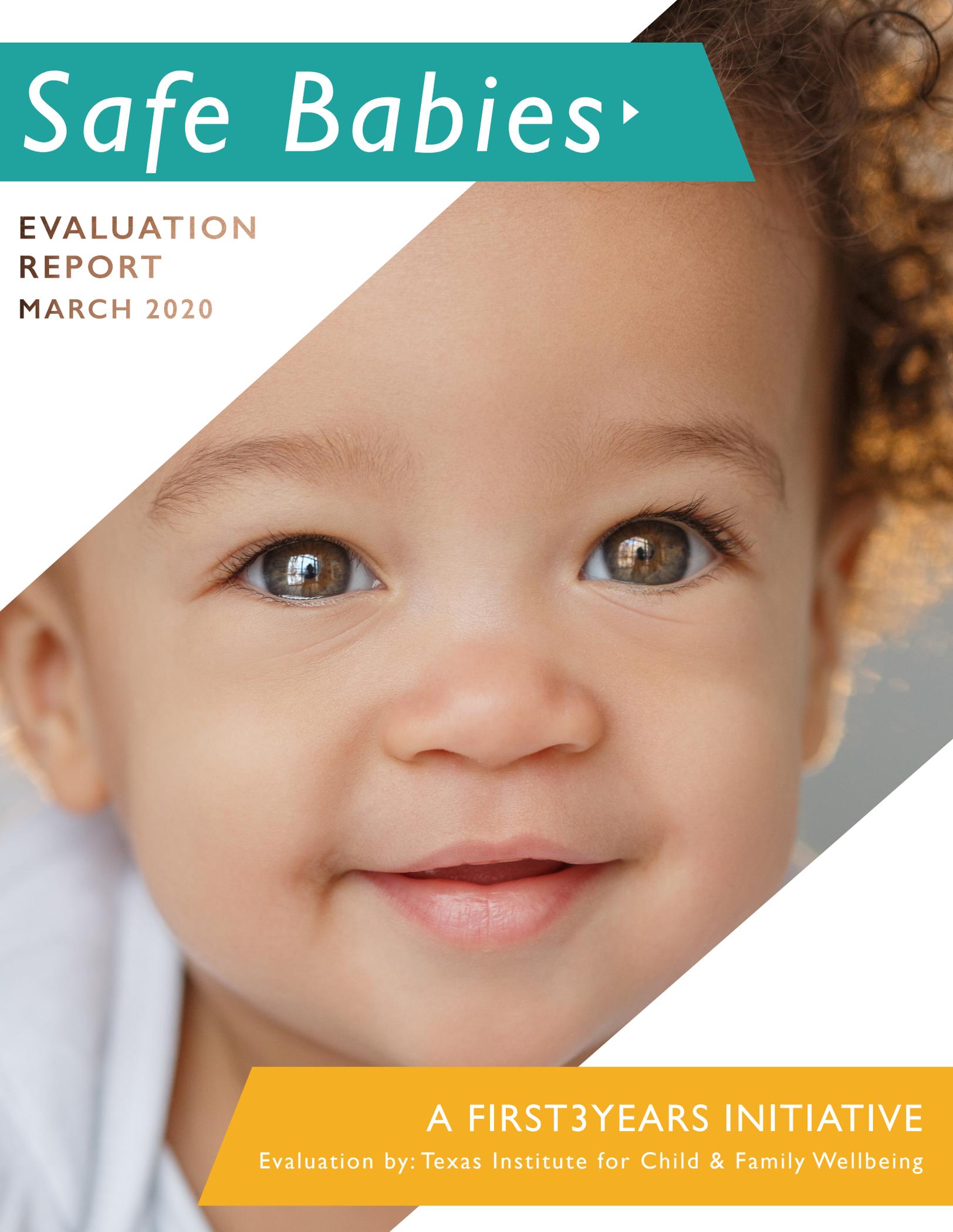


Safe Babies ▶

EVALUATION
REPORT
MARCH 2020



A FIRST3YEARS INITIATIVE

Evaluation by: Texas Institute for Child & Family Wellbeing

2019 YEAR-END PROGRAM
EVALUATION REPORT
March 2020

Evaluation by:

Texas Institute for Child & Family
Wellbeing

Prepared by:

Kaitlyn Doerge, MSSW

Monica Faulkner Ph.D., LMSW

Designed by: Kate McKerlie, MSSW, MPH

Recommended Citation:

Faulkner, M., Doerge, K., Batchelor, J.,
Marra, L., LaBrenz, C., & McKerlie, K.
(2020). *Safe Babies Program Evaluation
March 2020 Report*. Austin, TX: The
University of Texas at Austin.



The University of Texas at Austin
**Texas Institute for
Child & Family Wellbeing**
Steve Hicks School of Social Work



SAFE BABIES
A FIRST3YEARS INITIATIVE

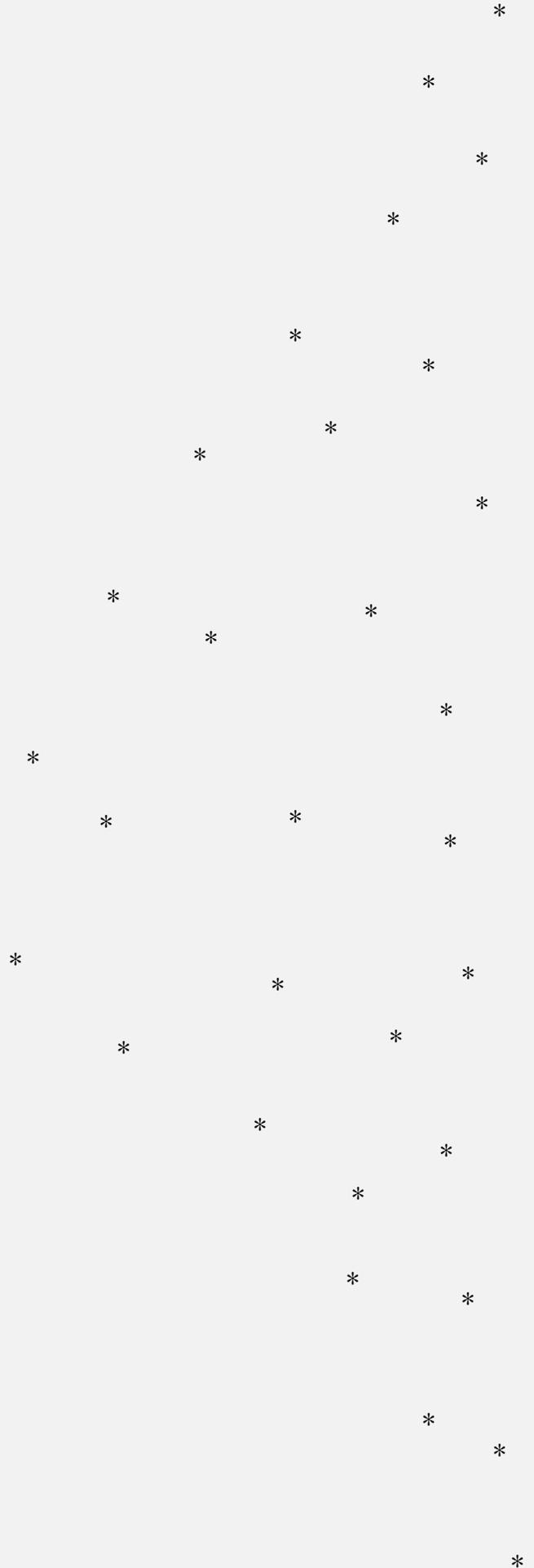


Table of Contents

EXECUTIVE SUMMARY	5
INTRODUCTION & OVERVIEW	7
PROGRAM EVALUATION FINDINGS	17
<i>Coparenting Model Outcomes</i>	21
<i>Education and Technical Assistance Outcomes</i>	28
<i>Coordination of Care Outcomes</i>	31
<i>Continuous Evaluation Outcomes</i>	36
DISCUSSION	37
REFERENCES	40

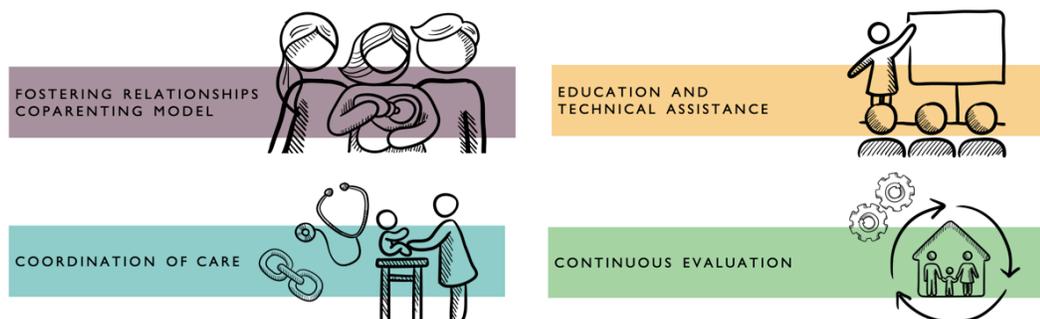
Figures & Tables

<i>Figure 1: Summary of the Problem</i>	8
<i>Figure 2: Overview of Safe Babies Program</i>	9
<i>Figure 3: Map of Safe Babies Counties</i>	11
<i>Figure 4: Evaluation Research Question</i>	13
<i>Table 1: Summary of Intended Program Outcomes</i>	14
<i>Figure 5: Data Included in this Report</i>	15
<i>Figure 6: Safe Babies Program Logic Model</i>	16
<i>Table 2: DFPS Data</i>	17
<i>Figure 7: Survey, Interview & Focus Group Participants</i>	18
<i>Figure 8: Trainings Received by Safe Babies Professionals</i>	19
<i>Figure 9: Birth & Foster Parent Ratings on Sensitive Parenting</i>	22
<i>Figure 10: Birth & Foster Parent Ratings on Coparenting Activities</i>	23
<i>Table 3: Exit Outcomes for Safe Babies & Comparison</i>	24
<i>Table 4: Reunification Among Safe Babies & Comparison</i>	25
<i>Table 5: Recidivism Among Safe Babies & Comparison</i>	25
<i>Figure 11: Professional Beliefs on Coparenting</i>	26
<i>Figure 12: Professional Beliefs on Engagement & Partnership Activities</i>	26
<i>Figure 13: ECI Enrollment & Safe Babies</i>	31
<i>Figure 14: Professional Beliefs About Birth Parents</i>	32
<i>Figure 15: Foster Parent & Professional Beliefs About Birth Parents</i>	33
<i>Figure 16: Ongoing Data Collection</i>	36

Executive Summary

The Safe Babies program, led by First3Years, collaborates with child welfare stakeholders in Tarrant, Dallas, and Harris Counties to: 1) enhance the quality of relationships between infants and toddlers and their caregivers, 2) increase awareness of and advocate for policies that support social-emotional development of infants and toddlers, 3) and mentor and train professionals in current best practices. Safe Babies aims to increase the likelihood of family reunification and ensure that services for infants and toddlers are developmentally appropriate through the delivery of four key Core Components:

SAFE BABIES PROGRAM CORE COMPONENTS:



First3Years contracts with the Texas Institute for Child and Family Wellbeing to conduct a third-party evaluation of the Safe Babies program. The evaluation utilizes a mixed-methods design to examine short-term, intermediate, and long-term outcomes related to child permanency and wellbeing. Researchers use Department of Family and Protective Services (DFPS) administrative data; county-level data from Early Childhood Intervention (ECI) providers; and survey, interview, and focus group data from birth parents, foster parents, and professionals involved in Safe Babies. The report includes an analysis of the data, progress toward outcomes, discussion of broader culture changes within the child welfare system, and key takeaways and recommendations.

