

# Adverse Childhood Experiences, Family Risk Factors, and Child Permanency Outcomes

of Very Young Children Involved in Safe Babies Court Team™ Sites



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Quality Improvement Center  
for Research-Based  
Infant-Toddler Court Teams

## Key Points

- Adverse childhood experiences (ACEs) are highly prevalent among families participating in Safe Babies Court Team™ (SBCT) sites.
- Seventy percent of children have at least one parent who has experienced four or more ACEs.
- Among children with closed cases at SBCT sites, 83.7% reached permanency within 12 months. This is double the national standard expectations established by the Children's Bureau (40.5%).
- Children with a parent with the highest ACE score (7 to 10) were more likely to be adopted (43.4%), but there was also a large group that was able to be reunified with their parents (30.2%).
- Even among families with the highest ACEs and risk factors, children can reach permanency and have a family either through adoption or reunification. Parents need support through integrated trauma and substance abuse services.

### The SBCT Approach and the QIC-ITCT

In response to the needs of maltreated babies and toddlers entering the child welfare system (CWS), ZERO TO THREE developed the SBCT approach: a collaborative, problem-solving systems-change innovation focused on supporting the health, mental health, and developmental needs of adjudicated babies and toddlers and expediting safe, nurturing permanency outcomes. SBCT offers a structure for systems to work together—the court, child welfare agency, and related child-service organizations—to ensure better outcomes for the youngest children in care and for their families. The structure comprises (1) a Family Team (attorneys, case planner, service providers, and family) that comes together at least monthly to identify and address barriers to reunification, and (2) a community stakeholder team, or Active Court Team, that engages in broader systems reform efforts. In 2014, the Children's Bureau provided a grant to ZERO TO THREE and its partners to develop the Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-ITCT), which provides technical assistance and training to participating sites. The QIC-ITCT provides access to evidence-based interventions and best practices for individuals and agencies working with the birth-to-3 population. The mission of the QIC-ITCT is to support implementation and build knowledge of effective, collaborative court team interventions that transform child welfare systems for infants, toddlers, and families (see <http://www.qicct.org/>).

## Background

This brief describes factors associated with positive permanency outcomes for the very young children participating in SBCT sites [2]. Parents of young children involved with CWS have long histories of suffering and trauma. Many have experienced a high number of ACEs, stressful or traumatic events that include abuse (physical, emotional, and sexual), neglect (physical and emotional), and household dysfunction (mental illness, separation and divorce, violence, incarcerated relative, and substance abuse) [3]. Families of young children involved with the CWS commonly experience myriad difficulties in adulthood, including parental incarceration, mental health problems, domestic violence, and substance use disorders. The SBCT approach is strengths-based, with the focus on promoting protective factors for these highly vulnerable parents and their children. This includes surrounding the family with caring adults, empowering and supporting parenting competencies, and encouraging the placement of children with family members [4].

### SBCT Guiding Values

*“We ask parents what happened in their lives that brought them to this place—not what they did wrong. We ask how alcohol and/or drugs have helped them cope. We work hard to avoid blaming and shaming.” [1]*

