

Safe Babies▶

**PROGRAM
EVALUATION
REPORT
FALL 2023**

A FIRST3YEARS INITIATIVE

Evaluation by: Texas Institute for Child & Family Wellbeing

SAFE BABIES PROGRAM EVALUATION REPORT

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Evaluation by:

Texas Institute for Child &
Family Wellbeing

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

SAFE BABIES
A FIRST3YEARS INITIATIVE

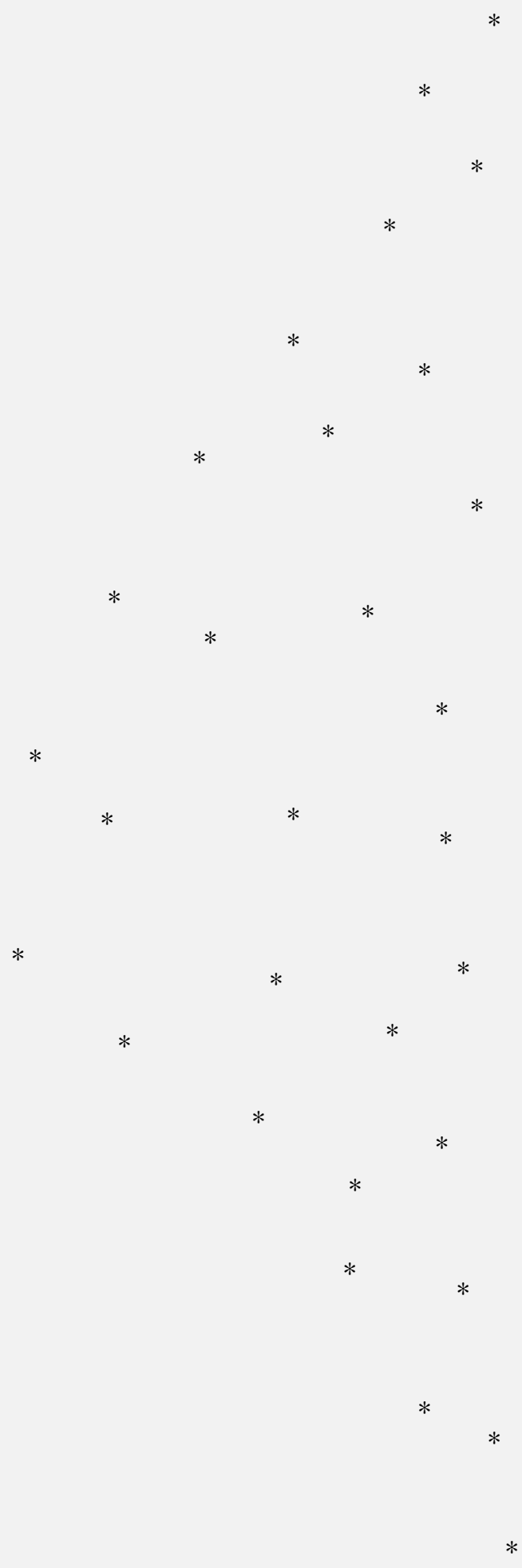


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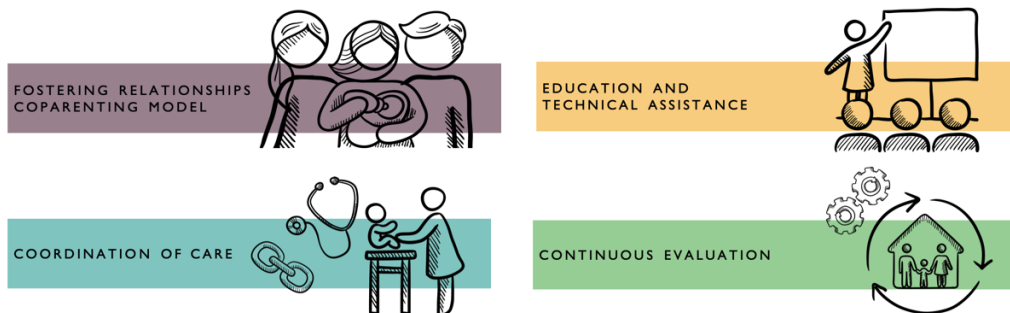
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Executive Summary

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 a trauma-informed approach to serving infants and toddlers in the child welfare system, and 3) 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 Core Components.

SAFE BABIES PROGRAM CORE COMPONENTS:



First3Years contracts with the Texas Institute for Child & 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 permanence and wellbeing. Researchers use Department of Family and Protective Services (DFPS) administrative data; county-level data; and survey, interview, and focus group data from birth parents, caregivers, and professionals involved in Safe Babies. The report includes an analysis of the data, progress toward intended outcomes, and key takeaways and recommendations.

Note: the term "caregivers" includes both foster and kinship caregivers for the purpose of this report.

SUMMARY OF KEY FINDINGS

1. Support for coparenting between birth parents and caregivers is a major area of strength for the program. Birth parents and caregivers demonstrated a high level of engagement in coparenting activities and stakeholders demonstrated support for coparenting and understanding of the benefit for children.
2. Time to permanence was significantly shorter for children in Safe Babies than children in the comparison group. The proportion of children across exit outcome categories differed significantly between groups, with a greater percentage of children in Safe Babies returning home than the comparison group.
3. Most stakeholders involved in the program have received training related to development and attachment, though only approximately one-quarter of participants receive this training directly from Safe Babies. Stakeholders demonstrate a strong understanding of the relationship between development, attachment, and transitions such as visitations and placement changes for children.
4. Birth parents feel supported by the Safe Babies program, and stakeholders and caregivers generally hold positive beliefs about birth parents, with room to support stakeholders in their beliefs about birth parents continuing to parent after certain instances of maltreatment have occurred.

RECOMMENDATIONS

1. Build capacity for the Safe Babies program to serve more families in each county, and generate more understanding and awareness of the program with stakeholders outside of the program in order to improve its reach.
2. Work to increase stakeholder participation in First3Years educational offerings to connect people involved in the program with relevant trainings, ensuring stakeholders remain up-to-date and aligned with the research on development, attachment, and how to best serve infants and toddlers in the child welfare system.
3. Continue to work with stakeholders to improve practices around visitation and other transitions (such as placement changes and reunifications) within the child welfare system. In cases where Safe Babies is not formally involved, provide "transition consultations" to ensure these cases see the benefit of improved transitions for children.

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Introduction & Overview

LITERATURE REVIEW

Attachment has long been described by researchers as a mutually fulfilling relationship between children and caregivers in which the child feels safe. The quality of this parent-child attachment impacts children's socio-emotional and physical health outcomes later in life.¹ Children's experiences with caregivers during the first few years of life are key to their emotional well-being and regulation, future relationships, and overall brain development.²

Within this attachment system, children turn to caregivers for safety and regulation during times of emotional distress or uncertainty.³ Caregivers serve as a secure base from which children can explore their world and then return to this environment of safety and regulation with the caregiver.⁴ Parental sensitivity and responsiveness contribute to children feeling supported to engage in this exploration.⁵ This attachment relationship also shapes how children form relationships with others over time,⁶ and supports healthy brain development during a critical time when the foundation for overall cognitive development is laid.⁷ In fact, 85% of brain development takes place by 3 years of age.⁸

Research has shown that secure attachment with caregivers is significantly associated with child resilience to overcome adversity.⁹ Abuse and neglect can lead to an insecure attachment with caregivers, which impacts emotional and social development.¹⁰ A lack of responsive caregiving over a prolonged period of time can inhibit healthy coping mechanisms and self-regulation.¹¹ While the child welfare system may remove the child from immediate danger, it is also important to consider the potential trauma of investigation, removal, and out-of-home placement.¹²

Children in foster care also often experience many changes in caregivers, frequently passed from parent to caseworker to caregiver and so on, which can greatly impact attachment and development.¹³ This can be particularly stressful for young children who may not understand if and when they will see parents or caregivers again as these frequent changes occur,¹⁴ and the longer children remain in foster care, the more likely they are to experience changes in caregivers.¹⁵

In fiscal year 2022, over one-third of children in Texas conservatorship were between the ages of 0 and 3,¹⁶ begging the question: How can we better support the attachment and development needs of these children during such a critical time in their development?