SUMMARY OF KEY FINDINGS:

- Birth and foster parents feel more supported and empowered, increase communication and collaboration, and demonstrate more sensitive parenting due to the coparenting environment that Safe Babies promotes.
- Professionals involved in Safe Babies demonstrate a strong alliance with one another and families. They also support a growing culture of healthy attachment and development support for infants and toddlers in the child welfare system.
- Safe Babies connects children with essential health and developmental supports during a critical period of growth and will continue working with partners such as Early Childhood Intervention to improve service coordination and delivery.

RECOMMENDATIONS:

- Continue to develop opportunities for stakeholder meetings and input across counties to foster more supportive communities for infants, toddlers, and families in child welfare.
- Integrate trainings and best practice sharing with DFPS staff and leadership to enhance collaboration within the child welfare system.
- Continue direct services and evaluation to improve the network of referrals and support for infants, toddlers, and families in child welfare and examine progress toward long-term outcomes.
- Expand community collaboration and infrastructure in order to create a more developmentally-informed child welfare system.

...

Introduction & Overview

BACKGROUND AND PROBLEM STATEMENT

The quality of attachment between a child and primary caregiver is a powerful predictor of the child's outcomes in life.¹ 'Attachment' is a circumscribed aspect of the caregiver-child relationship that involves making the child feel safe and protected.² Secure attachment describes a healthy attachment style in which the child has learned to trust his or her caregiver based on the caregiver's positive and consistent response to the child's needs.³ This sense of trust provides a child with the confidence he or she needs to explore their environment and gain a sense of self-esteem.⁴

Secure attachment with a primary caregiver ensures that the child will feel calm enough to experience healthy development of his or her brain and nervous system.⁵ Brain development in infancy and early childhood lays the foundation for all future development.⁶ A history of secure attachment and subsequent healthy child development leads to greater resilience to adversity over a lifetime.⁷

Conversely, when a child experiences inadequate (neglectful) or problematic (abusive or frightening) caregiving, it is more likely that the child will develop an insecure attachment to the caregiver.⁸ Children with insecure attachments have learned they have little ability to elicit the needed response from their caregiver through typical care-seeking behavior.⁹ The absence of responsive caregiving over a prolonged period causes a child's brain and body to be bathed in cortisol, the hormone responsible for preparing humans to fight or flee in response to a stressor. Continuously elevated levels of cortisol keep a child in a constant state of hyperarousal.¹⁰ Burdened to remain vigilant to threats, the child may become less likely to develop self-regulatory functions.¹¹ The child may behave impulsively, inattentively, or aggressively; become hopeless; develop a poor self-concept; and have trouble forming healthy relationships.¹²

When a child enters the child protection system, the ability of social systems to provide the types of support that the child needs influences the child's adjustment in the aftermath of child abuse and neglect.¹³ The child protection system's response may remove the child from immediate danger, but must also adequately respond to the trauma the child has experienced and minimize any potential for institutional trauma. Separation from a parent is distressing for infants and young children, even if the parent provided inadequate or problematic care.¹⁴ Once the child enters the foster care system, they often experience additional changes in caregivers, which undermines their capacity to form a secure attachment with a primary caregiver.¹⁵ Young children have no ability to anticipate the future, so disruption in caregiving for even a very short time may be stressful. The younger the child and the longer the separation or period of uncertainty, the more damaging it is to the child's wellbeing.¹⁶ In fact, children in foster care are at a significantly higher risk of developing insecure attachments than other children.¹⁷

Figure 1: Summary of the Problem



BABIES CAN'T WAIT.

- ▶ Their sense of time and rate of development is vastly different from that of adults.
- ▶ 80% of core brain development happens before a child turns age three. During this time, the brain is setting up processes for learning as well as stress, emotion, and change management.¹⁸
- ▶ National data shows that compared to their older peers, infants and toddlers are more likely to enter foster care placement, remain longer in care, and become adopted. Young children in foster care are much more likely to experience delays in emotional, social, and cognitive development.¹⁹
- ▶ 82% of young children in foster care show elevated signs of stress (cortisol), which inhibits healthy brain development.²⁰



BABIES ARE THE MOST VULNERABLE.

- ▶ National data indicates that 35% of children in foster care in Texas are infants and toddlers (aged 0-3).²¹
- ▶ Lack of predictable experiences, such as multiple foster care placements, not only disrupt healthy development, but can prevent a child from developing key self-regulation and social skills that will be needed throughout their life.²²
- ▶ Current child welfare and legal systems should be better supported to meet the needs of infants and toddlers, especially that of repairing the relationship between parent and child after maltreatment.

PROGRAM OVERVIEW

Safe Babies seeks to promote secure attachment for infants and toddlers in foster care, remediate the effect of inadequate or problematic caregiving that the child previously experienced, and limit the institutional trauma that infants and toddlers commonly experience as they move through the child welfare system. The program accomplishes this by working directly with birth families and foster families to strengthen relationships, and by facilitating the broader systemic changes necessary to achieve a more developmentally informed child protection response. Anticipated results include better permanency and wellbeing outcomes among participating children.

Figure 2: Overview of Safe Babies Program

THE SAFE BABIES PROGRAM PROVIDES:

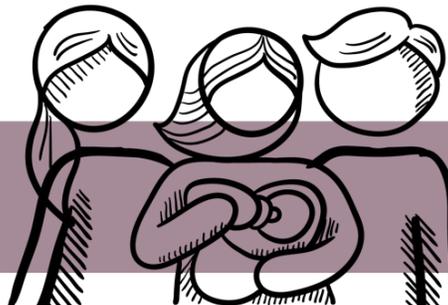


WHICH PROMOTES:



SAFE BABIES CORE COMPONENTS

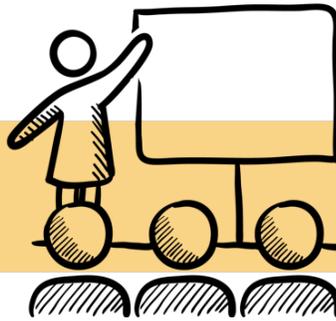
**FOSTERING RELATIONSHIPS
COPARENTING MODEL**



Fostering Relationships is a national coparenting model through which birth and foster parents are coached – in this case, by Safe Babies staff – to interact with the child and one another in ways that promote secure attachment. One important element of the model is to build coparenting relationships between birth and foster parents. When caregivers routinely exchange information and coordinate the child's care, the child is more likely to experience a sense of calm and stability in situations often characterized by disruption. A second key element of the model is teaching foster parents to coach birth parents on how to follow the child's lead. During visitation, trained foster parents support birth parents when they successfully interact with the child, but refrain from corrective instruction. This form of coaching reinforces what birth parents are already doing well and increases opportunities for birth and foster parents to work in partnership, avoiding the more common pitfall of holding foster parents in a more powerful position than birth parents or having

foster parents tell birth parents “what to do.” Instead, birth parents receive helpful, real-time guidance. The Safe Babies coach also offers supportive contact between visits to reinforce healthy attachment behaviors among all parents.

EDUCATION AND TECHNICAL ASSISTANCE



Safe Babies offers specialized training on the unique needs of infants and toddlers in foster care to Child Protective Services (CPS) workers, judges, lawyers, Child Placing Agencies (CPAs), and other child welfare professionals. By gaining a deeper understanding of how attachment, early development, placement, and safety interrelate, people involved in the child’s case will be better equipped to make decisions.

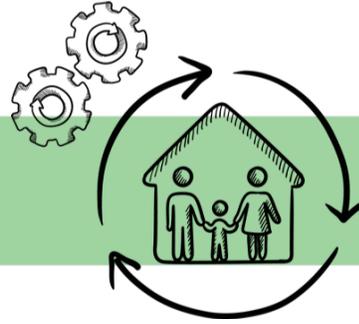
COORDINATION OF CARE



The program coordinates therapy and other services provided to the parent and child to help families navigate an otherwise fragmented and confusing system. By bringing together all stakeholders, including the birth parents, foster parents, and service providers, Safe Babies supports the development of realistic plans for birth parents that enable them to overcome common barriers to accessing services.

Coordination also ensures that children participating in Safe Babies receive a developmental screening through Early Childhood Intervention (ECI). Attachment between young children and their caregivers provides the major vehicle for physical, emotional, and cognitive development. Inadequate caregiving in early childhood can result in delays in motor, language, social, and cognitive skills.²³ ECI screening and intervention can provide the additional support children need to achieve developmental milestones. When developmental delays are identified, ECI providers are included in parent-child visitation to help parents learn behaviors that will advance the child’s healthy development. In addition, Safe Babies facilitates monthly meetings among all child protection stakeholders to address systemic issues that may impede successful implementation of the program.

CONTINUOUS EVALUATION

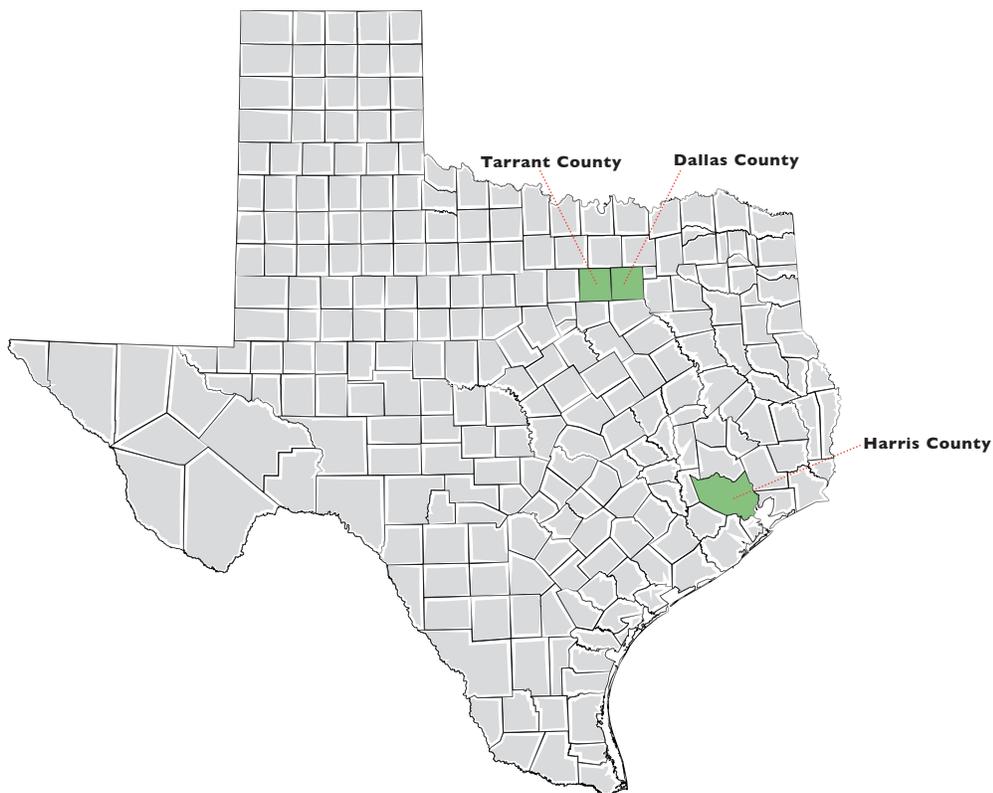


First3Years is committed to ongoing evaluation of Safe Babies and making continuous quality improvements to ensure the program is successful and can be effectively replicated in other Texas communities.