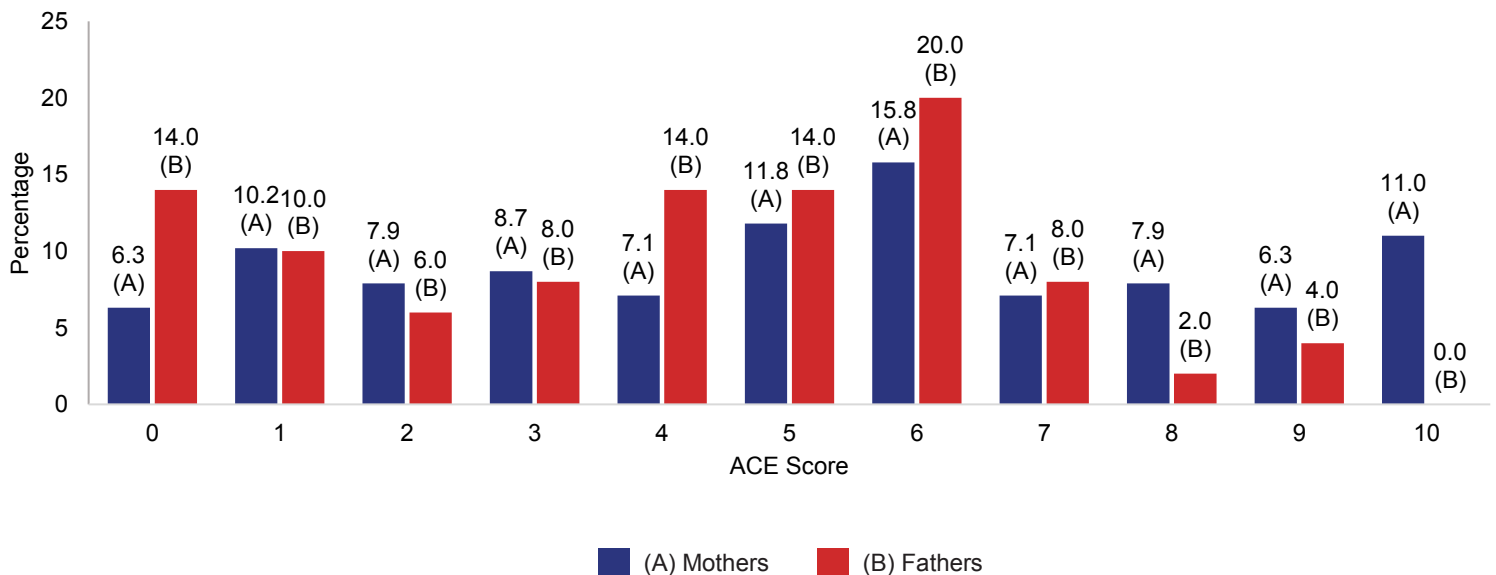
## Parental ACEs and Risk Factors among Families Involved with the SBCT

In the following section, we present results about parents’ ACEs. These ACEs provide information about the parents’ childhood experiences and family environment prior to their 18<sup>th</sup> birthday with their caregivers (e.g., child’s grandparents). In contrast, risk factors provide information about the child’s family environment at the time of contact with CWS and the experiences the child has been exposed to or his or her parents have recently gone through.

Among families with a closed CWS case at SBCT sites, most reported having experienced many ACEs. ACEs increase the risk for negative mental and physical outcomes in adulthood, including substance use disorders, domestic violence, teen pregnancy, depression, and mental illness. People who have experienced four or more ACEs have the highest risk of experiencing negative behavioral and mental health outcomes. Of the over 9,000 participants in the original ACE study, 6.2% experienced four or more ACEs [5]. In contrast, among families with a closed CWS case at SBCT sites, 70% of children have at least one parent who has experienced four or more ACEs. Families of young children are also experiencing numerous risk factors at the time of involvement with the CWS, including parental incarceration, mental health problems, and substance use disorders.

### ACEs Screening

- Protecting parents' privacy and building a trusting relationship are fundamental. Information on ACEs should be based on what parents have shared with the family team and only if needed from direct questions to avoid re-traumatizing the parent.
- Community coordinators should introduce questions on the trauma history carefully to parents and in a private setting, acknowledging that questions may be distressing but necessary to provide the right services.