Coparenting refers to an alliance between caregivers to provide mutual support, consistent child-rearing, and resolution to parenting conflicts. Though research on coparenting between birth parents and foster or kinship caregivers is limited, the success of coparenting within other family systems has sparked interest in examining how coparenting between birth parents and caregivers can impact children's development.¹⁷ The Safe Babies program in Texas, a First3Years initiative, aims to support this coparenting relationship between birth parents and caregivers for infants and toddlers involved in the child welfare system. Evaluation of this programming will contribute to a growing body of research on this topic.

PROGRAM OVERVIEW

Safe Babies seeks to lessen the long-term impact of abuse and neglect, increase the likelihood of family reunification, and ensure that developmentally appropriate and trauma-informed policies guide the care and transitions of infants and toddlers in the child welfare system. The program currently operates in Tarrant, Dallas, and Harris counties in Texas. Safe Babies staff work directly with birth parents and caregivers, both foster and kinship, to strengthen coparenting relationships. Staff members also collaborate with birth parents, caregivers, and professionals to create plans that focus on the needs of infants and toddlers, especially around transitions such as visitations, court hearings, and placement changes. Additionally, the program works with child welfare system stakeholders in each county to achieve a more developmentally appropriate and trauma-informed child protection response. Intended outcomes for the program center around better permanence and wellbeing for infants and toddlers in the child welfare system.

Figure 1: Safe Babies Program Overview

THE SAFE BABIES PROGRAM PROVIDES:



Supported visitation for children, birth parents, & caregivers.

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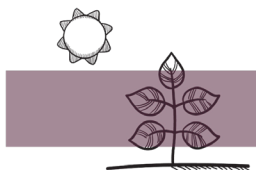
Coordination of care to support the needs of infants & toddlers & their families.

+



Training and technical assistance to birth parents, caregivers, & child welfare stakeholders.

WHICH PROMOTES:



Secure attachment for infants & toddlers, which leads to healthy development & resilience.

+



A child welfare system aligned to support the needs of children & families.

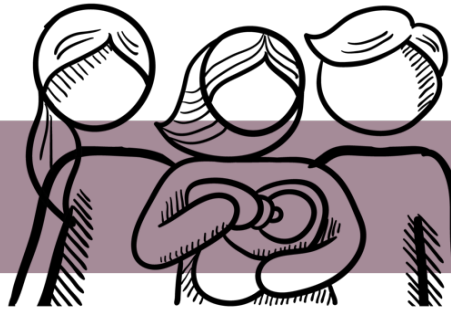
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Developmentally & trauma-informed policies that guide the care of infants & toddlers in the child welfare system.

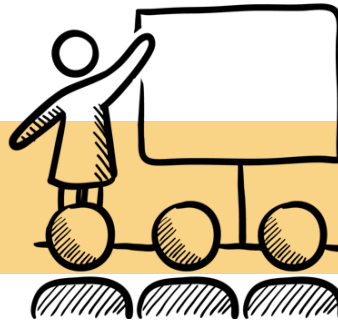
SAFE BABIES CORE COMPONENTS

FOSTERING RELATIONSHIPS COPARENTING MODEL



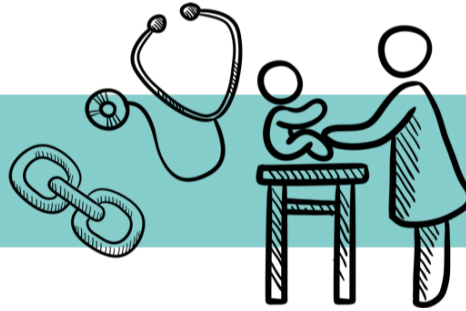
Fostering Relationships is a national coparenting model that traditionally supports coparenting relationships between birth parents and foster parents. Safe Babies has expanded this model to include kinship and other family relationships. The Safe Babies coordinator supports parents and caregivers through five structured visitations, giving positive reinforcement and feedback when appropriate, but allowing caregivers to take the lead in providing positive support for birth parents. After the five structured visitations, the coordinator gauges what the parent and caregiver will commit to in terms of an ongoing relationship, and continues to provide coparenting, development, and attachment support.

EDUCATION AND TECHNICAL ASSISTANCE



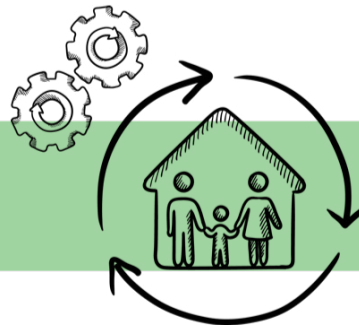
Safe Babies provides training to birth parents and caregivers that centers around child development, coparenting, and what to expect at structured visitations. Additionally, Safe Babies provides a year-round training series for child welfare stakeholders in which experts speak on relevant child welfare topics from an infant mental health lens. Safe Babies also recently began providing "transition consultations" for cases without active Safe Babies involvement that may benefit from the program's expertise on developmentally appropriate and trauma-informed transitions, such as placement changes or reunifications.

COORDINATION OF CARE



Safe Babies coordinators support families by making or following up on existing service referrals, connecting families with parenting support, and working to align all parties around service coordination. Service coordination is individualized to the needs of the child and their family. The program also holds monthly or bi-monthly meetings with child welfare system stakeholders in each county to oversee program implementation and address issues as they arise. Safe Babies also partners with Early Childhood Intervention (ECI) to ensure that all children in the program have access to developmental screenings and, when necessary, service referrals. Safe Babies also recently began providing resource binders for families to help them better navigate services, even after program involvement has ended.

CONTINUOUS EVALUATION

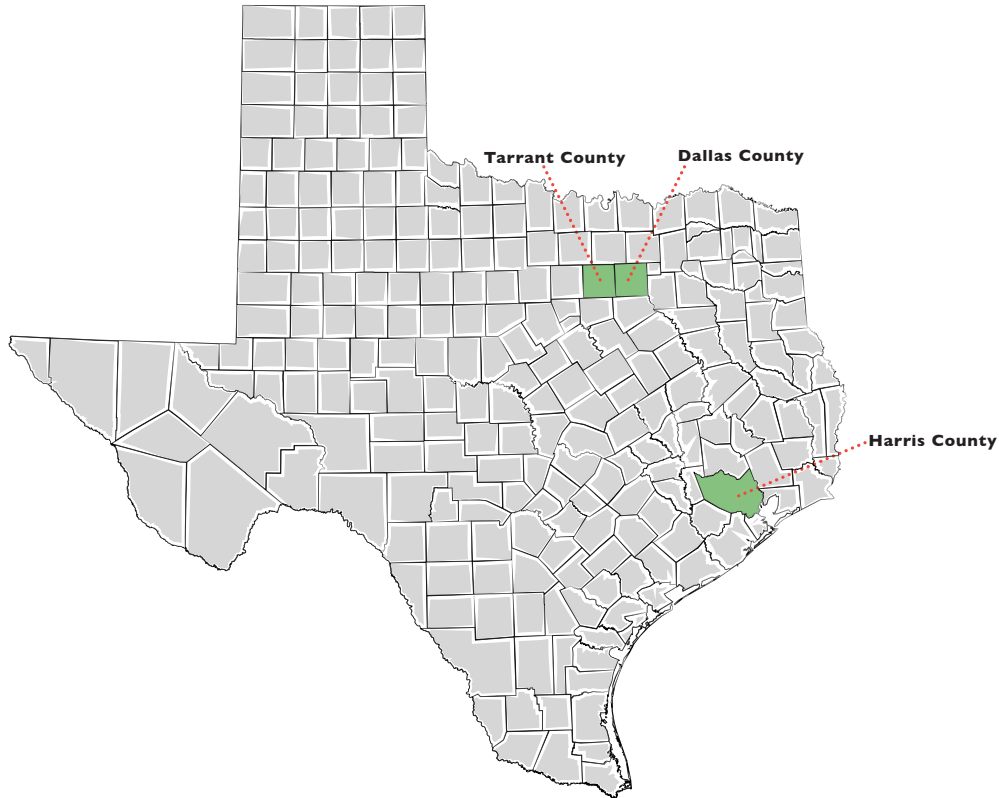


First3Years is committed to ongoing evaluation of Safe Babies and continuous quality improvements to ensure the program is successful and can be effectively replicated in other Texas communities.