GEOGRAPHIC INFORMATION

In 2015, First3Years collaborated with child welfare stakeholders in Tarrant County to create the Safe Babies program. In 2018, Safe Babies began working with stakeholders in Dallas County to expand its services and by 2019, began making preliminary plans for the program in Harris County. This strategic expansion aligns with First3Years' greater vision to build local capacity for a more developmentally appropriate response to infants and toddlers in foster care across Texas.

Figure 3: Map of Safe Babies Counties



PROGRAM PARTICIPANTS:

Program participants include birth and foster parents of infants and toddlers involved in the child welfare system. The program is also supported by child welfare stakeholders described below.

BIRTH PARENTS:

Child Protective Services (CPS) staff identify birth parents for potential involvement with the program. In order to be eligible, the child must be 0-36 months of age at the opening of a CPS case or upon removal from the home (though services may continue beyond 36 months). Parents with severe mental health issues, cognitive disabilities, or an extreme domestic violence perpetration within the last 5 years are screened out due to the need for more intensive services. CPS staff, Safe Babies staff, or the birth parent's attorney invite the birth parent to participate in the program.

FOSTER PARENTS:

Child Placing Agencies (CPAs) identify foster families willing to participate in the Safe Babies program. Safe Babies staff train foster parents on the Fostering Relationships Coparenting Model. Safe Babies also trains CPAs in this model so that they may also train foster parents. Initial training may occur prior to a child's placement in the home or after the placement occurs.

STAKEHOLDERS:

Safe Babies works closely with professionals at the local and state level to design, implement, and continuously operate and improve the program in each county. Program stakeholders include, but are not limited to:

- Child Placing Agencies (CPA)
- Early Childhood Intervention (ECI) service providers
- Foster Parents
- Court Appointed Special Advocates (CASA)
- Judges and attorneys
- Medical professionals
- Department of Family and Protective Services (DFPS)
- Other non-profit agencies that serve child-welfare involved children and families

PROGRAM EVALUATION OVERVIEW

EVALUATION BACKGROUND

First3Years contracts with the Texas Institute for Child & Family Wellbeing at the University of Texas at Austin Steve Hicks School of Social Work to evaluate the Safe Babies program. The purpose of the evaluation is to determine whether children who participate in the Safe Babies program achieve better permanency and wellbeing outcomes. The majority of findings reflect data from Tarrant County, as Dallas and Harris counties are in earlier stages of implementation (further described below).

Figure 4: Evaluation Research Question



RESEARCH QUESTION

Do children who participate in the Safe Babies program achieve better permanency and wellbeing outcomes compared to children who do not participate in the program?

POPULATION (P), INTERVENTION (I), COMPARISON (C), OUTCOMES (O)

For the purposes of this evaluation, the target population (**P**) is infants and toddlers who were removed from their homes by CPS in Tarrant County due to abuse, neglect, or drug exposure at birth and who participate in the Safe Babies program (**I**). The target population is compared (**C**) with infants and toddlers who were removed from their homes by CPS in Tarrant County due to abuse, neglect, or drug exposure at birth who did not participate in Safe Babies. Dallas County children are not yet included in the analysis as the DFPS dataset only included four Dallas County cases. Harris County children are not yet included in the study as this county is still planning for rollout. Short-term, intermediate, and long-term outcomes (**O**) related to child permanency and wellbeing are organized in the chart below based on the program's Core Components. While some of these outcomes relate directly to the program, others relate to the broader culture change surrounding coparenting, attachment, and development that Safe Babies seeks to achieve. The Program Evaluation Findings section will describe progress and areas for growth related to these outcomes, both within the program and within the broader child welfare context. The fourth Core Component, Continuous Evaluation, will be discussed at the end of the Program Evaluation Findings section.

Table 1: Summary of Intended Program Outcomes

	SHORT TERM	INTERMEDIATE	LONG TERM
FOSTERING RELATIONSHIPS COPARENTING MODEL	Birth parents feel increased support. Birth and foster parents demonstrate sensitive parenting. Birth and foster parents work together collaboratively.	Children achieve permanency with families Fewer children return to foster care.	Children increase resilience. Child welfare system grows capacity to develop collaborations between birth and foster parents.
EDUCATION AND TECHNICAL ASSISTANCE	Service providers demonstrate a strong alliance.	Stakeholders demonstrate increased understanding of the relationship between attachment, early childhood development, and placement.	Developmentally informed policies guide the treatment of infants and toddlers in the child welfare system.
COORDINATION OF CARE	Children's developmental needs are identified early. Birth parents and service providers strengthen partnerships. Birth parents experience less stigma around accessing services.	Children's physical and mental health improve.	

EVALUATION DESIGN AND METHODOLOGY

The evaluation utilizes a mixed-methods design to examine short-term, intermediate, and long-term program outcomes. All data is de-identified before reporting and personal information is stored on a secure server.

Quantitative Data

Professional, birth parent, and foster parent surveys are collected via Qualtrics on an ongoing basis throughout the year. Parents may opt to receive a \$25 gift card incentive for completing the survey.

Early Childhood Intervention (ECI) data and Department of Family and Protective Services (DFPS) administrative data are requested twice per year. The DFPS and ECI data in this report focus solely on Tarrant County. While we have begun to collect DFPS data on Dallas County, only four Dallas County children in Safe Babies were represented in the most recent dataset. We have not yet begun to collect data from Dallas County ECI service providers. All quantitative data is analyzed using SPSS statistical analysis software.

Qualitative Data

Qualitative data include professional, birth parent, and foster parent interviews and focus groups. We recruit professionals via Safe Babies stakeholder lists and parents via a voluntary question on the parent surveys. Parents may opt to receive a \$25 gift card for participating in an interview or focus group. Interviews and focus groups are recorded, transcribed using GMR Transcription, coded using Dedoose, and analyzed using Microsoft Excel.

Data Included in This Report

This spring 2020 report includes updated survey and ECI data as of December 31, 2019 and updated DFPS data as of February 7, 2020. Interview and focus group data is current as of July 2019. The fall 2020 report will include updated qualitative data from fall and spring professional interviews and focus groups. Figure 5 depicts the timeline for data included in this spring report.

Figure 5: Data Included in this Report

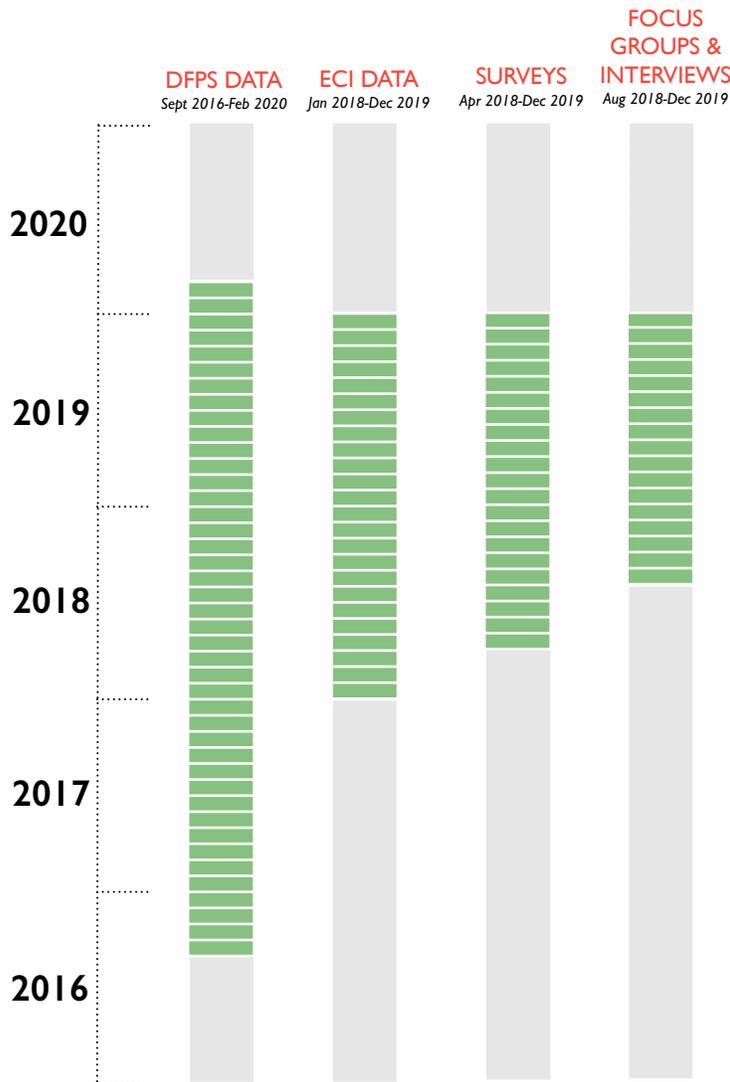
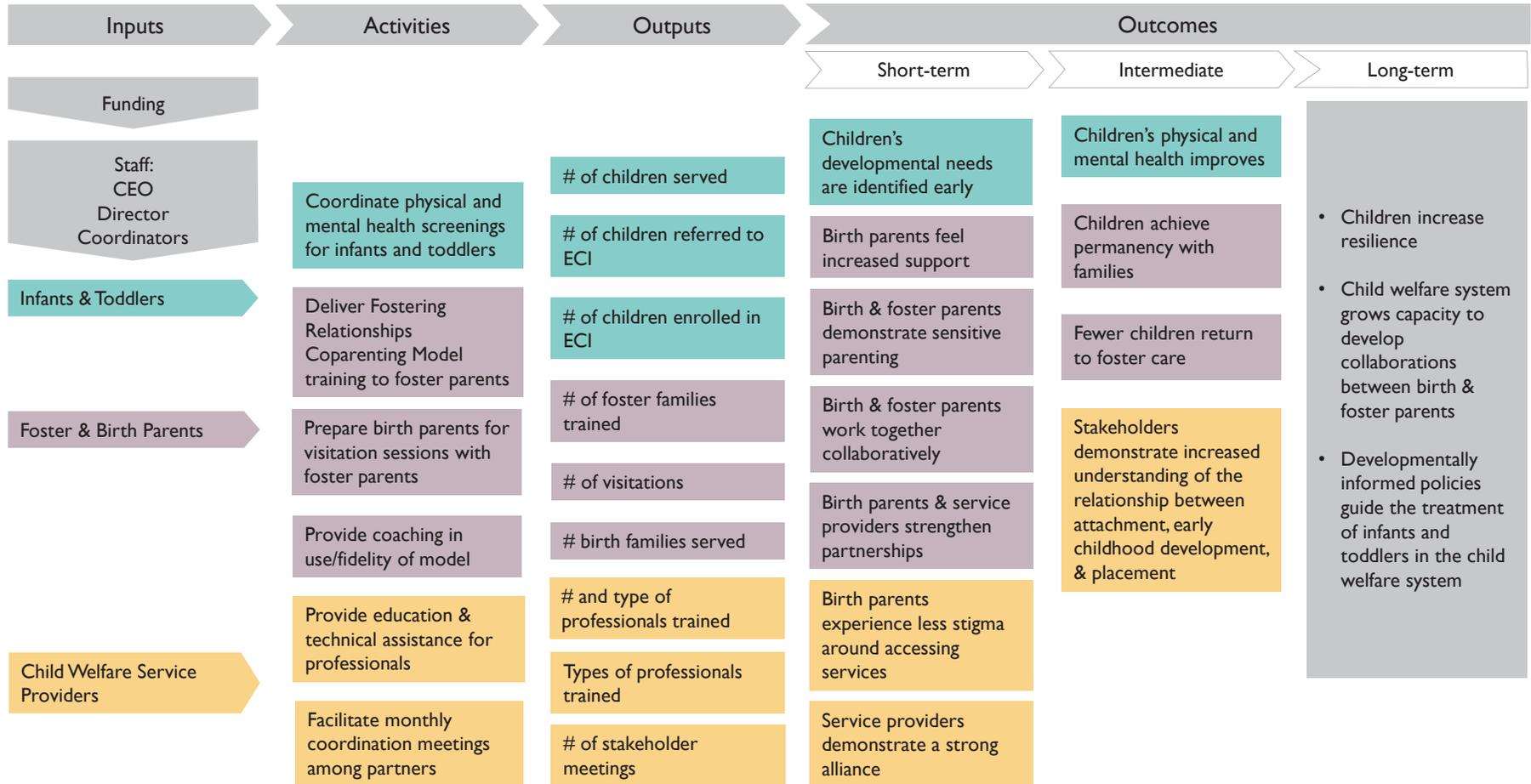


Figure 6: Safe Babies Program Logic Model

GOAL: Change the child welfare system’s approach to better meet the developmental needs of infants and toddlers in foster care.



