scheduled more review hearings for very young children. One respondent reported s/he did so in order to have more judicial oversight to move the case forward for timely permanency. Another respondent stated that s/he did so in order to assure the needs of those very young children could be met.

6. **Timeliness of permanency (6%)**

Particular examples offered included early permanency placement plan, and faster permanency generally.

“I have been able to use my position as a judge to have a positive impact on outcomes for infants and toddlers.” ($n = 240$)

On average, the respondents rated this statement with a 2.00 on a 6-point scale (1 = *Strongly Agree* and 6 = *Strongly Disagree*), indicating they “agreed” that they have been able to use their position as a judge to have a positive impact on outcomes for infants and toddlers. Regardless of the degree of rating, 98% of the respondents agreed that they have been able to use their position as a judge to have a positive impact on outcomes for infants and toddlers. In particular, 47.5% of the respondents rated this statement with an “agree,” while 26% rated it with “strongly agree” and 24.5% rated it with a “somewhat agree.”

**Systems’ Change**

A number of statements were provided to rate the capacity of the respondents to implement changes for court improvement. Two hundred and thirty five respondents provided answers to this question.

Overall, many of the judges responding to the survey seem actively involved in systems’ reform. With respect to collaboration with community and system stakeholders (a and f), the majority of judges reported that they have already done this or would be able to do this within a year. With respect to obtaining data (b, c, d, and e), more than 40% of responding judges stated that they could do this in one year, while approximately 20% of the respondents reported they have already done this and another 20% of the respondents indicated they could not do this. It is interesting to note that approximately 40% of the responding judges indicated that they could not “create a dependency treatment court for parents of infants and toddlers,” “identify parents of infants and toddlers and provide parent-focused intervention as part of probation in criminal cases,” and “require medical home for each child.” With regard to offering services including health assessments, mandatory therapy to promote the bonding relationship, parenting programs, and post-reunification support, more than 50% of the responding judges reported they have already done these activities.
<table>
<thead>
<tr>
<th>Table 4</th>
<th>x</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Establish a judge-led team to focus on system improvements (n=235)</td>
<td>43.0%</td>
<td>15.7%</td>
<td>27.2%</td>
<td>9.4%</td>
<td>4.7%</td>
</tr>
<tr>
<td></td>
<td>(n=101)</td>
<td>(n=37)</td>
<td>(n=64)</td>
<td>(n=22)</td>
<td>(n=11)</td>
</tr>
<tr>
<td>b. Obtain judge's caseload involving infants (%) (n=235)</td>
<td>22.1%</td>
<td>20.9%</td>
<td>51.1%</td>
<td>3.4%</td>
<td>2.6%</td>
</tr>
<tr>
<td></td>
<td>(n=52)</td>
<td>(n=49)</td>
<td>(n=120)</td>
<td>(n=8)</td>
<td>(n=6)</td>
</tr>
<tr>
<td>c. Obtain data on case information (What % of cases do they receive information about infant-toddler social and emotional needs, etc.) (n=235)</td>
<td>23.0%</td>
<td>24.7%</td>
<td>40.9%</td>
<td>8.1%</td>
<td>3.4%</td>
</tr>
<tr>
<td></td>
<td>(n=54)</td>
<td>(n=58)</td>
<td>(n=96)</td>
<td>(n=19)</td>
<td>(n=8)</td>
</tr>
<tr>
<td>d. Obtain data on court orders (What type of court orders issued concerning infants) (n=235)</td>
<td>19.6%</td>
<td>20.4%</td>
<td>48.9%</td>
<td>8.1%</td>
<td>3.0%</td>
</tr>
<tr>
<td></td>
<td>(n=46)</td>
<td>(n=48)</td>
<td>(n=115)</td>
<td>(n=19)</td>
<td>(n=7)</td>
</tr>
<tr>
<td>e. Obtain data on compliance with court orders (what % of court orders involving services for infants are complied with) (n=235)</td>