GEOGRAPHIC INFORMATION

Safe Babies first partnered with Tarrant County stakeholders in 2015 and began serving families in 2016. The program partnered with Dallas County stakeholders in 2018 and began serving Dallas County families in 2019. The program partnered with Harris County stakeholders in 2019 and began serving Harris County families in 2020. This strategic expansion aligns with First3Years' greater vision to build local capacity for a more developmentally appropriate and trauma-informed response to infants and toddlers in the child welfare system.

Figure 2: Map of Safe Babies Counties



PROGRAM PARTICIPANTS

Program participants include infants and toddlers and their families, including birth parents and caregivers, involved in the child welfare system in Tarrant, Dallas, and Harris counties. The program is also supported by child welfare stakeholders in these counties.

BIRTH PARENTS

Birth parents are identified for potential involvement in Safe Babies by a variety of parties, including Child Protective Services (CPS) staff, attorneys, and judges. In order to be eligible, a birth parent's child must be 0–36 months of age at the time of referral (though services may continue beyond 36 months). Cases involving severe aggravated assault charges within the past 5 years, domestic violence, sexual assault, or sex trafficking, or parents younger than 17 may be screened out due to the need for more intensive services. However, all referrals are considered on a case-by-case basis.

CAREGIVERS

Child Placing Agencies (CPAs) identify foster and kinship caregivers willing to participate in the program. Safe Babies staff train all caregivers on the Fostering Relationships Coparenting Model, which may occur before or after the child is placed with the caregiver.

STAKEHOLDERS

Safe Babies works closely with the following stakeholders in each county to design, implement, and continuously operate and improve the program.

- Department of Family and Protective Services (DFPS)
- Judges, parent and child attorneys, and other legal staff
- Court Appointed Special Advocates (CASA)/Child Advocates Inc. (CAI)
- Early Childhood Intervention (ECI)
- Child Placing Agencies (CPAs)
- Caregivers, including foster and kinship caregivers
- Other child and family service agencies such as physical and mental health, substance use, and domestic violence service providers.

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 Safe Babies have improved permanence and wellbeing outcomes.



RESEARCH QUESTION

Do children who participate in the Safe Babies program have better permanence 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 in the child welfare system in Tarrant, Dallas, or Harris counties who participate in the Safe Babies program (**I**). The target population is compared (**C**) with infants and toddlers in the child welfare system in Tarrant, Dallas, and Harris counties who do not participate in Safe Babies. Intended short-term, intermediate, and long-term outcomes (**O**) related to child permanence and wellbeing are organized in Table 1 based on the program's Core Components.

Table 1: Summary of Intended Program Outcomes

	SHORT TERM	INTERMEDIATE	LONG TERM
FOSTERING RELATIONSHIPS COPARENTING MODEL	<ul style="list-style-type: none"> Birth parents and caregivers feel increased support. Birth parents and caregivers work together collaboratively. Stakeholders strengthen partnerships with birth parents & caregivers. 	<ul style="list-style-type: none"> Children achieve permanence with families. Fewer children return to foster care. 	<ul style="list-style-type: none"> Child welfare system grows capacity to develop collaborations between birth parents and foster caregivers.
EDUCATION AND TECHNICAL ASSISTANCE	<ul style="list-style-type: none"> Birth parents experience less stigma. Stakeholders demonstrate a strong alliance to support families. 	<ul style="list-style-type: none"> Stakeholders demonstrate increased understanding of the relationship between attachment, development, and transitions for children. 	<ul style="list-style-type: none"> Developmentally and trauma-informed policies guide the treatment of infants and toddlers in the child welfare system.
COORDINATION OF CARE	<ul style="list-style-type: none"> Children's developmental needs are identified early. 	<ul style="list-style-type: none"> Children's physical and mental health improve. 	<ul style="list-style-type: none"> Children increase resilience.

EVALUATION DESIGN AND METHODOLOGY

The evaluation utilizes a mixed-methods design to examine short-term, intermediate, and long-term outcomes.

Quantitative Data

Birth parent, caregiver, and stakeholder surveys are collected via Qualtrics. Birth parent and caregiver surveys are collected on an ongoing basis as individual cases close, and these participants may opt to receive a \$25 electronic gift card incentive. Stakeholder surveys are collected once per year and these participants do not receive gift card incentives. DFPS administrative data is requested twice per year. ECI data is typically requested once per year, but is not included in this report. Researchers plan to resume reporting on ECI data in future reports. All quantitative data is analyzed using SPSS statistical analysis software.

Qualitative Data

Birth parent and caregiver interviews are recruited and conducted on an ongoing bases as individual cases close, and participants may opt to receive a \$25 electronic gift card. Qualitative data include professional, birth parent, and caregiver interviews and focus groups. Researchers recruit professionals via Safe Babies stakeholder contact lists and birth parents and caregivers via an electronic contact form, which is completed by Safe Babies Coordinators with the verbal consent of parents at the close of each case. Parents and caregivers may opt to receive a \$25 gift card. Professionals do not receive incentives for participating in interviews or focus groups. Interviews and focus groups are recorded, transcribed using Landmark Associates, coded using Dedoose, and analyzed using Microsoft Excel.

Data Included in This Report

The ongoing evaluation began in 2018. In 2022, TXCIFW conducted a process evaluation to inform a new evaluation plan with updated surveys, interview guides, and administrative data requests. The current report includes data from original and updated data sources, as well as some data from the process evaluation. Table 2 shows the data source and collection timeline for all quantitative and qualitative data, and outlines whether these were from the original evaluation, the process evaluation, or the updated evaluation. As the evaluation continues and the number of participants included in each updated measure increases, the research team will transition to using only data from these updated sources.