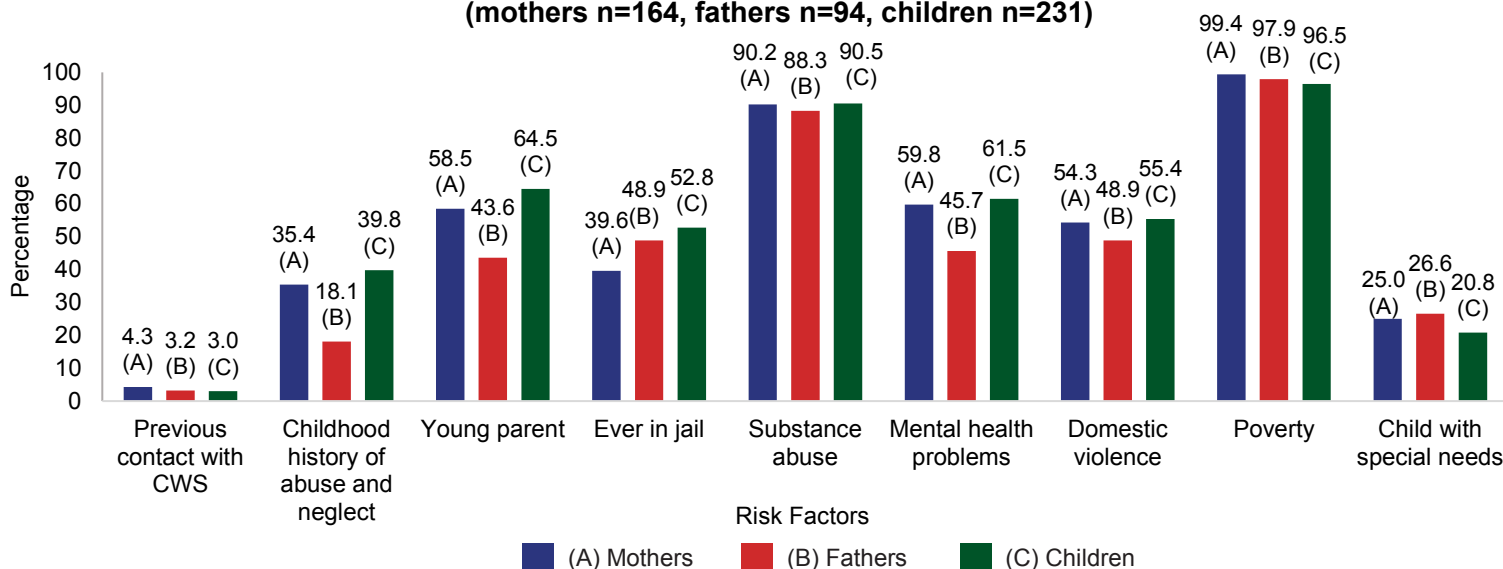


Note: Complete ACE information was available for 77% of mothers and 53% of fathers.

In addition to ACEs, parents also experienced numerous risk factors associated with child abuse and neglect. Among 231 children with a closed CWS case at SBCT sites, over 90% had one or both parents with substance use disorders; close to two thirds had one or both parents with mental health problems; and over half were from a household with domestic violence. Almost all children came from impoverished households; half had a parent who had spent time in jail or prison; and close to two thirds had a young parent (either a parent younger than 25 years old or who began having children before age 18).

The high percentage of SBCT-involved parents with risk factors stands out when compared to reports from a nationally representative sample of children investigated for maltreatment. In that study, caseworkers identified that about 10% of primary caregivers (mostly mothers) had drug abuse problems, 15% had mental health problems, about 28% had experienced domestic violence, and almost 14% had a recent history of arrests [6]. The SBCT data supports concerns about underreporting of these problems.

**Risk Factors among Families in the SBCT/QIC-ITCT Sites  
(mothers n=164, fathers n=94, children n=231)**



Note: Green bars [children, marked with (C)] represent the presence of risk factors at the level of the child by combining information from the mother and/or father. “Ever in jail” represents that either the parent was incarcerated as an adult or that there was a major interruption in parent-child contact due to parental incarceration.

## SBCT Solution

As a community engagement and systems-change approach, SBCT focuses on improving how the courts, child welfare agencies, and related child-serving organizations work together, share information, and expedite services for young children in the CWS. The SBCT approach employs best practices in child welfare combined with innovative, collaborative, problem-solving strategies to expedite timely permanence of young children [3]. These include *Judicial Leadership*; *Concurrent Planning and Limiting Placements*; *The Foster Parent Intervention: Mentors and Extended Family*; and *Pre-Removal Conferences and Monthly Family Team Meetings*.

For over 90% of families involved with SBCT sites, reunification is the primary permanency goal, defined as the physical return of a child to parents or caretaker. The family teams use concurrent planning, a technique that requires the rapid identification of, and placement with, caregivers who are willing to become the child’s permanent family if reunification with the birth parents is not possible. Family teams strive to support early relationships for the child’s emotional well-being by encouraging a nurturing relationship between child and foster parent and strengthening the relationship between child and parent. In the SBCT approach, judicial leadership is critical for concurrent planning and permanency, both in terms of communicating clear expectations for the family team, as well as setting expectations for parents and caregivers. The stability expectation helps parents understand that the court’s focus is on the child’s urgent need for a permanent family.

### Promoting Permanency

“The major emphasis on permanency is itself a critical element affecting child well-being especially of young children, for whom a permanent home is a critical ingredient of healthy social and emotional development. Thus, the requirements to ensure that cases do not languish by using periodic case reviews (no less frequently than once every six months) and permanency hearings (no later than 12 months after entering care) are both surpassed by the Court Teams’ monthly reviews and serve as mechanisms to monitor and ensure service provision to promote healthy development. Federal law also permits states to conduct concurrent planning, a practice used by the SBCT to ensure that babies are moved more quickly to a permanent home.” (p.10) [2]

Foster parents are essential members of the family team. These caregivers must see themselves primarily as supports to reunifying the child and birth parents, and secondarily as the child’s forever family should the need arise. Training and support from the child welfare agency is given prior to and while foster parents are engaged with a child and his or her family. The training and support promote the foster parents’ supportive role with the family, which includes providing loving care for children placed with them, advocating for the children in their homes, and mentoring the biological parents, siblings, and extended family. Emphasis is on placement with related family but not to the detriment of the parents’ ability to successfully reunite with their children. Pre-removal conferences are held prior to the child being placed in foster care. These gatherings include the family, their support system, the case investigator, the foster care case worker, and the community coordinator. A pre-removal conference sets a welcoming tone for parents who may be frightened or confused, and communicates to parents that the goal is reunification, while concurrent planning acts as a safety net in case of need.