Program Evaluation Findings

ABOUT STUDY PARTICIPANTS

Below is an overview of demographic information for children, parents, and professionals in each qualitative and quantitative data set.

DFPS ADMINISTRATIVE DATA

The DFPS data includes 50 children in Safe Babies in Tarrant County (intervention group) and 1164 children in Tarrant County not enrolled in Safe Babies (comparison), totaling 1214 children. The Safe Babies group was, on average, younger, had fewer siblings in foster care, experienced fewer total placements while in care, and a higher percentage were male. The comparison group was slightly more racially/ethnically diverse than the Safe Babies group (see table 2).

Table 2: DFPS Data

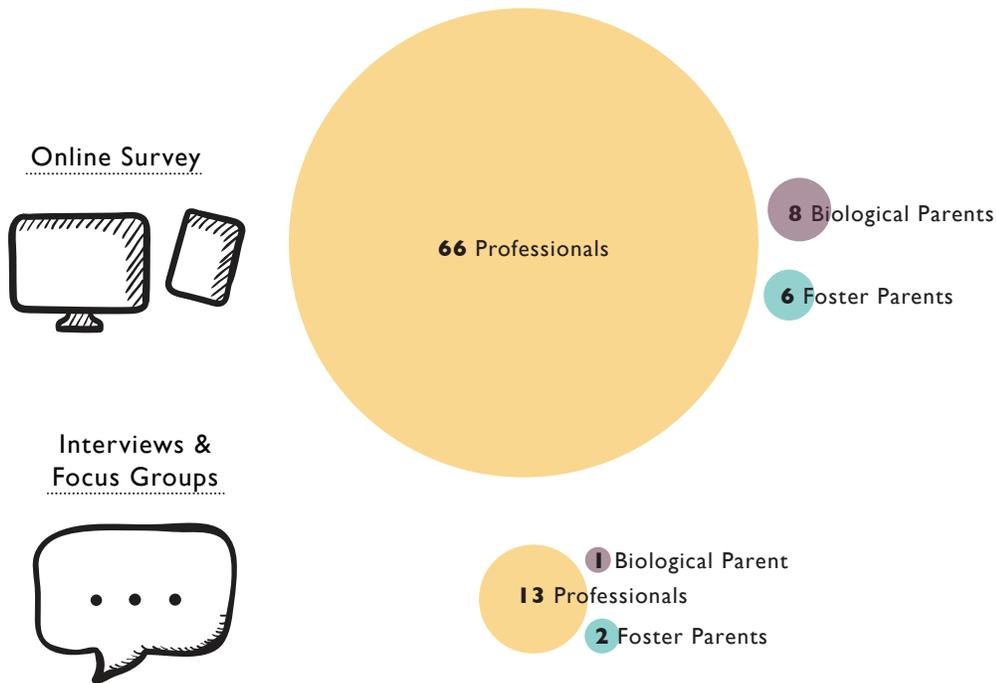
		SAFE BABIES CLIENTS	COMPARISON GROUP
NUMBER OF CHILDREN		50	1164
AGE IN MONTHS	Average	29.8	37.4
CHILD GENDER	Male	66.0% (33)	54.3% (633)
	Female	34.0% (17)	45.7% (533)
RACE/ETHNICITY	African American	28.0% (14)	34.2% (398)
	Anglo	34.0% (17)	27.8% (324)
	Hispanic	22.0% (11)	28.7% (334)
	Other	16.0% (8)	9.3% (108)
NUMBER OF SIBLINGS IN CARE	Minimum	0	0
	Maximum	6	7
	Average	0.82	1.11
TOTAL NUMBER OF PLACEMENTS	Minimum	1	1
	Maximum	7	11
	Average	2.64	2.79

EARLY CHILDHOOD INTERVENTION

Of the 48 children in the Safe Babies program referred to ECI in Tarrant County since January 2018, approximately 65% were enrolled. The remaining 35% either did not meet eligibility criteria, were withdrawn by family, or declined services.

SURVEYS, INTERVIEWS & FOCUS GROUPS

Figure 7: Survey, Interview & Focus Group Participants



BIRTH PARENT SURVEY:

As of December 2019, 8 birth parents had taken the birth parent survey. Children of these birth parents had been in foster care for an average of 8 months.

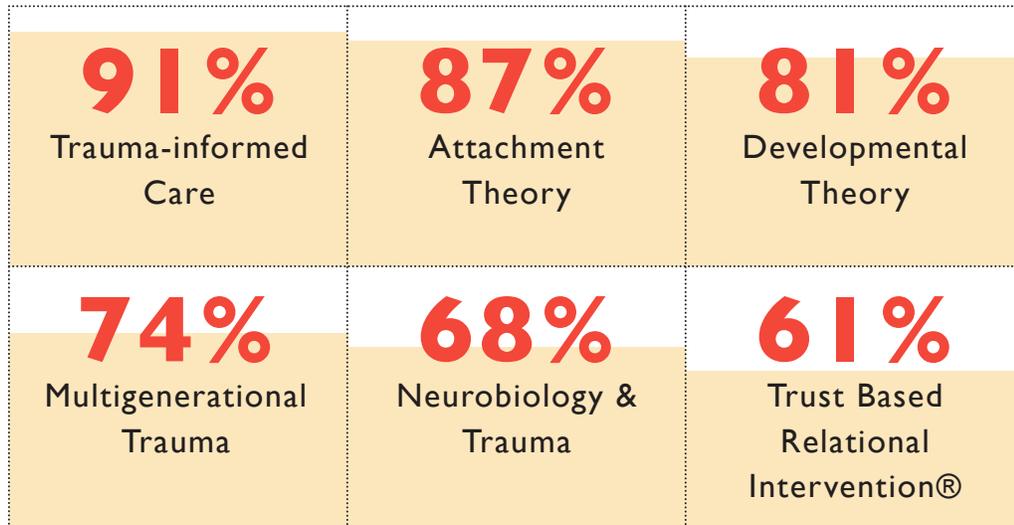
FOSTER PARENT SURVEY:

As of December 2019, 7 foster parents had taken the foster parent survey. 43% had been foster parents for less than a year while others ranged from 2-10 years of experience caring for children in foster care.

PROFESSIONAL SURVEY:

As of December 2019, 66 professionals had taken the professional survey. 42% of respondents were from Tarrant County, 31% were from Dallas County, 26% were from Harris County, and one professional declined to specify. Respondents included judges, lawyers, and medical providers as well as professionals from DFPS, CPAs, ECI, CASA, and other nonprofit agencies. Professionals had an average of 6 years of experience in their current role and 14 years of total experience in child welfare. Of the professionals that indicated which types of training they had received:

Figure 8: Trainings Received by Safe Babies Professionals



BIRTH PARENT, FOSTER PARENT, AND PROFESSIONAL INTERVIEWS AND FOCUS GROUPS

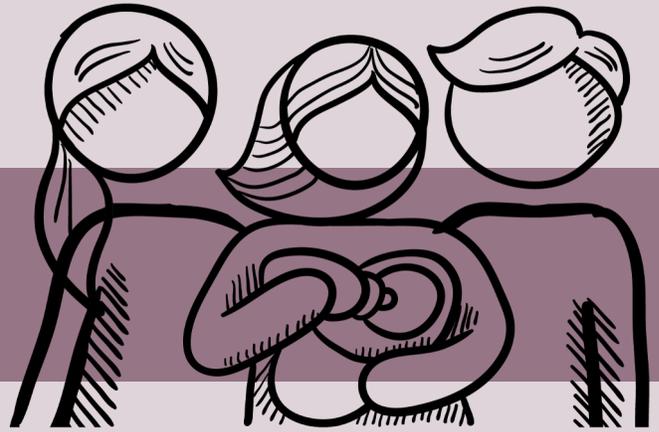
Qualitative data includes data from 1 birth parent interview, 2 foster parent interviews, 3 professional interviews and 5 professional focus groups. The professional interviews and focus groups totaled 13 participants, 7 from Tarrant County and 6 from Dallas County. These professionals represented:

- 4 Child Placing Agencies (CPAs)
- 1 Early Childhood Intervention (ECI) service provider
- 1 medical provider
- 1 court/legal entity
- 1 other non-profit agency

The fall 2020 report will include updated results from interviews and focus groups conducted in Tarrant, Dallas, and Harris Counties as of 2020. We are also working to recruit more birth and foster parents for additional interviews and focus groups.

...

FOSTERING RELATIONSHIPS
COPARENTING MODEL



Coparenting Outcomes

The following outcomes relate to the first Core Component of the Safe Babies Program: Fostering Relationships Coparenting Model.

SHORT-TERM OUTCOMES

BIRTH PARENTS FEEL INCREASED SUPPORT

In interviews and focus groups, both birth and foster parents overwhelmingly reported feeling supported by the Safe Babies program. Foster parents and professionals also reported changes in the way they interact with birth parents, including their willingness to support the birth parent with reunification.

“ They have meetings and everything, and every time we’d go to court, they work with us to try to get them back. They’re not against us. They’re with us.
-Birth Parent

“ I think mainly just hearing foster parents say, ‘I believe in that birth parent. I believe he can be successful. I am going to spend time in supporting them.’ I think that’s such a change than what, sometimes, we hear about such judgement and criticism...
-Professional

For other foster parents, increased support for birth parents extended beyond the context of visits to include informal contact and partnerships outside of court-mandated visits.

“ This week we’ve probably talked more than any, just because the baby’s—like, we’re right there. And she had a doctor’s appointment, and he had a job interview, and I wanted to show support for that. But—yeah, we do have pretty good relationship and talk during the week, which is good.
-Foster Parent

BIRTH AND FOSTER PARENTS DEMONSTRATE SENSITIVE PARENTING

Professional and foster parent interviews reflected Safe Babies’ promotion of sensitive parenting among birth and foster parents, including the promotion of secure attachments, more reflective parenting, modeling and mimicking behavior, and better recognizing and meeting the child’s needs.