Table 2 - Data Sources and Collection Timelines for this Report

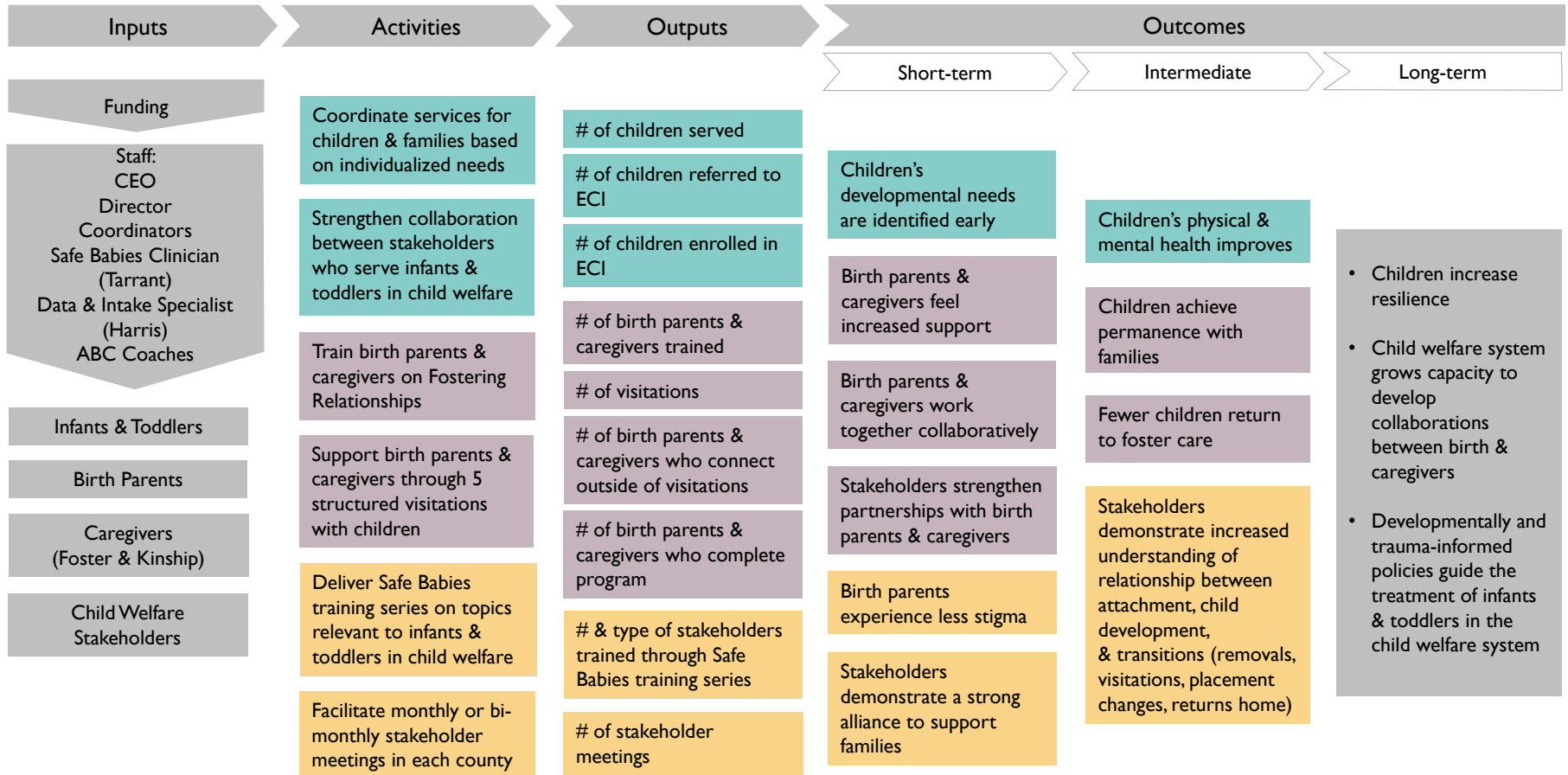
	ORIGINAL EVALUATION DATA	PROCESS EVALUATION DATA	UPDATED EVALUATION DATA
DATA SOURCE AND COLLECTION TIMELINE	DFPS data: <i>January 2018 – January 2022</i> Birth parent and caregiver surveys: <i>July 2018 – May 2022</i>	Birth parent and caregiver interviews: <i>April 2022 – July 2022</i>	Stakeholder surveys: <i>February 2023 – March 2023</i> Stakeholder focus groups: <i>June 2023</i>

A Note on Interpreting the Data

It is important to note the small sample sizes for individual measures or items within individual measures. Smaller sample sizes reduce the power of a study and increase the margin of error. Data can appear more skewed and it may be harder to detect a significant finding when one is there. One of the ways to evaluate data that is highly skewed or collected from a small sample size is by using non-parametric tests that do not require data to be normally distributed. Researchers analyzed data using either parametric or non-parametric tests, depending on which test was appropriate. As a result, the way scores are reported and discussed may look different depending on the type of test that was used. More information about the tests can be found in the appendix. Additionally, researchers reported on the median (the "middle" number in a sorted list of numbers) as opposed to the mean (average) for quantitative findings when the distribution of data was highly skewed. The median is preferred to other measures of central tendency (such as the mean) when data is skewed because it is more resistant to outliers.

Figure 3: Safe Babies Program Logic Model

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



Program Evaluation Findings

ABOUT STUDY PARTICIPANTS

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

DFPS DATA FOR SAFE BABIES & COMPARISON GROUPS

Table 3 shows child characteristics for the 73 children who participated in Safe Babies (intervention group) and the 9,323 children who did not (comparison group).

Table 3: Child Characteristics for Safe Babies & Comparison

CHILD CHARACTERISTICS	SAFE BABIES	COMPARISON
TOTAL # CHILDREN	73	9,323
AVG. AGE IN MONTHS (stand. dev.)	44.47 (19.20)	53.24 (23.51)
AVG. # PLACEMENTS (stand. dev.)	2.86 (1.12)	2.95 (1.53)
GENDER		
Male	58% (42)	52% (4,831)
Female	43% (31)	48% (4,485)
RACE/ETHNICITY		
African American	33% (24)	43% (3,968)
Anglo	33% (24)	18% (1,626)
Hispanic	21% (15)	32% (3,002)
Other	14% (10)	8% (722)

*Percentages are rounded to the nearest whole number, which may result in totals greater or less than 100%

BIRTH PARENT AND CAREGIVER SURVEYS

A total of 22 birth parents completed the birth parent survey. Children of these birth parents had been in foster care for an average of 8.6 months. A total of 16 caregivers completed the caregiver survey. Approximately one quarter had been foster or kinship caregivers for less than a year and one third had been caregivers for a year. Others ranged from 2–10+ years of caregiving experience.

STAKEHOLDER SURVEY

A total of 27 stakeholders completed the stakeholder survey, with 37% from Harris County, 33% from Tarrant County and 30% from Dallas County. All stakeholder survey respondents identified as female and 67% had a professional or Master's degree. Approximately 56% of stakeholder survey respondents identified as White, 30% identified as Black or African American and 19% identified as Hispanic or Latinx (note: some survey respondents identified as more than one race or ethnicity).

BIRTH PARENT AND CAREGIVER INTERVIEWS

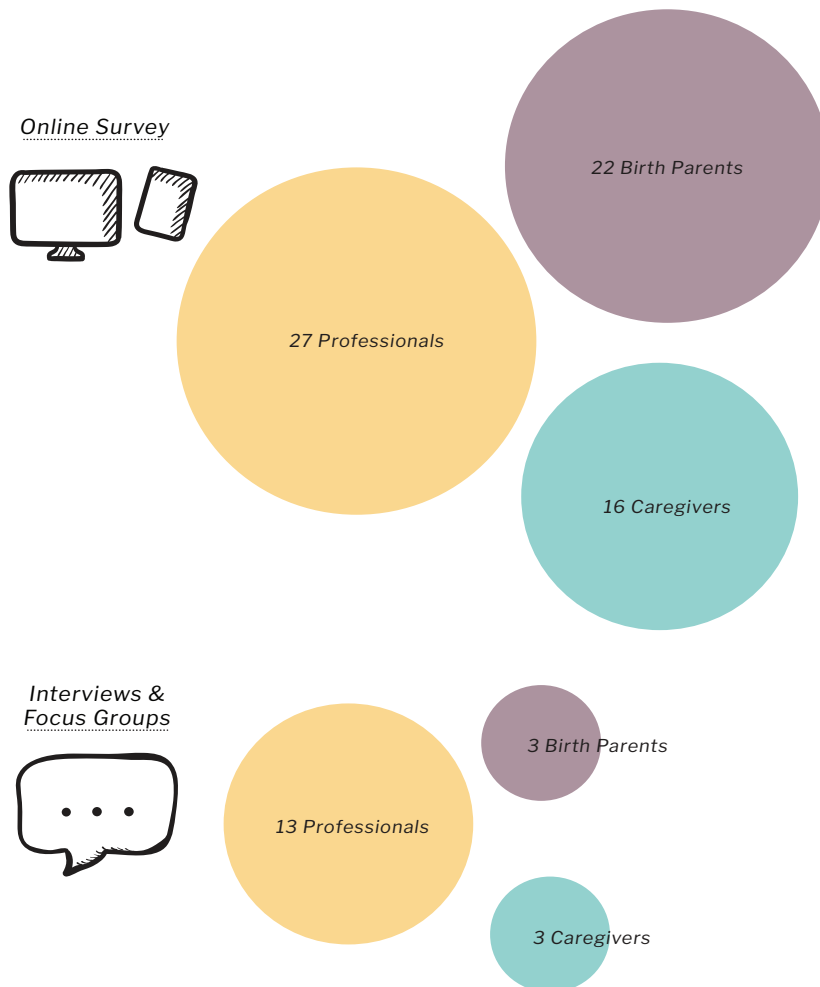
Researchers conducted interviews with three birth parents and three caregivers during the 2022 process evaluation, totaling six interview participants.

