

The Safe Babies Court Team Evaluation

Changing the Trajectories of Children in Foster Care—Executive Summary

Ann-Marie Faria, Jill Bowdon, Jameela Conway-Turner, Jingtong Pan,
Tina Ryznar, Laura Michaelson, Taletha Derrington, and Jill Walston

OCTOBER 2020



Executive Summary

Every 2 minutes, a child enters foster care in the United States.

Each year, more than 260,000 children in the United States are removed from their homes and enter foster care, and more than 680,000 children are in foster care in the United States (U.S. Department of Health and Human Services, 2019a). Thirty-one percent (132,480) of these children are infants and toddlers, 3 years and under (U.S. Department of Health and Human Services, 2019a).

Children in foster care are at risk for poor developmental outcomes—and these challenges are exacerbated for infants and toddlers in care.

Children who enter foster care as infants and toddlers are susceptible to poor developmental outcomes because the first 3 years of life are a time of rapid brain growth and a sensitive period when children develop the ability to form secure attachments with caregivers (Ainsworth & Bell, 1970; Bowlby, 1969; National Research Council & Institute of Medicine Committee on Integrating the Science of Early Childhood Development, 2000). When young children spend years in foster care without a permanent and safe home, they are at a higher risk of developmental delays in childhood and problems throughout their life course. Compared with their nonmaltreated peers, they have increased rates of poor health, higher rates of depression and anxiety, more attention deficit hyperactivity disorder (ADHD) and conduct disorders, more problems in school, and eventually increased rates of incarceration and suicide (Chisolm, 1998; Jonson-Reid & Barth, 2000; Pilowsky & Wu, 2006; Thompson et al., 2005; Turney & Wildeman, 2016; Zill & Bramlett, 2014; Zlotnick, Tam, & Soman, 2012).

Infants and toddlers in the child welfare system need safe and permanent homes but often languish in foster care for years.

Because of the vulnerability of infants and toddlers in foster care, the goal is to resolve child welfare cases efficiently so that children reach a safe and permanent home as soon as possible, ideally by reuniting children with their families of origin. Unfortunately, some children languish in foster care, waiting years to reunite with their families or be adopted. In 2018, the average time spent in foster care was 19 months (U.S. Department of Health and Human Services, 2019b), and more than 63,000 children had spent 3 or more years in care (U.S. Department of Health and Human Services, 2019b). Protecting the safety of children formerly in foster care also is a challenge. Once children enter foster care, they have, on average, a one in 10 chance of reentering care, and national averages for recurrence are as high as 13% (Administration for Children and Families, 2017a, 2017b).

ZERO TO THREE developed the Safe Babies Court Team approach to meet the challenges faced by infants, toddlers, and their families in the child welfare system.

To meet challenges of infants, toddlers, and their families in the child welfare system, ZERO TO THREE (ZTT) created the Safe Babies Court Team™ (SBCT) approach. The SBCT approach aims to reduce the time until a child in foster care reaches a permanent, safe home and improve the long-term well-being of children and families in the child welfare system. The SBCT approach connects infants and their families with the support and services they need to promote healthy child development, while at the same time

ensuring safe and expedient exits from foster care. The approach is implemented at the local level and includes national supports from ZTT, such as training and ongoing technical assistance for each SBCT site. Local SBCT staff include the **SBCT judge** and the **SBCT community coordinator** and two local teams referred to as the “family team” and the “stakeholder team.” With national support from ZTT, judicial leadership, expert facilitation from the SBCT community coordinator, an active court team focused on the big picture, and monthly family team meetings, the teams implement the core components of SBCT, which include:

- Facilitating preremoval conferences
- Practicing concurrent planning
- Limiting placements
- Increasing family visitation time
- Partnering with foster parents
- Providing mental health services to families and infants/toddlers
- Valuing birth parents
- Using data to understand the impact of our work

By implementing these core components, the SBCT approach is intended to cut the time spent in foster care; increase child safety by reducing the recurrence of abuse or neglect; and improve the well-being of maltreated infants, toddlers, and families.