<td>18.7%</td>
<td>21.3%</td>
<td>42.6%</td>
<td>12.8%</td>
<td>4.7%</td>
</tr>
<tr>
<td></td>
<td>(n=44)</td>
<td>(n=50)</td>
<td>(n=100)</td>
<td>(n=30)</td>
<td>(n=11)</td>
</tr>
<tr>
<td>f. Work with community partners to develop specific visitation practices for infants and toddlers (n=228)</td>
<td>39.8%</td>
<td>12.7%</td>
<td>36.0%</td>
<td>9.2%</td>
<td>2.2%</td>
</tr>
<tr>
<td></td>
<td>(n=91)</td>
<td>(n=29)</td>
<td>(n=82)</td>
<td>(n=21)</td>
<td>(n=5)</td>
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<tr>
<td>g. Do more frequent case reviews for cases with infants and toddlers than in regular abuse/neglect or dependency docket (n=228)</td>
<td>42.1%</td>
<td>14.9%</td>
<td>36.4%</td>
<td>4.8%</td>
<td>1.8%</td>
</tr>
<tr>
<td></td>
<td>(n=96)</td>
<td>(n=34)</td>
<td>(n=83)</td>
<td>(n=11)</td>
<td>(n=4)</td>
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<tr>
<td>h. Reduce or eliminate multiple placements of infants (n=228)</td>
<td>43.9%</td>
<td>24.6%</td>
<td>21.1%</td>
<td>5.7%</td>
<td>4.8%</td>
</tr>
<tr>
<td></td>
<td>(n=100)</td>
<td>(n=56)</td>
<td>(n=48)</td>
<td>(n=13)</td>
<td>(n=11)</td>
</tr>
<tr>
<td>i. Create a dependency treatment court for parents of infants and toddlers (n=228)</td>
<td>20.2%</td>
<td>39.0%</td>
<td>18.4%</td>
<td>11.0%</td>
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<tr>
<td></td>
<td>(n=46)</td>
<td>(n=89)</td>
<td>(n=42)</td>
<td>(n=25)</td>
<td>(n=26)</td>
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<td>j. In domestic relations cases, establish protocols for custody disputes involving children under 3 (n=228)</td>
<td>19.3%</td>
<td>25.9%</td>
<td>32.9%</td>
<td>15.4%</td>
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<tr>
<td></td>
<td>(n=44)</td>
<td>(n=59)</td>
<td>(n=75)</td>
<td>(n=35)</td>
<td>(n=15)</td>
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<tr>
<td>k. In criminal cases, identify parents of infants and toddlers and provide parent-focused intervention as part of probation (n=228)</td>
<td>17.5%</td>
<td>42.5%</td>
<td>21.5%</td>
<td>12.3%</td>
<td>6.1%</td>
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<tr>
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<td>(n=40)</td>
<td>(n=97)</td>
<td>(n=49)</td>
<td>(n=28)</td>
<td>(n=14)</td>
</tr>
<tr>
<td>l. In delinquency cases, establish conditions of probation that teach teenagers the basics about infant-toddler social and emotional development (n=228)</td>
<td>19.7%</td>
<td>23.2%</td>
<td>40.4%</td>
<td>12.3%</td>
<td>4.4%</td>
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<tr>
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<td>(n=45)</td>
<td>(n=53)</td>
<td>(n=92)</td>
<td>(n=28)</td>
<td>(n=10)</td>
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<td>m. Require developmental screening for all infants and toddlers in first 60 days from out of home placement (n=218)</td>
<td>33.9%</td>
<td>17.0%</td>
<td>38.1%</td>
<td>8.3%</td>
<td>2.6%</td>
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<tr>
<td></td>
<td>(n=74)</td>
<td>(n=37)</td>
<td>(n=83)</td>
<td>(n=18)</td>
<td>(n=6)</td>
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<tr>
<td>n. Refer child to mental health intervention through qualified infant mental health specialist under Part C services (Early Intervention) (n=218)</td>
<td>36.2%</td>
<td>16.5%</td>
<td>33.9%</td>
<td>9.2%</td>
<td>4.1%</td>
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<tr>
<td></td>
<td>(n=79)</td>
<td>(n=36)</td>
<td>(n=74)</td>
<td>(n=20)</td>
<td>(n=9)</td>
</tr>
<tr>
<td>o. Ensure comprehensive health assessment (n=218)</td>
<td>60.6%</td>
<td>10.6%</td>
<td>22.9%</td>
<td>4.1%</td>
<td>1.8%</td>
</tr>
<tr>
<td></td>
<td>(n=132)</td>
<td>(n=23)</td>
<td>(n=50)</td>
<td>(n=9)</td>
<td>(n=4)</td>
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Better Outcomes for Infants and Toddlers