STAKEHOLDER FOCUS GROUPS

Researchers conducted focus groups with 13 stakeholders in Tarrant, Dallas, and Harris counties from:

- Early Childhood Intervention
- Child Placing Agencies
- Court Appointed Special Advocates
- Legal services
- Other child and family serving organizations

Figure 4: Survey, Interview & Focus Group Participants



FOSTERING RELATIONSHIPS
COPARENTING MODEL



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Coparenting Outcomes

SHORT-TERM OUTCOMES

BIRTH PARENTS AND CAREGIVERS FEEL INCREASED SUPPORT

Researchers asked birth parent and caregiver interviewees what it was like to work with the Safe Babies program. Birth parents and caregivers described feeling supported by their Safe Babies coordinators during and outside of visitations with their children. The level of support depended on the individual circumstances of the case, with the coordinator catering services to meet the needs of each family. For instance, one birth parent recalled their coordinator simply observing interactions between them, their child, and the caregiver while another mentioned the coordinator helped them improve interactions with the caregiver. Outside of visitations, one birth parent reported they did not need a lot of support from the coordinator to meet their service needs, though they mentioned this support was always available. Another birth parent reported their coordinator stepped in often to help bridge resource and communication gaps throughout their case.

“ Outside of the visitation, [the Safe Babies coordinator] was so helpful. If I needed resources, for example ... she was always right there. If I couldn't get a hold of my caseworker, she would do her best to get a hold of her.

-Birth Parent Interviewee

Similarly, caregiver interviewees described being met where they were by their Safe Babies coordinators. One caregiver reported they did not need a lot of support to build a relationship with the birth parent, but said that the coordinator was always available for questions. Another caregiver described receiving more support from the coordinator initially while the child adjusted to the placement transition.

“ [The Safe Babies coordinator] was always a phone call away, pretty much making herself available all the time to us if we had any concerns, which the first couple of months were pretty rough because we didn't know what we were doing.

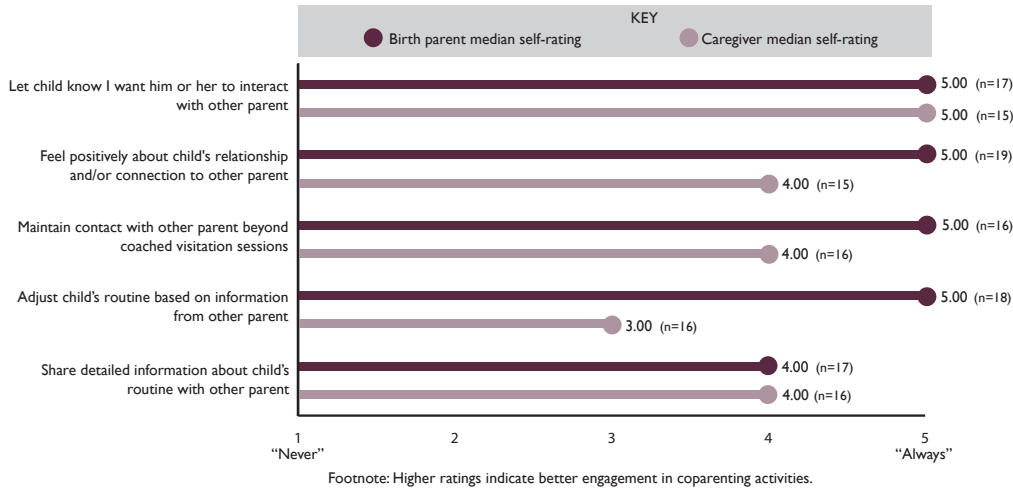
-Caregiver Interviewee

BIRTH PARENTS AND CAREGIVERS WORK TOGETHER COLLABORATIVELY

Birth parent and caregiver survey respondents rated the extent to which they engaged in coparenting activities from 1 (never) to 5 (always). Figure 5 shows that birth parents and caregivers reported overall collaboration in nearly every category (see Appendix Table 5). Caregiver median ratings were lower than birth parent median ratings for some categories, such as whether they "adjust the child's routine based on information from the birth parent." Birth parents and caregivers had the highest median ratings regarding "letting the child know I want him or her to interact with the other parent," suggesting that birth parents and caregivers in the program support the child in their attachment relationship with the other parent or caregiver. While there may be room for caregivers to engage more equally in

coparenting activities with birth parents, these findings indicate that birth parents and caregivers in the program work together collaboratively.

Figure 5: Birth Parent & Caregiver - Coparenting Activities (Appendix Table 5)



Birth parent and caregiver interviews reflected a similar trend as most interviewees maintained contact with the other parent or caregiver outside of visitations, though the level of contact and involvement looked different depending on the case. For instance, one birth parent interviewee reported feeling included in the child's life during special occasions such as holidays or extra visitations, but not when it came to the child's day-to-day routine. Another birth parent reported being able to attend the child's appointments, with the caregiver supporting the birth parent being in the room with the child during these appointments. One caregiver mentioned they kept the birth parent up-to-date during and immediately outside of visitations, but did not have regular contact between visits, while other caregivers maintained regular contact through weekly emails or calls. As previously mentioned, Safe Babies gauges the level at which birth parents and caregivers are willing and comfortable to engage with one another outside of structured visitations, and works to support an ongoing relationship between the birth parent, caregiver, and child.

“ [The caregiver] would let us go to the doctor's appointments with them...Meet them up there at the doctor and be with [the child] instead of [the caregiver].

-Birth Parent Interviewee

“ [My partner] sent out pictures and just an update of how the week's been going. Swim lessons. He said this word. He used this sentence.

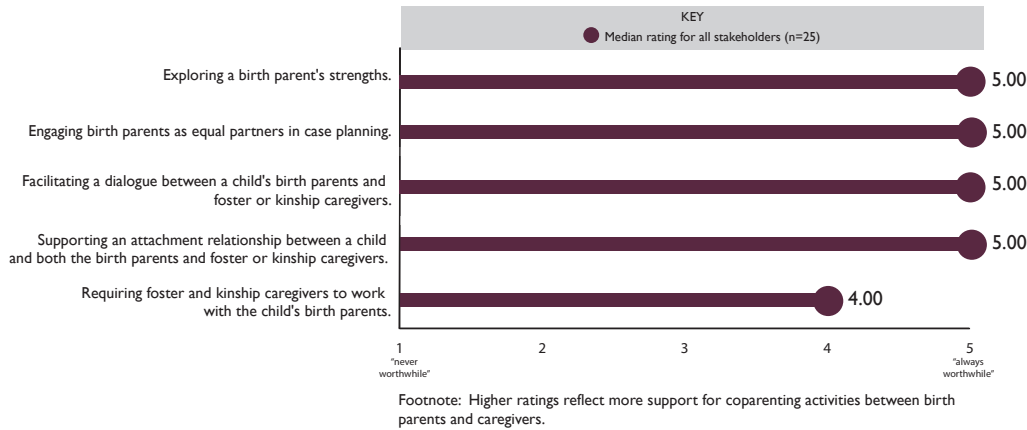
-Caregiver Interviewee

STAKEHOLDERS STRENGTHEN PARTNERSHIPS WITH BIRTH PARENTS & CAREGIVERS

The support birth parents and caregivers have from others involved in the case is key to developing and maintaining a successful coparenting relationship. Stakeholder survey respondents were asked to rate the extent to which they agreed or disagreed that support for coparenting activities between birth parents and caregivers were worthwhile on a scale from 1 (strongly disagree) to 5 (strongly agree). Figure 6

shows that the median response across most categories was 5, suggesting that stakeholders 'strongly agree' that support for coparenting is worthwhile and that they are invested in supporting this partnership. While the median response for 'requiring foster and kinship caregivers to work with birth parents' was 4 (agree), birth parents and caregivers must be willing to engage in this partnership in order for it to be successful. This may suggest that, like Safe Babies, stakeholders meet birth parents and caregivers where they are in order to support a relationship.