In addition, each month, the family, community coordinator, and a team of service providers, attorneys, and child welfare agency staff hold a family team meeting to review the family’s progress and track the referrals made, services received, and barriers encountered. Family team meeting goals are to bring quicker resolution of cases, build trust and communication among those invested in the child’s case, and expedite a family’s access to services. The family team recognizes that many parents of young children who enter the CWS have their own history of trauma. Because the primary goal of the SBCT approach is to help parents and children reunify, **parents receive comprehensive medical and mental health assessments including evaluation for their own childhood trauma, prenatal alcohol exposure, substance use disorders, and domestic violence.** These services are critical to either support reunification or help parents to gain insight on the urgent needs of young children to have stability and put the needs of the infant or toddler above their own desire to keep their child, which translates into fewer contested termination of parental rights (TPRs).

*“SBCTs place a high priority on supporting birth parents in what we hope is a healing journey toward reunification with their young children. No matter what the final outcome is, we honor the parents’ love for their children and respect their desire to participate in making decisions about their children’s future.” (p.19) [2]*

### SBCT Core Components

- Judicial Leadership
  - Local Community Coordinator
  - Active Court Team Focused on the Big Picture
  - Targeting Infants and Toddlers Under the Court's Jurisdiction
  - Valuing Birth Parents
  - Concurrent Planning and Limiting Placements
  - The Foster Parent Intervention: Mentors and Extended Family
  - Pre-Removal Conferences and Monthly Family Team Meetings
  - Frequent Family Time (Visitation)
  - Continuum of Mental Health Services
  - Training and Technical Assistance
  - Understanding the Impact of Our Work
- <http://www.qicct.org/safe-babies-court-teams>

## How Do We Know the Approach Is Working?

At each SBCT site, the family team works diligently to identify placements for children and support caregivers to minimize changes and expedite permanency. The evaluation team analyzed the data collected on 231 infants and toddlers with a closed child welfare case, from families who were served by family teams supported by the QIC-ITCT from April 2015 through May 2018.

Among children with closed cases, 83.7% reached permanency within 12 months following the definition of Permanency Performance Area 1 (see box on page 7). **There were no significant differences for permanency within 12 months by child's race/ethnicity. Close to half of children were reunified with parents (48.6%), about a third were adopted (32.2%), and 14.0% were placed with a fit and willing relative.**

The number of parental ACEs was significantly associated with children reaching permanency in 12 months, the type of permanency (e.g., reunification, adoption), and the status of parental rights. Among children with a parent with the highest ACE score (between 7 and 10), 94.6% reached permanency within 12 months of entering foster care. However, among children of parents with lower ACE scores, 79.6% reached permanency within 12 months if the ACE score was 0 to 3, and 74.3% reached permanency if the ACE score was 4 to 6. These differences are largely explained by the type of permanency outcomes.

Although most children reached permanency within 12 months, permanency outcomes were significantly different for parents with a high ACE score versus parents with a low ACE score. Among children with a parent with the highest ACE score, 30.2% were reunified, whereas 43.4% were adopted. The opposite was the case for children with a parent with the lowest score, as 56.3% of them were reunified and 20.8% were adopted. About a third (37.0%) of parents with the highest ACE score retained parental rights compared to 75.0% among parents with the lowest ACE score.