Group differences were examined for the responses regarding the estimated time for systems' change. Numbers were assigned to the estimates, with “already done” coded as 0, 1 year to make the change coded as 1, “2 years to make the change” was coded as 2, “3 years to make the change” was coded as 3, and “can not make the change” were coded as a 5. Recoding the system change responses in this way provides an estimate of how long participants believe each change will take to incorporate into their court. The results indicate that participating in key initiatives leads participants to provide longer estimates regarding the time it would take to implement key changes in their jurisdiction. Model Court members provided longer estimates on 17 of the 20 measures as compared to non Model Court members, with four estimates being statistically significant. Model Court members believed it will take longer than non-Model Court members to (a) establish a judge-led team to focus on system improvements (F[1, 192] = 6.93, p < .009), (g) do more frequent case reviews for cases with infants and toddlers (F[1, 192] = 3.817, p < .052), (l) to teach delinquent teenagers the basics about infant-toddler social and emotional development (F[1, 192] = 5.28, p < .023), and (s) be able to order a child to therapy with an infant mental health specialist (F[1, 192] = 4.78, p < .03). The means for each item are presented in Table 9 in Appendix A. The mean differences that are significant are presented in Table 5 below.

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<tr>
<td>p. Require medical home for each child (n=218)</td>
<td>26.1% (n=57)</td>
<td>41.7% (n=91)</td>
<td>24.3% (n=53)</td>
<td>6.0% (n=13)</td>
<td>1.8% (n=4)</td>
</tr>
<tr>
<td>q. Mandate therapy that focuses on the parent and child relationship (n=218)</td>
<td>63.3% (n=138)</td>
<td>9.6% (n=21)</td>
<td>19.7% (n=43)</td>
<td>4.6% (n=10)</td>
<td>2.8% (n=6)</td>
</tr>
<tr>
<td>r. Ensure parents are referred to parenting programs that are concrete, “hands-on” and include a behavioral change evaluation component (n=218)</td>
<td>59.2% (n=129)</td>
<td>11.0% (n=24)</td>
<td>16.5% (n=36)</td>
<td>9.6% (n=21)</td>
<td>3.7% (n=8)</td>
</tr>
<tr>
<td>s. Order child to therapy with infant mental health specialist (n=218)</td>
<td>34.9% (n=76)</td>
<td>19.3% (n=42)</td>
<td>28.9% (n=63)</td>
<td>10.6% (n=23)</td>
<td>6.4% (n=14)</td>
</tr>
<tr>
<td>t. Require post reunification services and supports for families with very young children (n=218)</td>
<td>56.0% (n=122)</td>
<td>11.9% (n=26)</td>
<td>22.0% (n=48)</td>
<td>6.0% (n=13)</td>
<td>4.1% (n=9)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Model Court Member</th>
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<th>l</th>
<th>s</th>
<th>Total</th>
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<td>Yes (n=61)</td>
<td>4.24*</td>
<td>4.24*</td>
<td>3.09*</td>
<td>3.86*</td>
<td>3.52</td>
</tr>
<tr>
<td>No (n=133)</td>
<td>3.69</td>
<td>3.64</td>
<td>2.63</td>
<td>3.39</td>
<td>3.31</td>
</tr>
<tr>
<td>Overall</td>
<td>3.86</td>
<td>3.97</td>
<td>2.71</td>
<td>3.54</td>
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</tbody>
</table>