Figure 6: Stakeholder Beliefs About Coparenting Activities (Appendix Table 6)



Similarly, stakeholder focus group participants were asked about their perceptions of supporting a coparenting relationship between birth parents and caregivers, as well as what kind of impact this coparenting relationship can have. Stakeholders expressed broad support for coparenting between birth parents and caregivers. Stakeholders also shared that the impact of this relationship can involve birth parents and caregivers working together and children having a sense of "felt safety."

“ I think it leads to felt safety for kiddos that their original parent and their current parent are together in the same room. For those babies who can't understand if we're telling them that they're safe, but they have two people that love them and are working together, it leads to them feeling safer.

-Stakeholder Focus Group Participant

Researchers also asked stakeholder focus group participants about the ways in which they had seen Safe Babies support this coparenting relationship, and what, if anything they had learned about supporting this relationship in their own work with families. Stakeholders reported that Safe Babies provides support, encouragement, and a bridge between birth parents and caregivers. In terms of what they had learned from Safe Babies to support coparenting between birth parents and caregivers, stakeholders described First3Years training that provides new or updated information on topics related to attachment and development, Safe Babies confirming the knowledge or approach stakeholders already have when it comes to supporting this relationship, and the program simply demonstrating that coparenting is possible between birth parents and caregivers.

“ I think just being that guide between foster parents and bio parents, to help build that relationship, so you're not just throwing two people in a room that don't have the best idea of each other. It helps facilitate that.

-Stakeholder Focus Group Participant

“ [Coparenting] is possible, and it can create a different, a less traumatizing and traumatic experience for a child [at] any age. When they can see that there is some level of interaction, respect, cooperation between both sets of these people that are important in [children's] lives.

-Stakeholder Focus Group Participant

INTERMEDIATE OUTCOMES

CHILDREN ACHIEVE PERMANENCE WITH FAMILIES

Researchers used DFPS administrative data to compare outcomes for children in foster care whose families participated in Safe Babies (intervention group) with children in foster care whose families did not participate in Safe Babies (comparison group). Table 4 shows the exit outcomes of children in each group as of January 2022. The proportion of children across exit outcome categories was significantly different between groups; $\chi^2(5, N = 7,050) = 13.84, p = .017$. Table 4 shows that, of the children that exited care, 46% of children in Safe Babies returned home compared to 27% in the comparison group (see Appendix Table 7).

Table 4: Exit Outcomes for Safe Babies & Comparison (Appendix Table 7)

EXIT OUTCOMES	SAFE BABIES	COMPARISON
TOTAL	73	9323
REMAIN IN FOSTER CARE	26% (19)	25% (2327)
EXITED FOSTER CARE	74% (54)	75% (6996)
Returned Home*	46% (25)	27% (1903)
Relative Adoption	6% (3)	15% (1073)
Non-relative Adoption	24% (13)	23% (1586)
Custody Given to Relatives	24% (13)	33% (2332)
Other	0% (0)	2% (102)

*Indicates results were statistically significant

Researchers also looked at the time to permanence for children who exited care. The average time to permanence for children in Safe Babies (M=15.71 months, SD=5.09) was significantly shorter than the average time to permanence for children in the comparison group (M=18.70 months, SD=10.05), a statistically significant difference; $t(56.24) = -4.25, p < .001$ (see Appendix Table 7). When looking only at children who returned home, there were no significant differences in time to permanence between groups; $\chi^2(2, N = 1,928) = 4.15, p = .125$ (see Appendix Table 7 and 8). Results related to the greater proportion of children who returned home and the shorter overall time to permanence for children in Safe Babies is promising and demonstrates progress toward the overarching goal of children achieving permanence with families.

FEWER CHILDREN RETURN TO FOSTER CARE

Researchers compared time to re-entry for children in Safe Babies and the comparison group who returned to foster care. There were no significant differences in the proportion of children who re-entered foster care within 6 months

($\chi^2(1, N=9,396)=0.56, p=.454$) or within 12 months ($\chi^2(1, N=1,928)=0.02, p=.902$) between groups (see Appendix Table 7 and 9). Researchers will continue to examine re-entry into foster care as the evaluation continues.

LONG-TERM OUTCOMES

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

Researchers asked stakeholder focus group participants about support for coparenting relationships between birth parents and caregivers in the child welfare system more broadly. Two stakeholders stated that, outside of the Safe Babies program, it is usually dependent upon the foster or kinship caregiver to decide whether they will seek out a relationship or communicate with the birth parent. Another stakeholder stated that although support for coparenting is expressed verbally, there is room for improvement when it comes to supporting it in practice.

“ I think there are some foster parents who just naturally want [a coparenting relationship with the birth parent] and understand the importance of it, so they seek it out. Short of that, I don't think there's any support. The foster parent really has to do all of the effort to make it happen, if Safe Babies isn't involved.

-Stakeholder Focus Group Participant

When asked what challenges or barriers they see in developing a coparenting relationship between birth parents and caregivers, stakeholder focus group participants described the difficulty many birth parents face seeing their child parented by another caregiver, stigmatizing perceptions caregivers may have about birth parents, the timing or location of visitations that may complicate relationship-building, and the challenge of maintaining relationships through frequent placement changes or transitions.

“ I guess another issue, too, is that sometimes, certain kids, they move pretty often. It's rebuilding a new relationship of all of it, for the kid, for the bio parent, everyone, every time that they move. That's a huge issue every time.

-Stakeholder Focus Group Participant

Throughout the focus groups, several stakeholders mentioned they would like to see support for coparenting between birth parents and caregivers as a more standard practice within the child welfare system.

“ I think the co-parenting aspect is something that could apply to any age group, for a kid in foster care. I think that the bigger support and connections that we can build a bigger group of people around them, then that's just more success for the family, long-term.

-Stakeholder Focus Group Participant

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EDUCATION AND
TECHNICAL ASSISTANCE



Education & Technical Assistance Outcomes

SHORT-TERM OUTCOMES

BIRTH PARENTS EXPERIENCE LESS STIGMA

When asked what was most impactful about the program, birth parents overwhelmingly said it was the support they received from Safe Babies. One birth parent noted that their coordinator wanted them to reunify with their child as much as they did, and reflected this belief in the way they showed up throughout the case.

“ Honestly, the support that I got from [Safe Babies coordinator]. I feel like that made a huge impact on my mental health, my decision-making skills, holding onto hope, stuff like that.

-Birth Parent Interviewee

“ Definitely how involved they were. And that really helped. Yeah, it really showed that they were wanting to reunite my [child] just as much as I wanted to be reunited.