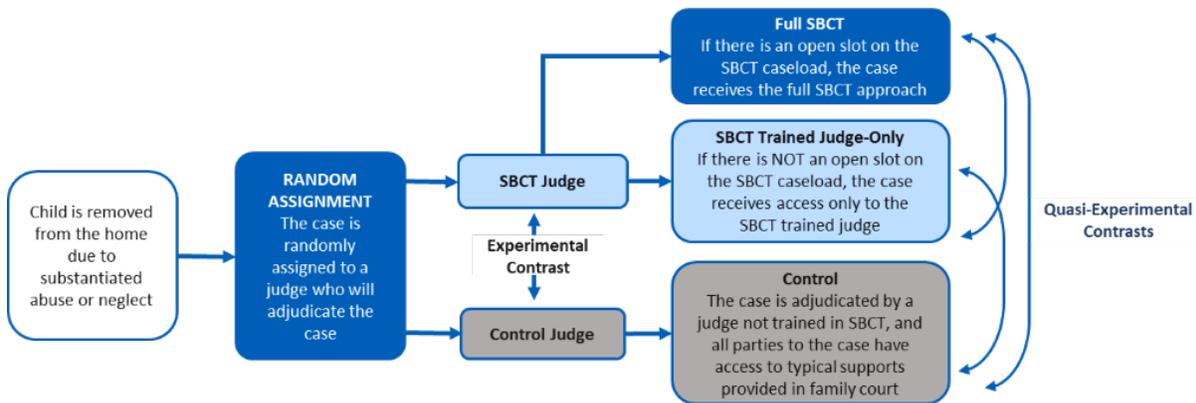
The current study used a natural experiment that tested the impact of SBCT on time to permanency and recurrence of abuse and neglect.

The American Institutes for Research (AIR) partnered with ZTT to evaluate this innovative approach to supporting infants, toddlers, and families in the child welfare system. The evaluation was a natural experiment, meaning that cases were randomly assigned by the court system to judges who use or do not use SBCT using naturally occurring processes. It took place in Little Rock, Arkansas; Tulsa, Oklahoma; and Des Moines, Iowa with an analytic sample that included:

- **Full SBCT cases:** 123 SBCT cases that were randomly assigned to an SBCT judge and had access to the full SBCT approach—including an SBCT-trained judge, a community coordinator, and a court team;
- **SBCT judge-only cases:** 598 SBCT judge-only cases that were randomly assigned to an SBCT judge but did not have access to the full SBCT court team;
- **Control cases:** 1,120 control cases that were randomly assigned to judges who did not use the SBCT approach. Families in control cases had access to all services typically available in child-dependency courts, such as family visitation sessions and court hearings, but not the SBCT approach or an SBCT-trained judge.

The primary analyses compared outcomes between all cases assigned to an SBCT judge (both full SBCT and SBCT judge-only) and control cases. Because cases were randomly assigned to judges, contrasts between the combined SBCT group and the control group are experimental and offer estimates of the causal impact of SBCT on time to permanence and recurrence of abuse and neglect (see Figure 1). Contrasts between the full-SBCT and control group, or the full-SBCT and SBCT judge-only groups are considered exploratory and quasi-experimental (see Figure 1). These contrasts can help understand the differential effects of the judge from the full supports of the SBCT approach. All three groups were equivalent at entry to foster care on all tested child- and case-level background characteristics (see Tables B3 and B4 in the main report for more information on baseline equivalence).

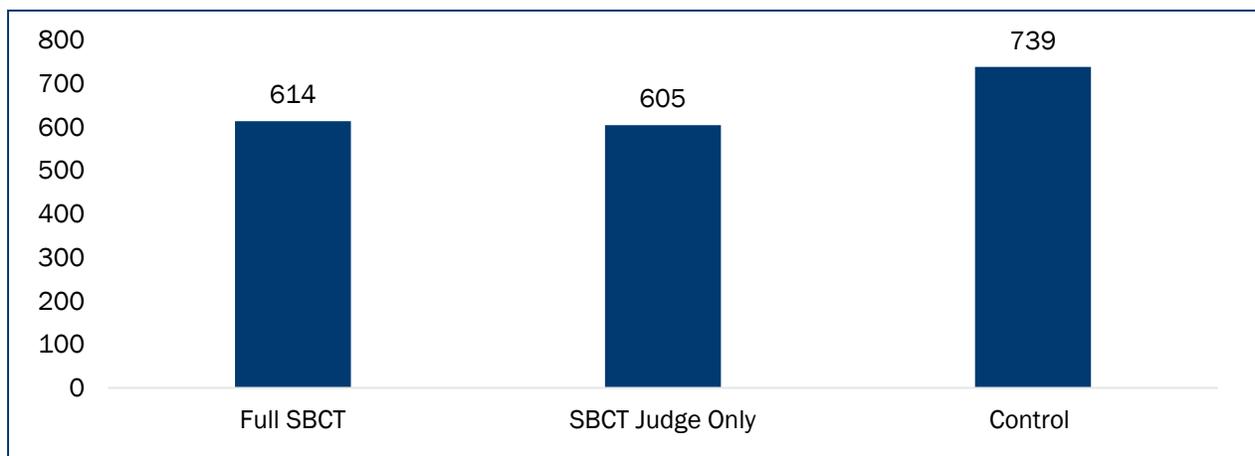
Figure 1. Random Assignment and Treatment Contrasts in the SBCT Evaluation



SBCT cases exited foster care sooner than control cases.