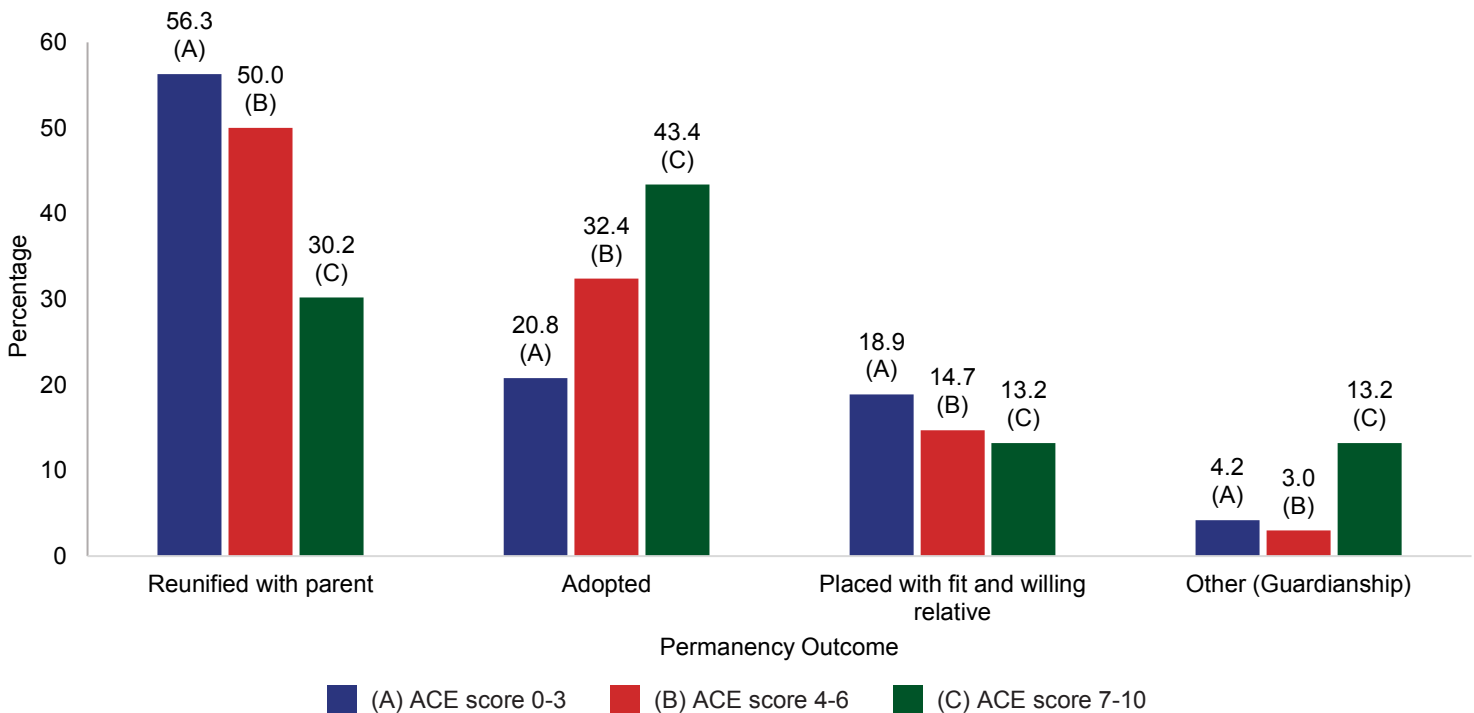
**Permanency Performance Area 1: Permanency in 12 months for children entering foster care.**

*Indicator Description:* “Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?”

*Calculation:* The denominator is the number of children who enter foster care in a 12-month period. The numerator is the number of children in the denominator who discharged to permanency within 12 months of entering foster care and before turning age 18.

This means that if a child discharges from foster care to reunification with parents or other caretakers after a placement setting of a trial home visit during any of the six report periods used for the indicator, any time in that trial home visit that exceeds 30 days is discounted from the length of stay in foster care. In other words, the actual date of discharge to permanency could occur at any time during the three years used to calculate this indicator, and the trial home visit would then be applied to see if it may result in a reduction in the length of time in foster care for the purposes of this data indicator.” [7]

**Parental ACE Scores and Type of Permanency Outcomes (children n=146)**



Although parent ACE scores were significantly associated with children reaching permanency in 12 months, as well as the type of permanency outcome, neither the risk scores at the time of contact with CWS nor the individual risk factors were associated with reaching permanency within 12 months. Risk factors were, however, associated with parental rights. Lower risk scores among parents were significantly associated with fewer parents relinquishing rights and having their rights terminated: over 80% of parents with a risk score between 0 and 3 retained parental rights, whereas only about half of parents with a risk score of 4 or more were able to retain their rights.