* Difference is statistically significant
Reasons for Not Being Able to Take Action (n = 235)

Judges were asked to identify the personal top five reasons for not being able to take action for systems improvement. Seven potential answer options were provided for respondents to rate on a scale from 1 (top reason) to 5 (fifth reason). Fifty-seven percent of the respondents identified that they had “too little control over the kind of services child welfare was able to provide parents” as the number one personal reason for not being able to take action. Table 6 reviews results by the answer options.

Factors Hindering Judges from Taking Action (n = 209)

In addition, judges were asked to identify the factors that hinder judges generally from taking action. The same seven answer options from the previous question were provided for the respondents to choose from. Respondents reported that judges were hindered from taking action due to: 1 “too little control over the kind of services child welfare is able to provide parents” (84.7%); 2 “too many other things to do” to take action (57.4%); 3 “no time for system improvements” (40.7%); 4 “low priority given the other demands on time and energy” (39.2%);
5 “lack of knowledge to do anything beneficial” (33.5%); 6 [the perception of the respondents that] “only the presiding judge can take this kind of action” (28.7%); and 7 [the respondents perception that they] “don't think any of this will do any good” (10.5%). The top four factors identified in this question coincide with the top four personal reasons asked previously. Four common factors hindering judges from taking action emerged from the 51 comments received.

1. **Lack of resources (71%)**
   Specific factors included lack of funding, lack of mental health assessments and services for infants and toddlers in the community, overwhelming caseload, rural general jurisdiction, turnover of case workers and professionals, and lack of qualified mental health professionals who are knowledgeable about infants and toddlers.

2. **No jurisdiction (16%)**
   Particular factors included placement authority given to a child welfare agency, and different judicial perspectives about being proactive in system reform efforts.

3. **Lack of collaboration among stakeholders (14%)**
   Particular factors included fear of change among the stakeholders, and lack of support from local governments, communities, and local stakeholders.

4. **Lack of training (8%)**
   Specific factors addressed included lack of interdisciplinary training about the issue, and mental health professionals’ lack of training on the development of children aged zero to three.

Other comments included lack of information about service availability, political issue with respect to separation of power and findings of no reasonable efforts, judicial code of conduct stating that judges should not be social workers, and criticism of judges being out of touch with real world families in poverty and with every day stress.

**Barriers to Improving Outcomes: Ethical Concerns (n = 43)**

Judges were asked to describe any ethical concerns that prevent them from taking action to improve outcomes for infants and toddlers in the dependency court system. Overall, almost half of responding judges had no ethical concerns that prevent them from taking action to improve outcomes for infants and toddlers (40%). Those who addressed ethical concerns reported that they were concerned about *ex parte* communication (23%), the extent to which judges could rely on their own scientific knowledge or other professionals in making findings or rulings (19%), and the extent to which judicial functions and executive functions could cross over (16%).

**Actions by Judges to Improve Outcomes (n = 83)**

Judges were asked to describe what actions they took to improve outcomes for infants and toddlers if they have taken actions. Seven common actions were derived from the received comments.
1. **Collaboration with system stakeholders (36%)**
   A particular example shared by one respondent indicated the number of placements of infants and toddlers in foster care had decreased as a function of system collaboration.

2. **Development of new programs (17%)**
   Particular actions offered included development of Family Drug Treatment Courts, Mediation, and Family Wellness Centers.

3. **Making changes in visitation (16%)**
   The respondents indicated that they had made changes in visitation plans generally.