To understand whether SBCT resulted in maltreated infants and toddlers achieving a safe and permanent home sooner, we compared the time to legal case closure between cases randomly assigned to an SBCT judge or a control judge. Children in cases assigned to SBCT judges spent less time in foster care than children in cases assigned to control judges. The median days spent in foster care was 614 days for cases assigned to an SBCT judge and 739 for control cases— a difference of approximately 4 months (see Figure 2). This difference was statistically significant and practically meaningful, given that 4 months is a long time in the life of a child under the age of 3. Exploratory analyses revealed that full SBCT and SBCT judge-only cases had similar outcomes, but both groups exited foster care faster than the control group (see Figure 2). This finding suggests that the SBCT approach not only affects the 20 or so open cases on the SBCT docket at each site but also influences the outcomes for all cases adjudicated by the SBCT judge. More research is needed to understand how and why this positive “spillover” from full SBCT to the judge-only cases occurs.

Figure 2. Median Time to Permanency in Days for all Three Groups: Full SBCT, SBCT Judge-Only, and Control

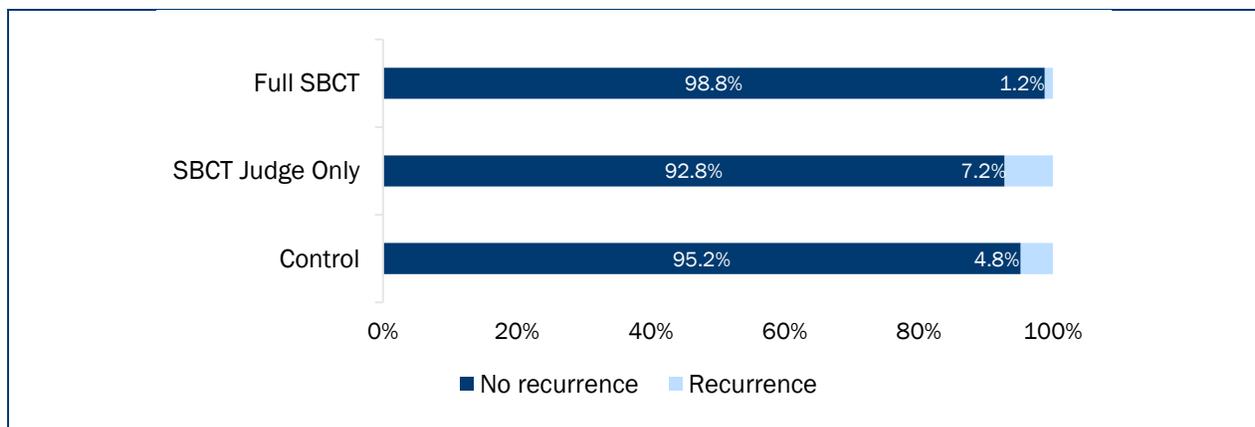


Source. Authors’ analyses of extant department of human services data using Cox proportional hazards regression models. Note. Sample includes 1,749 cases (122 full SBCT, 565 SBCT judge-only, and 1,062 control). Full SBCT and SBCT judge-only estimates are not statistically different from each other but are both statistically significantly lower than control cases.

SBCT cases had low rates of recurrence of abuse or neglect.

To understand whether SBCT resulted in a lower incidence of recurrence of abuse or neglect for those children who had exited foster care, we compared the likelihood of recurrence of abuse or neglect between cases randomly assigned to an SBCT judge or a control judge. The primary analyses included 1,173 closed cases (523 treatment cases, including 88 full SBCT, 435 SBCT judge-only, and 650 control cases). Recurrence of abuse and neglect was between 5% and 6% for both the SBCT and control cases, and there was no statistically significant difference between the SBCT and control cases. However, the rate of recurrence of abuse or neglect was lower for full SBCT cases than SBCT judge-only or control cases: only 1% of cases that received the full SBCT approach experienced recurrence of abuse or neglect, compared with about 7% in cases adjudicated by an SBCT judge who did not have access to the full court team supports and about 5% in control cases (see Figure 3). This finding suggests that the full SBCT approach provides protection against future harm for children and families in foster care. National averages for recurrence are as high as 13% (Administration for Children and Families, 2017a, 2017b), suggesting that the three sites in this evaluation are taking action to reduce the recurrence of abuse and neglect for maltreated infants and toddlers.