-Birth Parent Interviewee

Stakeholder and caregiver beliefs about birth parents can play an important role in the support birth parents receive throughout the case. Stakeholder and caregiver survey respondents were asked to rate the extent to which they agreed with beliefs about birth parents. Figures 7 and 8 show that stakeholders and caregivers hold positive beliefs about birth parents, with higher median ratings reflecting more agreement. In particular, stakeholders and caregivers expressed stronger agreement with the beliefs "birth parents are people worth including in child welfare work," "birth parents can build trust with their child after maltreatment has occurred," and "birth parents who maltreat children have often experienced trauma themselves." While both stakeholders and caregivers rated these beliefs on a 5-point scale, responses between these groups should not be directly compared as the scales differed slightly. Stakeholder ratings reflect responses in the updated survey (where 1 is "strongly disagree" and 5 is "strongly agree") and caregiver ratings reflect responses in the original survey (where 1 is "disagree" and 5 is "agree"). As the number of responses in the updated caregiver survey increases, researchers will begin reporting this data, which will reflect the same scale as the stakeholder survey.

Figure 7: Stakeholder Beliefs About Birth Parents (Appendix Table 10)

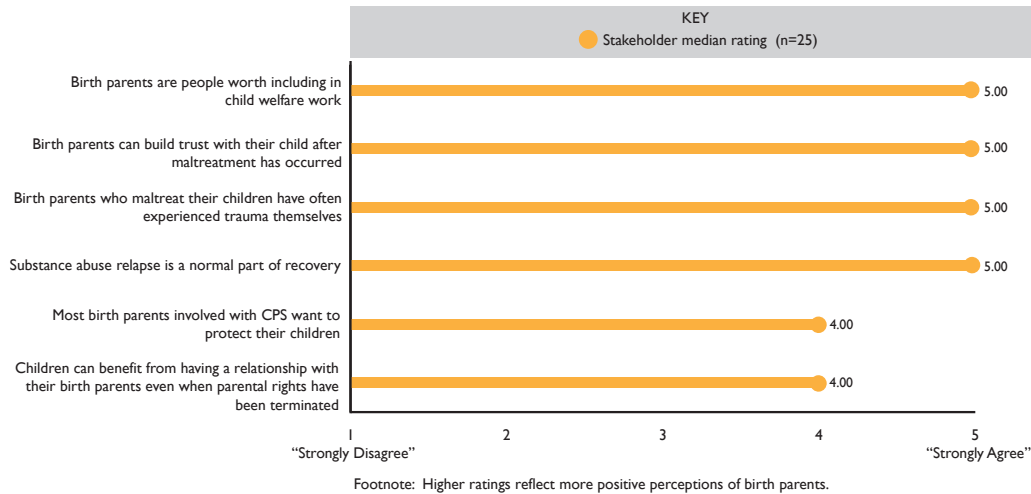
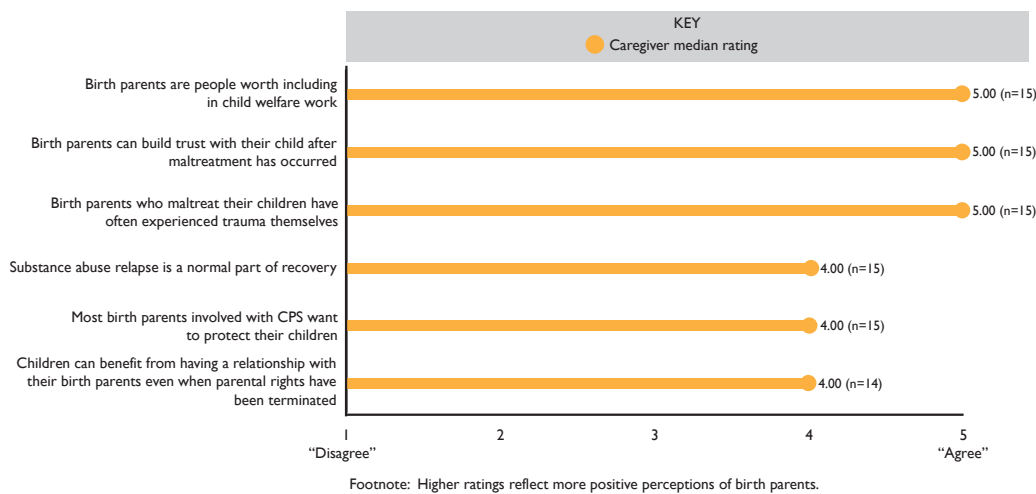


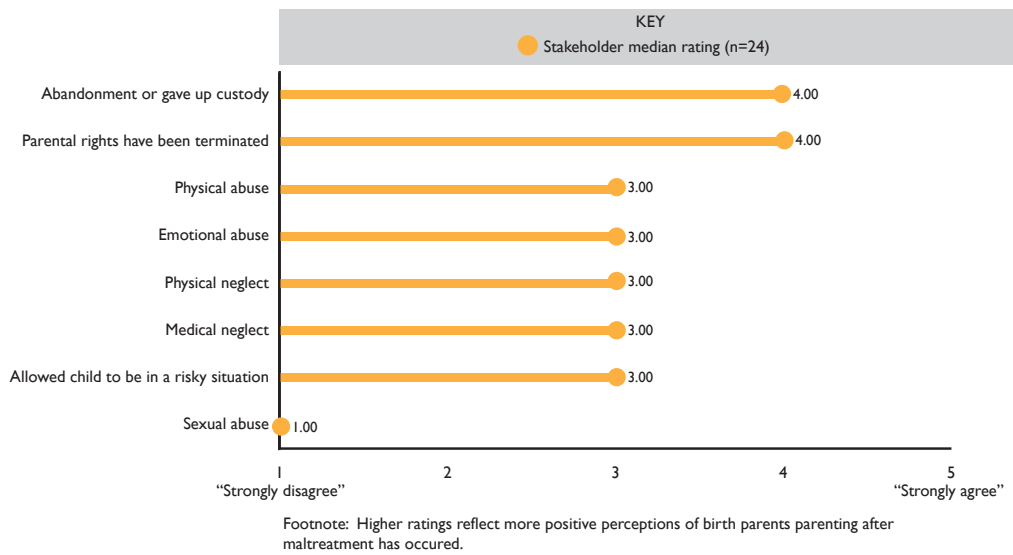
Figure 8: Caregiver Beliefs About Birth Parents (Appendix Table 11)



SERVICE PROVIDERS DEMONSTRATE STRONG ALLIANCE TO SUPPORT FAMILIES

Researchers also looked at stakeholder beliefs about birth parents continuing to parent after maltreatment had occurred. Stakeholders were asked to rate the extent to which they agreed birth parents should be allowed to parent on a scale from 1 ("strongly disagree") to 5 ("strongly agree") after specific instances of maltreatment had occurred. Figure 9 shows the median response for "abandonment or giving up custody" or if "parental rights had been terminated" was 4, indicating that stakeholders "somewhat agreed" that birth parents should be allowed to parent after these instances. The median response for other types of abuse and neglect was 3, indicating that stakeholders "neither agreed nor disagreed" that birth parents should be allowed to parent after these instances. For sexual abuse, the median response was 1, indicating that stakeholders "strongly disagree" that birth parents should be allowed to parent after this instance. While these topics are nuanced, it is important to examine these beliefs so that birth parents are supported throughout their case by service providers who believe they are capable of parenting their children should these children return home. These concepts may be worth exploring further with stakeholders.

Figure 9: Stakeholder Beliefs - Birth Parents Parenting After Maltreatment (Appendix Table 12)



Communication and alignment between stakeholders is also key to ensuring children, birth parents, and caregivers are supported. Stakeholder survey respondents were asked to rate the overall level of collaboration among child welfare stakeholders on a scale from 1 to 10, with 1 being the lowest and 10 being the highest. The median response was 7 (n = 25), indicating a high level of collaboration among stakeholders with room for improvement (see Appendix Table 17). When asked to rate the extent to which they agreed with the statement "Safe Babies enhances the level of collaboration among child welfare stakeholders" on a scale from 1 ("strongly disagree") to 5 ("strongly agree"), the median rating was 5 (n = 25), indicating that stakeholders believe Safe Babies is improving this collaboration among child welfare stakeholders (see Appendix Table 16).