“ [The Fostering Relationships model] uses a lot of reflection rather than directive advice giving. But it begins simply with being able to follow a child’s lead and read a child’s cues—some real basic—that are the beginning of developing a more secure attachment.
-Professional

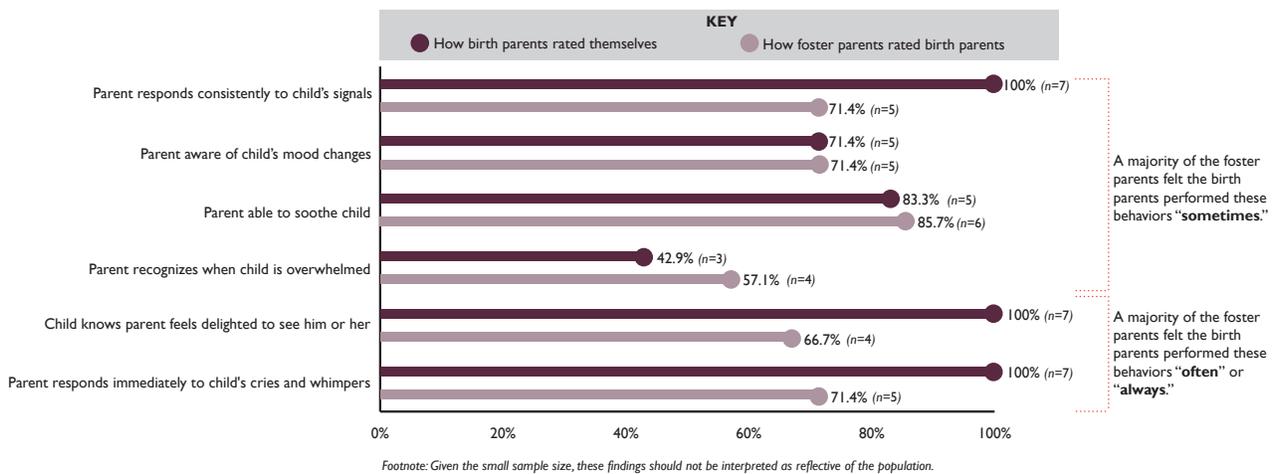
“ I’ve seen mom imitate me, which is positive. I’ve always liked that, mimicking...so I had never seen her do that, that kind of cooing, and she does do that. I’ve probably seen the biggest changes in her, speaking out a little more.
-Foster Parent

Birth parent surveys also revealed sensitive parenting by both birth and foster parents at the close of services with Safe Babies. Birth parents were asked to

indicate the extent to which the following statements related to sensitive parenting described them and the foster parent. Similarly, foster parents were asked how often birth parents engaged in activities or behaviors related to sensitive parenting.

Birth parents rated themselves and foster parents highly across most sensitive parenting categories (see figure 9). Foster parent perceptions regarding birth parents varied across topic, but foster parents consistently reported that birth parents engaged in sensitive parenting activities at least “sometimes.” It is interesting to note that both birth and foster parents rated birth parents highly when asked whether the “child knows parent feels delighted to see him or her” and whether the birth parent “responds immediately to child’s cries and whimpers,” but that both birth and foster parents rated birth parents lower when asked if the birth parent “recognizes when the child is overwhelmed.” This suggests responses to and interactions with children may be a strength for birth parents, with room for growth when it comes to birth parent awareness of children’s moods.

Figure 9: Birth & Foster Parent Ratings on Sensitive Parenting



BIRTH AND FOSTER PARENTS WORK TOGETHER COLLABORATIVELY

In parallel to increased support for birth parents and sensitive parenting, Safe Babies also promotes birth-foster parent collaboration. Professionals and foster parents referred to this collaboration as the foster parents empowering birth parents or empowering both birth and foster parents.

“ It empowers the birth parents. It also empowers the foster as well, and I think the birth parent could have the child reunify and still have the foster parent as a support if they wanted for the rest of their life. So, getting a message from a foster parent that they believe that you can be successful as a birth parent is pretty powerful and a very different message....
-Professional

“ I think that the fact I am allowed in there now for half of their visit, to encourage them and support them, but also because I now have communication during the week with them. Like, I've been able this week to ask, 'well, how did the sonogram go? And, how did your job interview go? Oh, that's incredible.'
-Foster Parent

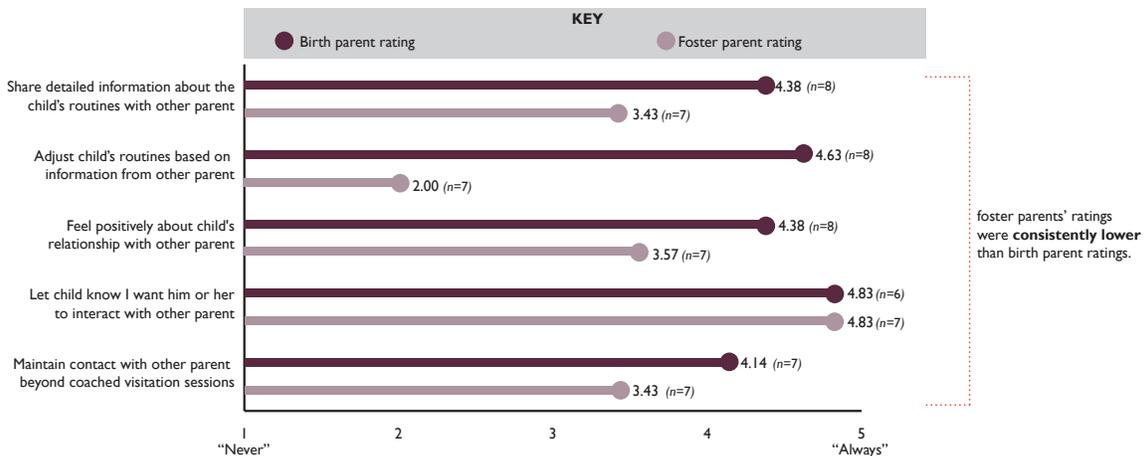
Others focused more on collaboration through relationship building and increased communication between birth and foster parents.

“ I think the program’s just amazing. It’s where we want to go. The co-parenting model—I can just tell you from experience being a CPS worker that the cases where bio parents and foster parents work together always ended the best.
 -Professional

“ I liken it to the telephone game, so if it goes from the parent to the caseworker, caseworker to case manager, case manager to the foster parent, you’ll lose pieces of that in the telephone game wherein like facilitating it, I think that dialog gets a direct line of communication between the foster parent and the birth parent.
 -Professional

Birth and foster parent surveys also revealed that birth and foster parents worked together collaboratively while in the program. When asked the extent to which they engaged in the following activities related to coparenting, with 1 being “never” and 5 being “always,” both birth and foster parents reflected overall collaboration in nearly every category (see Figure 10). Foster parent self-rated averages were consistently lower than birth parent self-rated averages, especially when foster parents were asked if they adjusted the child’s routine based on information from the birth parent. This may be reflective of foster parents taking on the role of “mentor,” but may also demonstrate opportunities for foster parents to engage in a more reciprocal relationship with birth parents during this collaboration.

Figure 10: Birth & Foster Parent Ratings on Coparenting Activities



INTERMEDIATE OUTCOMES

CHILDREN ACHIEVE PERMANENCY WITH FAMILIES

Roughly the same percentage of children exited and remained in foster care between the Safe Babies and comparison groups in Tarrant County. However, of the children who exited care, a higher percentage of Safe Babies children were reunified with birth parents (see table 3). Of the children who reunified with birth parents, a higher percentage of children in the comparison group reunified within 6 months, while a higher percentage of Safe Babies children reunified between 6 and 12 months. This may be due to the more deliberate approach to transitions taken by Safe Babies and its partners that seeks to minimize attachment disruptions and trauma. Additionally, children in Safe Babies averaged 14.9 months to permanency

while children in the comparison group averaged 16.6 months to permanency. It should be noted that the limited amount of data collected and the small sample size of the Safe Babies population restrict the generalizability of these findings. This is further discussed in the limitations section of this report.

Table 3: Exit Outcomes for Safe Babies & Comparison

EXIT OUTCOMES		SAFE BABIES CLIENTS	COMPARISON GROUP
TOTAL		50	1166
REMAIN IN FOSTER CARE		42% (21)	41% (483)
EXITED FOSTER CARE	Total	58% (29)	59% (366)
	Reunified with birth parents	24% (12)	16% (189)
	Adoption by relatives	4% (2)	6% (73)
	Non-relative adoption	22% (11)	22% (251)
	Custody given to relatives	8% (4)	14% (164)
	Other	0% (0)	1% (6)

Table 4: Reunification Among Safe Babies & Comparison

TIME TO REUNIFICATION	SAFE BABIES CLIENTS	COMPARISON GROUP
<6 months	0% (0)	11.1% (21)
6-12 months	25% (3)	12.2% (23)
>12 months	75% (9)	77% (145)

FEWER CHILDREN RETURN TO FOSTER CARE

For the purposes of this analysis, recidivism is defined as return to foster care with a new conservatorship case after prior case closure. The most recent DFPS data shows low rates of recidivism for both Safe Babies and comparison children. The percentage of children in Safe Babies who returned to care between 6 and 12 months (2%) was higher than for the comparison group (0.2%); however, only one child who participated in Safe Babies returned to foster care within 12 months of

case closure (see table 4). We interpret this with caution given the small sample size of children in Safe Babies. As the sample size for children in Safe Babies grows, we will be able to gather more meaningful data about recidivism.

Table 5: Recidivism Among Safe Babies & Comparison

TIME AT RECIDIVISM	SAFE BABIES CLIENTS	COMPARISON GROUP
Total	50	1166
Recidivism within 6 months	0% (0)	0.6% (7)
Recidivism 6-12 months	2% (1)	0.2% (2)

LONG-TERM OUTCOMES

CHILDREN INCREASE RESILIENCE

Interviews revealed that Safe Babies promotes resilience in children by supporting them through transitions and fostering secure environments.

“ Well, that felt safety is huge. That’s what allows them to develop and thrive. And knowing that the caregivers, both biological and foster, are there for them will help them be able to find their autonomy and grow.
-Professional

As Safe Babies continues, we anticipate child resilience becoming a more salient theme in interviews.

CHILD WELFARE SYSTEM GROWS CAPACITY TO DEVELOP COLLABORATIONS BETWEEN BIRTH AND FOSTER PARENTS

Regarding child welfare system’s capacity to develop collaborations between birth and foster parents, professionals mentioned that a change was beginning, and that some strides were occurring, but that there was room for improvement.

“ It’s a huge overhaul. I think the culture shift, the mindset, it’s a huge monster to take on anyway. And here in [DFPS region] we’ve seen some strides. There’s definitely been some change. But, as [other professional being interviewed] was saying, in other areas I still don’t see it. I don’t see it happening yet. That takes a lot of collective effort.
-Professional

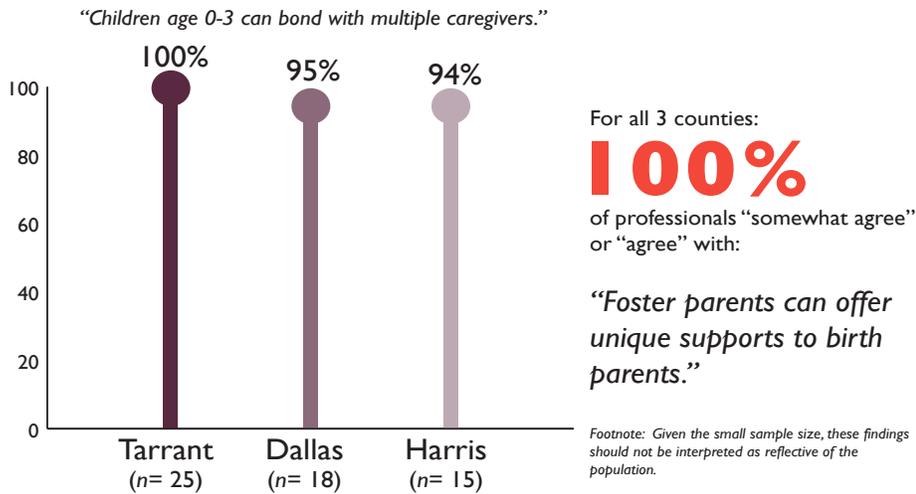
Professionals also suggested more flexibility between parties involved and expanding the co-parenting model outside of traditional visitation settings.