4. **Order of early mental health assessment and screening (13%)**
   Specific actions shared by the respondents included ordering bonding assessments, mental health services for infants and toddlers, and early intervention.

5. **Scheduling more frequent review hearings (12%)**
   Particular examples were shared by two respondents. One respondent reported that s/he held review hearings more frequently for children under 6, while another respondent stated that s/he did the same for children under 5.

6. **Order of parenting classes and reinforcement of parenting skills (11%)**
   Particular examples offered included ensuring the completion of mandated parenting classes by parents and asking questions about what they had learned by attending the classes.

7. **Multidisciplinary training (8%)**
   One respondent reported that s/he facilitated judicial trainings to educate judges on the topic.

**Biggest Barriers to Taking Action (n = 128)**

Judges were asked to identify the biggest barriers that they have faced when taking action to improve outcomes for infants and toddlers. Seven common barriers were identified from the comments received.

1. **Lack of resources (44%)**
   Specific barriers included lack of services, and lack of human resources (i.e., overworked and underpaid caseworkers that led to lack of staff, high turnover of professionals, and unwillingness to bring cases to the court’s attention).

2. **Lack of funding (25%)**
   The respondents stated that lack of funding was one of the biggest barriers.

3. **Lack of time (18%)**
   Eighteen percent of the respondents indicated that lack of time to take action was a big barrier. A particular example was offered by those presiding in general jurisdiction courts. If
they had a very small percentage of child protection cases on their caseload, it led them to prioritize something else over child protection cases.

4. **Resistance to change (16%)**
   One respondent reported that the child protection agency was resistant to change and got in the way of judges taking action for outcome improvement.

5. **Lack of collaboration (12%)**
   Particular examples offered included lack of collaboration among system stakeholders generally, and parents’ unwillingness to collaborate or comply with ordered services.

6. **Lack of education/training/knowledge (11%)**
   The respondents reported that lack of training or knowledge of judges and other stakeholders was a big barrier for judges to take action to improve outcomes for infants and toddlers.

7. **State laws/child protection policies (9%)**
   Particular examples included judges having no control over placement because the state law or statute authorized the child protection agency to make placement decisions, and state law and/or policies that do not allow judges to take action generally.

**Most Helpful Factors When Taking Action (n = 117)**

In addition, judges were asked to share the most helpful factors that they have experienced when taking action to improve outcomes for infants and toddlers. Six common factors were identified from the responses.

1. **Collaboration among stakeholders (29%)**
   One respondent noted that his/her collaborative team created an expansive visitation protocol for children aged zero to three. Another respondent noted that they held a system-wide Children’s Summit to improve outcomes, and that it was most helpful.

2. **Having a great child welfare department/case workers (24%)**
   A particular example offered was that having dedicated case workers, supervisors, or the department as a whole was the most helpful factor.

3. **Having excellent child advocates (CASA and GAL) (14%)**
   The respondents reported that they had excellent guardians ad litem (GAL) and Court Appointed Special Advocates (CASA).

4. **Service Availability (11%)**
   Particular examples included great parenting classes which helped them the most, as well as having mental health services and/or providers in the community. One respondent reported that front-loading services was the most helpful factor.
5. **Resources offered by national organizations (9%)**

Particular examples offered included resources provided by the National Council of Juvenile and Family Court Judges (NCJFCJ) such as programs, trainings, publications, Model Courts, and technical assistance as the most helpful factors. In addition, it was mentioned that resources provided by ZERO To THREE, the National Center for Infants, Toddlers and Families were helpful.

6. **Judicial leadership (7%)**

One respondent offered a particular example that having a judge who had a long term commitment to the child protection bench was the most helpful factor. Another respondent stated that having a judge who knew how to collaborate with community partners was the most helpful.