Figure 3. Recurrence Rates of Abuse or Neglect Were Lowest for the Full SBCT Group Compared With the SBCT Judge-Only and Control Groups



Source. Authors' analyses of extant department of human services data.

Note. Sample includes 1,173 cases (88 full SBCT, 435 SBCT judge-only, and 650 control).

According to caregiver self-report data, families in the SBCT group were doing well after case closure.

Interviews took place via phone with the primary caregiver of infants and toddlers who were in full SBCT cases and occurred between 3 months to 2 years after case closure. The primary caregiver could be a reunited parent or an adoptive parent, depending on how the case was resolved. The sample of 47 primary caregivers agreed to share their contact information with researchers and participate in the interview. This need to select into the sample likely biases the results favorably because caregivers struggling with housing insecurity, domestic abuse, or addiction were most likely more difficult to reach.

Overall, the full SBCT families who participated in interviews self-reported high levels of well-being after case closure relative to normative and nationally representative samples. The definition of well-being in

this study was consistent with definitions from the literature on child welfare (e.g., Center for the Study of Social Policy, 2013) and included the following: child cognitive functioning, measured from communication and personal-social scores on the Ages and Stages Questionnaire (ASQ); child physical health and development, measured using items from the National Survey of Children’s Health (NSCH); child attachment to a caring and reliable adult, measured using attachment scores from the Devereux Early Childhood Assessment (DECA); and healthy family relationships, defined as total family well-being scores on the Healthy Families Parenting Inventory (HFPI).

Implementation findings suggested that each of the three sites implemented the SBCT approach with minimal challenges.

To contextualize these impact findings and document fidelity to the SBCT approach in each of the three sites, we also analyzed implementation data. The implementation data included qualitative data from interviews with SBCT judges, comparison judges, and SBCT community coordinators, as well as case-level quantitative data collected by the court teams at each site. Each of the three sites included in this evaluation was well established, with an implementation history of no fewer than 5 years. Overall, the three sites that participated in the study had strong judicial leadership and community coordinators, as well as active stakeholder and family teams. However, two of the three sites experienced turnover in either judges or community coordinators during the implementation window. These actors and teams implemented nearly all SBCT core components. The core components that were present at all three sites included valuing birth parents, concurrent planning, increasing frequent family time, and providing a continuum of mental health services to families and infants/toddlers. The core components that were challenging in at least one of the study sites were preremoval conferences, limiting placements, the foster parent intervention, and using data to understand the impact of the work. Also, according to judicial interviews, SBCT and control judges all used best practices, but SBCT courtrooms differed from business as usual in three key ways: (1) SBCT judges had ongoing support from the SBCT community coordinator that was not available to the control judges, (2) SBCT judges held more frequent court hearings than control judges, and (3) SBCT judges held and participated in monthly family team meetings for their SBCT cases; this was not a standard practice for control judges.

SBCT is an evidence-based approach that reduced the time spent in foster care and recurrence of abuse and neglect.

This study builds on the promising results from prior research on SBCT and provides the first experimental evidence that the SBCT approach had a positive impact on maltreated infants and toddlers and their families. Taken together, the findings on time to permanency and recurrence of abuse and neglect support investment in the full SBCT approach. The goal of SBCT is to achieve timely permanent *and* safe homes for maltreated infants and toddlers, and this experimental evaluation suggests that achieving both outcomes requires investment in the full SBCT approach. Future research is needed to understand the mechanisms by which SBCT has an impact on the time spent in foster care and recurrence of abuse and neglect—but the study supports the use of SBCT as an innovative approach in child welfare to improve the short-term and long-term outcomes for maltreated infants, toddlers, and their families.

To learn more about AIR's research on the Safe Babies Court Team approach and early childhood development in general, contact Dr. Ann-Marie Faria at afaria@air.org.



1000 Thomas Jefferson Street NW
Washington, DC 20007-3835
202.403.5000

About the American Institutes for Research

Established in 1946, with headquarters in Washington, D.C., the American Institutes for Research (AIR) is a nonpartisan, not-for-profit organization that conducts behavioral and social science research and delivers technical assistance, both domestically and internationally, in the areas of education, health, and the workforce. **For more information, visit www.air.org.**

Notice of Trademark: "American Institutes for Research" and "AIR" are registered trademarks. All other brand, product, or company names are trademarks or registered trademarks of their respective owners.

Copyright © 2020 American Institutes for Research®. All rights reserved. No part of this publication may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, website display, or other electronic or mechanical methods, without the prior written permission of the American Institutes for Research. For permission requests, please use the Contact Us form on www.air.org.