“ I understand the reasoning behind the supervised visitation and it being in a CPS office, but I also think that’s quite a barrier. I think that a lot of foster parents work, so taking off an hour, two hours every week to transport children to and from a visit during work hours at a CPS location that may or may not be convenient for the foster parent, I think that is a barrier. And I think with more flexibility of the coparenting model, I think that in a perfect world that could be beneficial for everybody involved. I think it could relieve some of the stress on the bureaucratic system within CPS. I think that it could foster the relationship between caregivers and ultimately be

beneficial for the child because they would be able to see their biological family in more of a natural setting versus a clinical, cold room with toys that may or may not be age-appropriate.
 -Professional

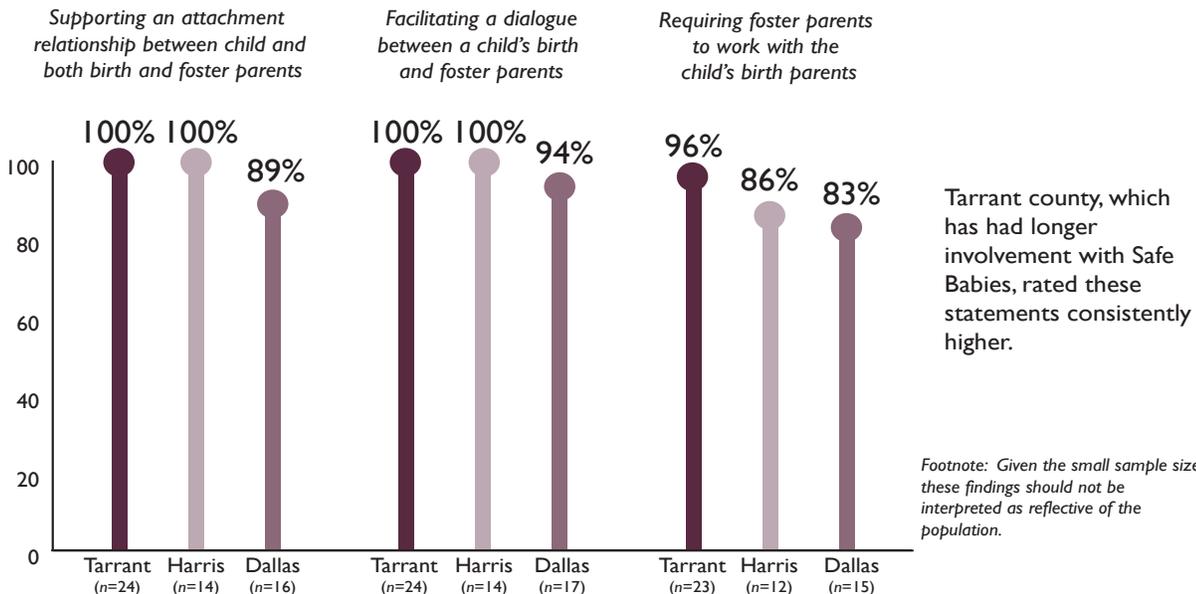
In parallel to interview data, professionals reported their beliefs on coparenting in the professional survey. Figure 11 shows that nearly all professionals selected “somewhat agree” or “agree” when asked the extent to which they agreed with the following statements related to coparenting.

Figure 11: Professional Beliefs on Coparenting



The survey also asked about professional beliefs regarding whether or not certain engagement and partnership activities related to coparenting were worthwhile. Figure 12 shows that most professionals selected “sometimes worthwhile” or “always worthwhile,” with some variance between counties.

Figure 12: Professional Beliefs on Engagement & Partnership Activities



EDUCATION AND
TECHNICAL ASSISTANCE



Educational & Technical Assistance Outcomes

The following outcomes relate to the second core component of the Safe Babies program: Education and Technical Assistance

SHORT-TERM OUTCOMES

SERVICE PROVIDERS DEMONSTRATE STRONG ALLIANCE

Professionals reported that Safe Babies staff were accessible and that the program helped connect stakeholders, promoting collaboration and benefiting families.

“ I think that the coordinators, for me, from Safe Babies have been very instrumental in making sure that all the parties are very connected, and making sure that everybody is doing their part, and they're getting the right information from the right part of the family. And when something does happen, they're the first ones to call and say, 'Hey, this is happening. What about your foster parents?'
-Professional

“ When you're collaborating across systems, it's very difficult, especially systems that have lots of people involved. And so, I think having designated people from the CPAs, CPS, Safe Babies, CASA, ECI, has been very helpful, compared to just navigating and collaborating with CPS in general, which can be challenging. And I'm sure they see that from their perspective with us, too.
-Professional

“ Everybody has their own side to the reason why they wanna be in this. So, you have the agencies looking out for the foster parents. You have CPS looking out for the kids. The attorneys looking out for the biological parents. So, we all have our portion. But we're definitely able to talk it out and work through it and resolve, come to a good resolve on all counts.
-Professional

INTERMEDIATE OUTCOMES

STAKEHOLDERS DEMONSTRATE UNDERSTANDING OF RELATIONSHIP BETWEEN ATTACHMENT, EARLY CHILDHOOD DEVELOPMENT, AND PLACEMENT

Professionals demonstrated an understanding of the relationship between attachment, early childhood development, and placement in interviews and focus groups and attributed a child's sense of safety and security to the trusting relationship between birth and foster parents.

“ Just having a stronger relationship between the bio family and the foster family, which would then improve the child's ability to attach to both caregivers and to hopefully not have the disconnect of attachment trauma from not having trust in their caregivers. If there is a trusting relationship built between bio and foster families, then the foster child would then have that sense of connection and sense of security in both environments, which would hopefully decrease the trauma of going back and forth from family visits back into the foster home and re-acclimating to that dynamic.
-Professional

In addition, professionals reported increased understanding of attachment and early childhood development from Safe Babies trainings.

“ I think the main thing [...] expressed in their trainings is just the importance of bonding and attachment and consistency in care. And so—that idea of primary bonding—and then also just continuity of care from one caregiver to the next. And being able to kind of make that more streamlined. So, similar, the initial trainings taught me about how important the bonding and attachment is, just how important that is in those first three years. And I’ve seen a lot of education about things that I wasn’t aware of in terms of those educational developments, and those milestones.
-Professional

LONG-TERM OUTCOMES

DEVELOPMENTALLY INFORMED POLICIES GUIDE THE TREATMENT OF INFANTS AND TODDLERS IN THE CHILD WELFARE SYSTEM

Professionals identified this as an area for growth. Some policies exist, such as collaborations between CPAs and churches to support families after reunification. However, gaps remain, such as age limits for services or abrupt transitions that do not take the attachment needs of children into consideration.

“ From the judges to the CPS supervisors, in my experience with Safe Babies and with Family Recovery, they’re working with the idea to reunify. And to me, that’s a big shift—a really big shift as well as, I think, what kind of wraparound or support they’re doing to try to keep—not necessarily keep a child in a home but increase the success of that. So, even pulling in church groups to provide some type of support to that birth family during the monitored return on a daily basis.
-Professional

“ Each child develops at a little different pace. We need to not have deadlines that are hard deadlines. Because this child reached 36 months, now all of a sudden you can’t work with this child. Because they’ve gone through trauma, they’ve gone through that, they’re gonna be a little late. So chronological age should not be the determining factor.
-Professional

“ I feel like far too often as in general CPS and/or attorneys, they make decisions regarding placement for example, and the same day the child is moved from a secure attachment home where they’ve been for four, five, six, seven months, and placed with a relative or a next-of-kin that a child may have never met a day in their life, but because of their charge to have children united with family members or in a kinship-type home, that seems to circumvent any type of attachment needs that the child might need.
-Professional

...

Coordination of Care Outcomes

The following outcomes relate to the third core component of the Safe Babies program: Coordination of Care.

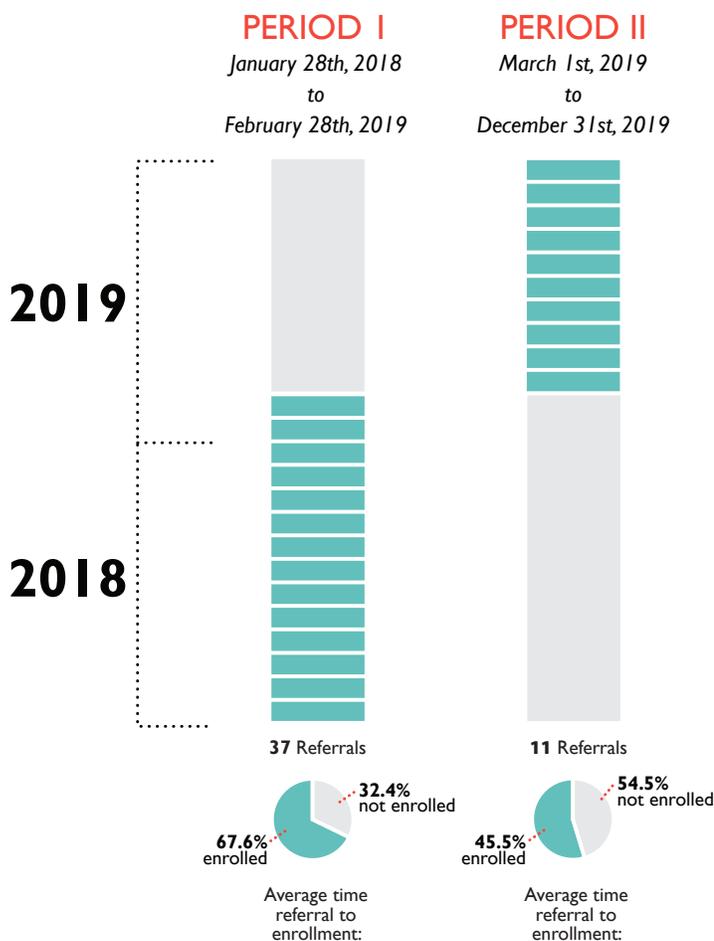
SHORT-TERM OUTCOMES

CHILDREN'S DEVELOPMENTAL NEEDS ARE IDENTIFIED EARLY

Early Childhood Intervention (ECI) provides a critical and timely intervention for infants and toddlers experiencing developmental delays or disabilities. In promoting secure attachment, the Safe Babies program cultivates a close relationship with ECI in each county to ensure children have support for their physical, emotional, and cognitive development as they create secure attachment with caregivers.

Since the last round of data was collected in February 2019, ECI referral enrollment rates for Safe Babies children have decreased. Tarrant County data revealed that between January 2018 and February 2019, 37 Safe Babies cases were referred to ECI with a 68% referral to enrollment rate. By December 2019, only 11 additional cases were referred and the referral to enrollment rate dropped to 55%. Additionally, the average number of days from referral to enrollment increased from 34 days to 45 days within this period (see figure 13).

Figure 13: ECI Enrollment & Safe Babies



Over the past several years, the Texas ECI system has been under tremendous strain. According to a February 2019 news report, ECI has been “chronically underfunded” since 2015 state budget cuts.²⁴ This has led to gaps and delays in services for children in need of ECI services across the state. While the state legislature granted partial ECI funding requested by the Health and Human Services Commission (HHSC) for the 2020-2021 budget cycle,²⁵ ECI service providers face the challenging task of restoring these services and making up for lost time. The data suggests that Safe Babies families have not been immune to the changing landscape of ECI. As the Safe Babies program continues to work with ECI service providers on overcoming challenges, we will continue analyzing ECI referral and enrollment data.