Additional examples of the most helpful factors to taking action are listed below:

- Funding
- Parents’ willingness to comply with services
- Regular/frequent review
- Family Drug Court
- Judicial education/training
- Concurrent planning
- Expert witnesses

**Demographic/Background Information (n = 206)**

The majority of the respondents were NCJFCJ members (81%), followed by Oregon judicial officers (7%), a group of respondents who were both NCJFCJ members and Oregon judicial officers (6%), and a group of respondents who were neither NCJFCJ members nor Oregon judicial officers (6%).

When assessing the participation in either a NCJFCJ or ZTT initiative, the majority of the respondents reported that they were not participants in either the NCJFCJ Model Court initiative or the ZTT Court Teams for Maltreated Infants and Toddlers Project (61%). Twenty-nine percent of the respondents reported that they had participated in the NCJFCJ Model Court initiative, while 7% stated that they were part of the ZTT Court Teams Project. The remainder of the respondents (10%) reported “other,” indicating that they were part of the statewide best practices courts (25%), Court Improvement Program (CIP) best practices courts (25%), and dependency/family drug courts (9%).

Most responses were received from the State of Oregon (16%), followed by Colorado (8%), California (6%), Virginia (6%), and Georgia (5%). Table 8 shows the frequency of responses received from each state.

On average, the respondents had been judicial officers for 21.9 years. Looking at all of the respondents, on average, they have been hearing child abuse and neglect cases for 10.17 years (range 0.83 years to 34.75 years). Currently, 60% of the respondents serve on a juvenile court bench, while 53% of the respondents serve as a family court judge. Another 51% preside
in a child abuse and neglect/dependency court. More than one-third (42%) of the respondents serve on all three types of bench: Family; Juvenile; and Dependency/Child Abuse and Neglect. Of those respondents who serve on all three types of bench, 33% reported that they had general jurisdiction, therefore, they heard all types of cases.

Two hundred and five (205) respondents were able to estimate the percentage of child abuse and neglect cases in their overall caseload (Table 7). Overall, the respondents reported that their dependency caseload represented a relatively small proportion of their total caseload.

Table 7

What percentage of your current caseload is devoted to child abuse/neglect or dependency cases?
When asked if respondents had administrative responsibilities, 116 (41%) of respondents reported that they did. Of these respondents, 84% described their administrative responsibilities. Thirty-two percent stated they were presiding judges and had all types of administrative responsibilities associated with the role including budgeting, supervising judges.
and court staff, etc., while 21% noted that they served on committees including the Court Improvement Project/Program participation and community outreach. Fourteen percent of the respondents identified themselves as administrative judges and the same percentage of the respondents stated that they had administrative responsibilities because they were the only judges in their jurisdictions.

Respondents were also asked to identify their primary area of law practice before becoming a judge. Of the 200 respondents, 26% reported that they primarily practiced family law, followed by criminal (24.5%), and civil (23%). Only 7% of the respondents reported that they practiced juvenile dependency law and 4% stated that they practiced juvenile delinquency law. Thirty-five respondents answered “other,” of which 54% reported they were general practitioners before becoming a judge.

**Policy and Practice Recommendations**

NCJFCJ and ZERO TO THREE offer the following recommendations to build on the actions already being taken by members of the judiciary to improve outcomes for maltreated infants and toddlers under court supervision.

- Continue to educate the judiciary and a broad-based collaborative about early childhood development and laws, including the Individuals with Disabilities Education Act (IDEA) Part C referral requirement;

- Review judicial caseload data and case records to assess current practices used with court-involved infants and toddlers, including parenting time, provision of appropriate services, concurrent permanency planning, and the number and stability of placements;

- Identify barriers to systems’ change in relation to court-involved infants and toddlers so that a strategic plan can be developed for the implementation of proven interventions; and

- Encourage the development of a collaborative structure to ensure that key stakeholders are present and partnered with the judiciary to achieve better outcomes for infants and toddlers.
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*Difference is statistically significant*