*"I can't tell you the number of times I've walked out of TPR [termination of parental rights] hearings where the parents' rights got terminated and they still feel fairly treated, still feel like everyone made every effort they could. There's a realization that this baby needs more than I can give right now. If they feel like everybody worked hard to try to support them to get what they need—then they can deal with the trauma of losing their parental rights a lot better."*

Court team member

Specific risk factors significantly associated with type of permanency outcomes were parental mental health problems and family domestic violence. In families with parental mental health problems, only about half (52.4%) of parents retained parental rights compared to over two thirds (71.4%) among parents without mental health problems, and children of parents with mental health problems were more likely to be adopted (38.5%) than children of parents without mental health problems (21.5%). In families with domestic violence compared to families without domestic violence, parents were also less likely to retain parental rights (55.5% compared to 63.6%) and children were more likely to be adopted (38.5% compared to 23.9%).

**The permanency outcomes of young children participating in SBCT sites are double the national standard expectations established by the Children's Bureau for this indicator (83.7% reached permanency within 12 months compared to the national standard at 40.5%).**

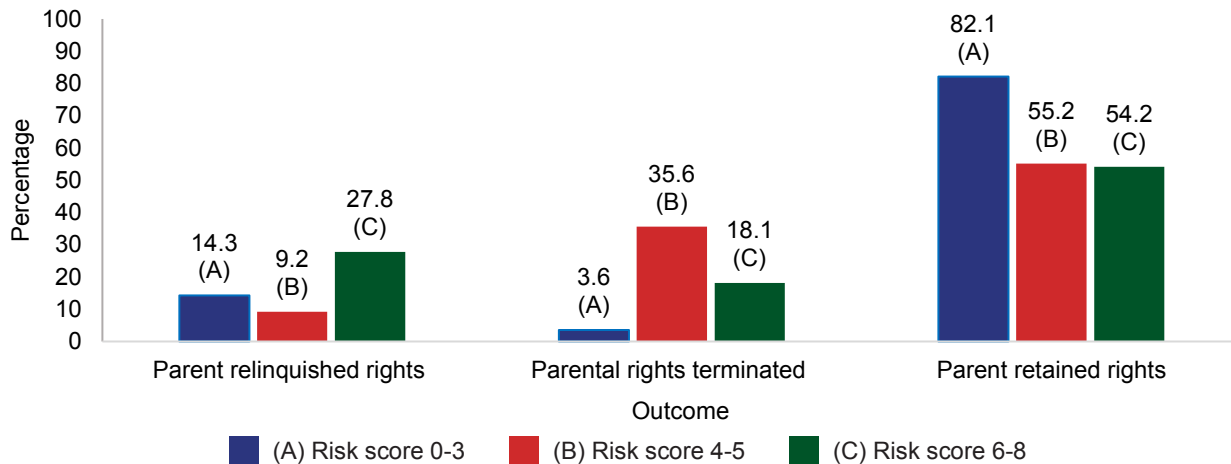
*"Data from the parents' representation program shows that [SBCT] children are being returned faster, or achieving permanency faster, less time in foster care, which is also saving the state money."*

Court Improvement Program State Representative

The SBCT sites work with highly vulnerable families with a history of trauma and suffering and needs that can be very specific to each family. **Regardless of the total ACEs and risk scores, or any one specific ACE or risk factor, the lowest percentage among SBCT sites for reaching permanency within 12 months across all analysis of ACEs and risk factors was 74.3%, more than 50% higher than the Children's Bureau national standard of 40.5%.**



**Parental Risk Scores and Parental Rights Outcomes (parents n=187)**



The SBCT approach is flexible and adaptable to different contexts and families. Even among families with the highest ACEs and risk factors, there are positive permanency outcomes for children, as they are adopted in large numbers and, for parents, as they can receive support and reach reunification. The flexibility of the approach is critical for addressing the complex needs of families and young children. The court team works actively to provide community support for young children and their families even when resources may be limited. The focus is on proactively frontloading services and support to have a permanent family that is already in place when reunification is not feasible.

*“As far as [how] we used to be, more cases move along quickly, reunification is happening, the SBCT court closes files quicker. This is resulting from the agency and caseworkers working more intensively with the parent, and really focusing on the permanency plan. The obvious change is people learning about services, people embracing the timeline, bonding with parents. You see people that begin to get it, and you see diligence. It is a win-win because you get the services. It makes the caseworkers’ work easier. They see that the community coordinator and her team work for the family, and they embrace it, because it works.”*  
Court Team Member

**Adverse Childhood Experiences, Family Risk Factors, and Child Permanency Outcomes of Very Young Children Involved in Safe Babies Court Team™ Sites** is part of a series of briefs based on the evaluation of the Quality Improvement Center for Research-Based Infant-Toddler Court Teams.

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