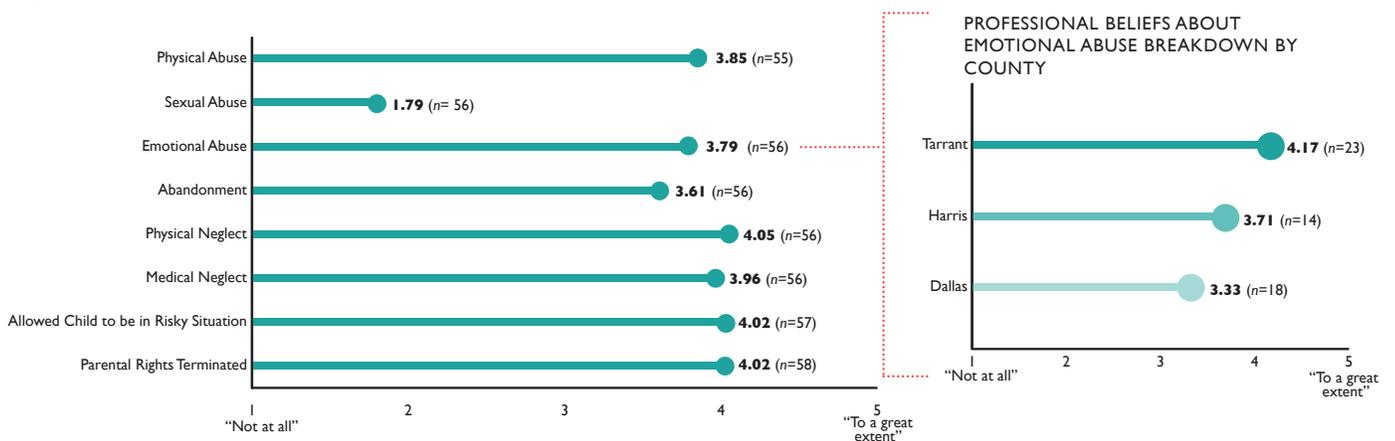
BIRTH PARENTS AND SERVICE PROVIDERS STRENGTHEN PARTNERSHIPS

Professionals referred to communication and partnership as two of the greatest strengths of Safe Babies.

“ I feel that this program, showing a united front with all caregivers involved, makes a huge difference on building the attachments, knowing that it’s safe to love other people, and I mean, just like I said, a community coming together.
 -Professional

Professional beliefs play a critical role in communication and partnership between professionals and birth parents. The professional survey asked respondents to what extent they believed birth parents should be allowed to parent given a variety of circumstances related to abuse or neglect, with 1 being “not at all” and 5 being “to a great extent.” The mean response in all counties (see Figure 14) shows professionals generally agree birth parents should be allowed to parent when abuse or neglect has occurred, with the exception of sexual abuse. We used the Kruskal-Wallis H test to look for differences between counties for each category of abuse or neglect. Only the distribution of professional beliefs regarding emotional abuse was different across counties, $H(2)=6.707, p=.035$, with the biggest difference between Dallas and Tarrant counties. It is interesting to note that professionals in Tarrant County also reported the highest rates of training on trauma-informed care and Trust-Based Relational Intervention® earlier in the survey, which may explain the differences in beliefs about emotional abuse across counties. There were no statistically significant differences between counties for the other abuse or neglect categories.

Figure 14: Professional Beliefs About Birth Parents



Footnote: Given the small sample size, these findings should not be interpreted as reflective of the population.

The data suggests that professionals have positive perceptions when it comes to birth parents being allowed to parent after abuse or neglect has occurred, with room for improvement in the area of sexual abuse. Sexual abuse is a complex topic and may require specialized focus or attention as stakeholders work to create a culture shift regarding perceptions about birth parents. As Safe Babies continues and expands to new counties, ideally positive beliefs regarding birth parents will take hold over the long term and across the state. This would indicate an overall culture change, leading to opportunities for strengthened partnerships between birth parents and professionals.

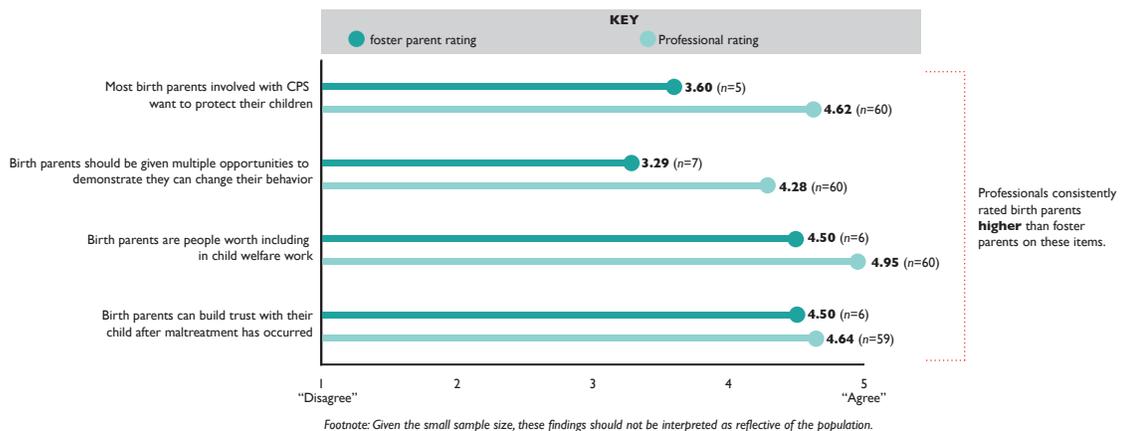
BIRTH PARENTS EXPERIENCE LESS STIGMA AROUND ACCESSING SERVICES

One foster parent interview highlighted the idea that Safe Babies helped decrease stigma around accessing services for birth parents. Specifically, having someone on their side helps to avoid feeling like they are fighting the system.

“ When the parents are willing and not just have their attorney tell them, oh, if you do this, you might get your kids back sooner, because I have heard that through the grapevine that can happen, but if the parents are really willing, because there are so many parents, they just need that little bit of something and just having the people taking care of their kids so they’re not just putting all their energy on just fighting the system. They can actually focus on what they’re supposed to be focusing on. I think that’s the biggest part.
-Foster Parent

Professional and foster parent beliefs can weigh heavily into stigma experienced by birth parents. When all parties involved believe that the birth parent has the capacity to disrupt intergenerational patterns of abuse or neglect, birth parents have a better chance at success. The professional and foster parent surveys included questions about the extent to which they agreed with a variety of statements about birth parents, with 1 being “disagree” and 5 being “agree.” Figure 15 shows that professionals and foster parents generally reflected positive perceptions about birth parent motivation and ability to change their behavior. Professionals consistently expressed stronger agreement with these statements across categories, but especially regarding birth parents being given multiple opportunities to change their behavior and wanting to protect their children. While generally positive, this suggests room for growth in foster parent perceptions of birth parents in some areas.

Figure 15: Foster Parent & Professional Beliefs About Birth Parents



INTERMEDIATE OUTCOMES

CHILDREN'S PHYSICAL AND MENTAL HEALTH IMPROVES:

Foster parents and professionals reported that Safe Babies promoted improvements in children's physical and mental health by facilitating easier transitions for the child, having their basic needs met more frequently, and increased wellbeing because of the positive relationship between birth and foster parents. Given the young age of children in Safe Babies, themes related to wellbeing, transitions, or other aspects such as tension and stress that could influence child physical and mental health were included in this section.

“ [Referring to situations when Safe Babies is not involved and there is tension between birth and foster parents:] Absolutely, the kids are fussy, crying, fidgety. They hate visits because they don't know who to choose between, because they like the life in the foster home because they're getting their basic needs met. They're getting nourishment. They're getting love. They're getting attention.
-Foster Parent

Professionals and foster parents overwhelmingly reported that coparenting and increased connections between birth and foster parents enhanced child wellbeing. Furthermore, some professionals connected improved child developmental outcomes to better relationships between birth and foster parents:

“ I think a lot of our bio parents, they get sent to all of these parenting classes and anger management classes, but I think that the practical implementation of those things aren't necessarily high on the priority list. I think that having respectful parents such as many of our foster parents—obviously there's going to be exceptions to the rule—but so many of our foster parents are parents with biological children or they're parenting foster children successfully and they've been doing it for many months or years, and I think that having that ongoing relationship of the practical implementation of the parenting skills that they're being introduced to, I think that could do nothing but benefit the child looking ahead for their development.
-Professional

“ Years and years ago they just never even saw each other because that was a protection issue or whatever. Well, we found that that's not the case, that it's better for the child, it's better for the biological parents and for the foster parents if they establish that relationship.
-Professional

...

CONTINUOUS EVALUATION

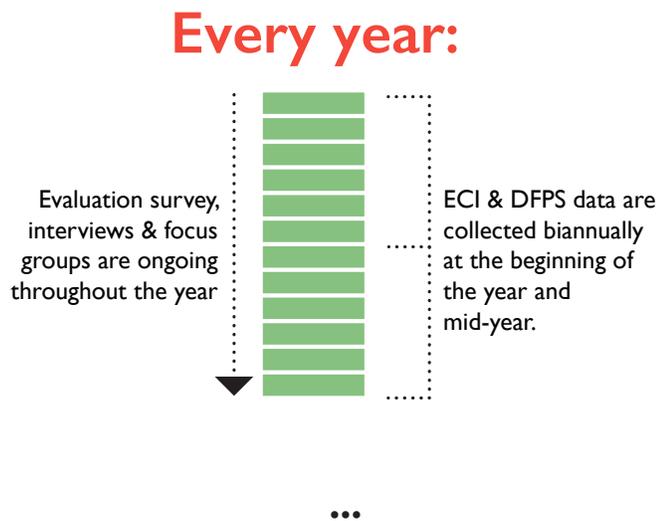


Continuous Evaluation Outcomes

As Safe Babies continues in each current county and expands to new counties, the need for continuous evaluation remains. First3Years is committed to ongoing evaluation of Safe Babies and making continuous quality improvements to ensure the program is successful and can be effectively replicated in other Texas communities. Additionally, as the Safe Babies program is still relatively new, it will take time to examine progress toward intermediate and long-term outcomes.

Utilizing quantitative and qualitative data from several different sources for this evaluation, the Texas Institute for Child and Family Wellbeing maintains a flexible plan for data collection and analysis. Figure 16 outlines the overall data collection methods and reporting structure for this evaluation:

Figure 16: Ongoing Data Collection



PROGRAM STRENGTHS AND OPPORTUNITIES

COPARENTING:

One of the greatest strengths of the Safe Babies program is the promotion of coparenting between birth and foster parents. Birth and foster parents feel more supported and empowered, increase their communication and collaboration, and demonstrate more sensitive parenting in a coparenting environment. Additionally, professionals involved in Safe Babies become early adapters in a culture change that supports coparenting within the broader child welfare system. Opportunities for growth related to coparenting include helping birth parents recognize when children feel overwhelmed, helping foster parents incorporate birth parent input into their own parenting, and continuing to work toward a broader culture change that supports coparenting beyond the context of the Safe Babies program.

EDUCATION AND TECHNICAL ASSISTANCE:

In the child welfare system, environments characterized by “taking sides” and frequent breakdowns in communication between service providers are common. Safe Babies creates a strong alliance between all parties involved in the case and improves communication and problem solving between professionals by continually centering the child and family, ultimately promoting the child’s healthy attachment and development and minimizing institutional trauma.

COORDINATION OF CARE:

Several key factors affect access to critical services and supports for families involved in the child welfare system, especially those that promote healthy development and attachment for infants and toddlers at such a time-sensitive stage. Safe Babies not only fosters an environment with less stigma and more support in which parents and children can better access needed services, it also aims to connect children with the crucial developmental supports they need to thrive over the long term. A major area for growth within Coordination of Care is working with ECI to overcome barriers such as the previously mentioned state funding challenges so that children can continue to receive robust developmental services and supports in a timely manner.

LIMITATIONS

The following limitations are worth considering when interpreting evaluation findings. While Safe Babies has experienced tremendous growth over the past several years, the sample size of children is still relatively small. This limits the generalizability of findings and encourages us to interpret them with caution until a greater number of Safe Babies children can be included in the sample. Additionally, permanency and recidivism are complex outcomes that require careful consideration of factors such as parent risk and therefore cannot be uniquely attributed to participation in Safe Babies. Furthermore, while the research team has begun collecting more quantitative and qualitative data from professionals involved in Safe Babies, data collection with birth and foster parents continues to be a challenge with limited participation in parent surveys, interviews and focus groups. Lastly, some of the long term outcomes reflect an overall culture shift that is difficult to uniquely attribute to the Safe Babies program. However, in recognizing Safe Babies as a leader and key player within this broader culture change, we can continue to examine the role of the program in

achieving this overall shift.

CONTINUOUS EVALUATION:

As the Safe Babies program continues and expands to new counties, we will keep evaluating progress toward outcomes. Over time, the sample size of children will grow and we will be able to recruit more parents to participate in surveys, interviews, and focus groups, leading to more robust and meaningful data as well as findings that are more generalizable to the overall population of infants, toddlers, and families involved in the child welfare system.

RECOMMENDATIONS AND CONCLUSIONS

RECOMMENDATIONS

Our findings suggest that Safe Babies is having initial success, but achieving and sustaining progress in supporting infants and toddlers in the child welfare system is dependent on far more than individual programs. Therefore, the child welfare system should consider expanding the implementation of Safe Babies in conjunction with other programs to continue to support this vulnerable population.

1) Continue to develop opportunities for stakeholder meetings and input

Findings suggest that Safe Babies is positively affecting relational permanency for youth and caregivers. In order for the program to expand its reach, Safe Babies should continue to develop opportunities for stakeholder meetings and input in order to build child welfare infrastructure needed to support families. This may also include increased outreach to other agencies or service providers that serve children or families who are Safe Babies clients, such as the healthcare and educational systems. Partnership between foster parents and birth parents is a new concept for many in the child welfare system and Safe Babies will have to continue educating the community.

2) Integrate trainings and best practice sharing with DFPS staff and administrators to create more collaboration

In addition to the engagement of stakeholders, Safe Babies should continue to collaborate with DFPS and CPA administrators to train professionals. Trainings and opportunities to share case successes both educate and create internal champions. Furthermore, professionals at stakeholder agencies reported Safe Babies trainings to be helpful in their understanding of attachment and early childhood development. Historically, child welfare systems have not favored contact between foster parents and birth parents, and internal child welfare system champions will be key to expanding the program to other counties.

3) Continue direct services and evaluation

Because Safe Babies is demonstrating positive preliminary outcomes, the program should continue to grow and expand. Safe Babies should continue to evaluate its services to examine outcomes over a longer period. Furthermore, given the individual unique needs of each family that Safe Babies serves, key system partners and collaborations could be strengthened to strengthen the network for referrals and support for families with additional needs, such as substance use and mental health services.

4) Expand community collaboration and infrastructure

As Texas continues to roll out Community-Based Care, there are opportunities to expand community infrastructure and collaborations. This could include outreach and education to Single Source Continuum Contractors (SSCCs) that will oversee case management to foster a culture of birth family support and engagement from the beginning. Regional meetings could also provide opportunities to train and build community capacity.

CONCLUSION

Based on preliminary findings, Safe Babies has met its short-term goals of increasing support for birth parents, increasing collaboration between birth and foster parents, decreasing stigma around accessing services, and increasing sensitive parenting. Furthermore, children in Safe Babies exit to permanency with birth parents at a higher rate than the comparison group and achieve permanency more quickly.

In addition to promoting child and family wellbeing, Safe Babies has made strides toward agency- and system-wide change and institutionalization of practices. Safe Babies is contributing to an overall culture shift within the child welfare system that promotes empowerment, collaboration, and careful consideration of the developmental and attachment needs of infants and toddlers in an environment often characterized by trauma, tension, and miscommunication. While structural changes will continue and become more evident over time, these initial findings are promising.

...

References

- 1 Benoit, D. (2004). Infant-parent attachment: Definition, types, antecedents, measurement and outcome. *Paediatrics & Child Health*, 9(8), 541–545. <https://doi.org/10.1093/pch/9.8.54>
- 2 Benoit, D. (2004). Infant-parent attachment: Definition, types, antecedents, measurement and outcome. *Paediatrics & Child Health*, 9(8), 541–545. <https://doi.org/10.1093/pch/9.8.541>
- 3 Ainsworth, M.D.S., & Bell, S. (1970). Attachment, exploration, and separation: Illustrated by the behavior of one-year-olds in a strange situation. *Child Development*, 41(1), 49-67. doi:10.2307/1127388
- 4 Ainsworth, M.D.S., & Bell, S. (1970). Attachment, exploration, and separation: Illustrated by the behavior of one-year-olds in a strange situation. *Child Development*, 41(1), 49-67. doi:10.2307/1127388
- 5 Perry, B.D. (2005). Maltreatment and the developing child: How early childhood experience shapes child and culture [Lecture]. The Inaugural Margaret McCain Lecture conducted at the McCain Lecture series of the Centre for Children and Families in the Justice System. London, ON.
- 6 Perry, B.D., Pollard, R.A., Blakley, T.L., Baker, W.L., Vigilante, D., Scheeringa, M.S., & Osofsky, J.D. (1995). Childhood trauma, the neurobiology of adaptation, and “use-dependent” development of the brain: How “states” become “traits.” *Infant Mental Health Journal*, 16(4), 271-291. [https://doi.org/10.1002/1097-0355\(199524\)16:4<271::AID-IMHJ2280160404>3.0.CO;2-B](https://doi.org/10.1002/1097-0355(199524)16:4<271::AID-IMHJ2280160404>3.0.CO;2-B)
- 7 Benoit, D. (2004). Infant-parent attachment: Definition, types, antecedents, measurement and outcome. *Paediatrics & Child Health*, 9(8), 541–545. <https://doi.org/10.1093/pch/9.8.541>
- 8 Dozier, M., & Bernard, K. (2017). Attachment and Biobehavioral Catch-up: Addressing the needs of infants and toddlers exposed to inadequate or problematic caregiving. *Current Opinion in Psychology*, 15, 111-117. <https://doi.org/10.1016/j.copsyc.2017.03.003>
- 9 Ainsworth, M.D.S., & Bell, S. (1970). Attachment, exploration, and separation: Illustrated by the behavior of one-year-olds in a strange situation. *Child Development*, 41(1), 49-67. doi:10.2307/1127388
- 10 National Scientific Council on the Developing Child (2011, September 29). Toxic Stress Derails Healthy Development [Video]. Center on the Developing Child Harvard University. <https://developingchild.harvard.edu/science/key-concepts/>
- 11 Dozier, M., & Bernard, K. (2017). Attachment and Biobehavioral Catch-up: Addressing the needs of infants and toddlers exposed to inadequate or problematic caregiving. *Current Opinion in Psychology*, 15, 111-117. <https://doi.org/10.1016/j.copsyc.2017.03.003>
- 12 Shipman, K., Edwards, A., Brown, A., Swisher, L., & Jennings, E. (2005). Managing emotion in a maltreating context: A pilot study examining child neglect. *Child Abuse & Neglect*, 29(9), 1015-1029. <https://doi.org/10.1016/j.chiabu.2005.01.006>
- 13 The National Child Traumatic Stress Network Core Curriculum on Childhood Trauma Task Force. (2012). The 12 core concepts: Concepts for understanding traumatic stress responses in children and families. Core Curriculum on Childhood Trauma. Los Angeles, CA, and Durham, NC: UCLA-Duke University National Center for Child Traumatic Stress. <https://www.nctsn.org/resources/12-core-concepts-concepts-understanding-traumatic-stress-responses-children-and-families>
- 14 Troutman, B. (2011). Effects of foster care on young children’s mental health: Risks and opportunities [Unpublished article]. Carver College of Medicine, University of Iowa.
- 15 Casanueva, C., Dozier, M., Tueller, S., Jones-Harden, B., Dolan, M., & Smith, K. (2012). Instability and early life changes among children in the child welfare system. *Child Abuse & Neglect* 38(3), 498-509. <https://doi.org/10.1016/j.chiabu.2013.07.016>
- 16 American Academy of Pediatrics Committee on Early Childhood, Adoption, and Dependent Care. (2000). Developmental issues for young children in foster care. *Pediatrics* 106(5), 1145-

1150. <https://doi.org/10.1542/peds.106.5.1145>

[17](#) Cyr, C., Euser, E.M., Bakermans-Kranenburg, M.J., & Van Ijzendoorn, M.H. (2010). Attachment security and disorganization in maltreating and high-risk families: A series of meta-analyses. *Development and Psychopathology*, 22, 87-108. <https://doi-org.ezproxy.lib.utexas.edu/10.1017/S0954579409990289>

[18](#) First Things First (2017, October 15). The Baby Brain [Video]. Youtube. https://www.youtube.com/watch?time_continue=89&v=-ijGVM1hInU&feature=emb_title

[19](#) Wulczyn, F., Hislop, K.B., & Harden, B.J. (2002). The placement of infants in foster care. *Infant Mental Health Journal*, 23(5), 454-475. <https://doi-org.ezproxy.lib.utexas.edu/10.1002/imhj.10028>

[20](#) Wulczyn, F., Hislop, K.B., & Harden, B.J. (2002). The placement of infants in foster care. *Infant Mental Health Journal*, 23(5), 454-475. <https://doi-org.ezproxy.lib.utexas.edu/10.1002/imhj.10028>

[21](#) Texas Department of Family and Protective Services (2019). DFPS Data Book. http://www.dfps.state.tx.us/About_DFPS/Data_Book/default.asp

[22](#) National Scientific Council on the Developing Child (2011, September 29). Toxic Stress Derails Healthy Development [Video]. Center on the Developing Child Harvard University. <https://developingchild.harvard.edu/science/key-concepts/>

[23](#) Perry, B.D. (2005). Maltreatment and the developing child: How early childhood experience shapes child and culture [Lecture]. The Inaugural Margaret McCain Lecture conducted at the McCain Lecture series of the Centre for Children and Families in the Justice System. London, ON.

[24](#) Lopez, A. (2019, February 20). Lawmakers urged to spend more on 'chronically underfunded' program that helps kids with disabilities. KUT. <https://www.kut.org/post/lawmakers-urged-spend-more-chronically-underfunded-program-helps-kids-disabilities>

[25](#) General Appropriations Act for the 2020-2021 Biennium. Eighty-sixth Texas Legislature, Regular Session 2019. https://www.lbb.state.tx.us/Documents/GAA/General_Appropriations_Act_2020_2021.pdf



The University of Texas at Austin
**Texas Institute for
Child & Family Wellbeing**
Steve Hicks School of Social Work



SAFE BABIES
A FIRST3YEARS INITIATIVE