Stakeholder focus group participants also described the support they receive from Safe Babies to serve families, stating that Safe Babies provides case staffing or individual consultations. Stakeholders also reflected on how Safe Babies improves communication between parties.

“ [Our staff] felt like the communication with Safe Babies on their cases has been really good, so they’re working together. They’re sharing information, so that’s been positive.

-Stakeholder Focus Group Participant

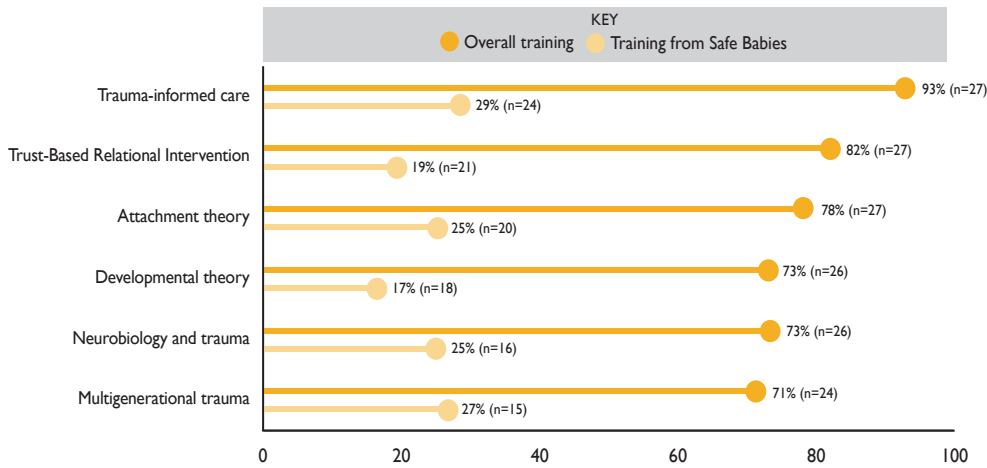
INTERMEDIATE OUTCOMES

STAKEHOLDERS DEMONSTRATE UNDERSTANDING OF RELATIONSHIP BETWEEN ATTACHMENT, DEVELOPMENT, AND TRANSITIONS

Although communication is critical, it must be paired with an understanding of the relationship between attachment, development, and transitions in order for stakeholders to be aligned in their approach to serving families. Stakeholder survey respondents were asked if they received training on topics related to development

and attachment, and whether they received this training from Safe Babies. Figure 10 shows that most stakeholders had been trained on each topic, though only a quarter of stakeholders typically received this training from Safe Babies.

Figure 10: Stakeholder Training (Appendix Tables 13 & 14)



In addition to ensuring stakeholders have access to training, it is also important to examine whether concepts related to child development and attachment are reflected in stakeholder beliefs. Stakeholders were asked to rate the extent to which they agreed with the following statements on a scale from 1 ("strongly disagree") to 5 ("strongly agree"). Regarding the statement "infants are less affected by maltreatment than older children," the median rating was 1 (n = 25), indicating stakeholders understand the impact maltreatment can have even at a young age. Regarding the statement "children ages 3 years and younger can bond with multiple caregivers," the median rating was 5 (n = 25), indicating stakeholders understand that young children can build secure attachment with multiple caregivers (see Appendix Table 15).

Stakeholder focus group participants also discussed the ways in which Safe Babies supports children and families through transitions such as placement changes, visitations, and reunifications with birth parents. Multiple stakeholders said that Safe Babies not only helps to make a plan for transitions, but also backs this plan up with research on development and attachment.

“ I have had monitored return cases where [the coordinator] has spelled out, this is how it needs to happen in order to make it as smooth as possible. Just by bringing it up, and then explaining why, and then giving an actual recommendation of here's how it should happen, has made a big difference.

-Stakeholder Focus Group Participant

LONG-TERM OUTCOMES

DEVELOPMENTALLY APPROPRIATE AND TRAUMA-INFORMED POLICIES GUIDE TREATMENT OF INFANTS AND TODDLERS IN FOSTER CARE

Researchers asked stakeholder focus group participants whether the child welfare system as a whole takes into account the development and attachment needs of infants and toddlers in the system. Responses indicated that there has been progress

in this area, with room for improvement. One stakeholder said they had seen an increased understanding of child development and the parent-child relationship in working with the child welfare system over the years. Another said that the system should always be pushing to evolve in this area.

“ I don't think there's ever a bar or a goal that's achieved and we all take a deep breath and say, "We did it." It should be a system that's always being pushed and challenged to evolve as the needs of our community evolve. Keeping in mind a base foundation of evidence-based knowledge of what's best for infants and toddlers.

-Stakeholder Focus Group Participant

In terms of areas for improvement, stakeholders focus group participants recommended changes to visitations and placement changes that could make them more developmentally appropriate and trauma-informed. One stakeholder recommended children be transported to and from visitations by someone who is familiar rather than an unfamiliar transporter. Another stakeholder mentioned that cancellation policies for birth parents coming to visitations could be more lenient, taking into account when birth parents may be experiencing transportation or scheduling issues. Several stakeholders mentioned that placement changes are too abrupt and do not give families enough time to prepare for the transition. One stakeholder described a scenario in which catering the visitations to meet the individual needs of the family would have greatly improved the birth parent's ability to build attachment with their children.

“ They get brought in for one hour, and then they have to say goodbye, again, and they have to relive it every week that they don't get to go home with their parent. A lot of the times, they don't get phone calls or FaceTime or anything like that, outside of that 1-hour visit. It's not a lot of time to really build attachment [...] It could be a child's naptime that they go to the visit for, so they're asleep for half the visit. One of my cases, there are five kids in the room [...] There's just no way to build attachment with all five kids, for 2 hours, once a week.

-Stakeholder Focus Group Participant

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Coordination of Care Outcomes

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. Safe Babies 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. Researchers are awaiting ECI referral and enrollment data collection to resume as part of the program evaluation update.

One stakeholder focus group participant mentioned that they would like to see children under the age of 3 in the child welfare system automatically referred to Safe Babies in the same way that children who may qualify are referred to ECI.

“ Any time I have a child that's under the age of 3, I automatically talk about ECI, and we gotta get an ECI referral, because it's good to just do that while we can, and just check to see if there's anything that the child could use services for. I think it'd be great if Safe Babies was the same idea, of just any child that's at the age limit, then yes, let's just see if we can get into the program.

-Stakeholder Focus Group Participant

Several stakeholders also mentioned resource binders that Safe Babies provides to support parents in meeting the developmental and service needs of their children. One stakeholder described how this resource binder helped them educate parents on child development and empowered the parents with the information needed to identify and address their child's developmental needs.

“ Looking at the resource binders that they provide, the information is there. [...] We see a baby that is developmentally struggling [...] That can be a conversation [with the parent] that's very uneasy and unsettling. For you to have, in print, these different developmental milestones. The education piece that they have provided for our participants has been one of the things that has helped take some of the pressure off of us to have those difficult conversations. You have all of these resources available to you, and you have an opportunity to empower yourself to learn and to understand. It's not just us telling you different things, you're able to do some of this for yourself. That has helped. Them being able to provide that level of material, extensive material, but it's not too overwhelming for the parent, and so it has been very helpful.

-Stakeholder Focus Group Participant

INTERMEDIATE OUTCOMES

CHILDREN'S PHYSICAL AND MENTAL HEALTH IMPROVES

Safe Babies aims to support child development and attachment, which directly relates to children's physical and mental health as was outlined in the literature review. During the evaluation re-design, questions were added to both the birth parent and caregiver surveys and interview guides that will help researchers better assess connection to resources for children and whether they received the services and supports they needed.

This year, researchers asked stakeholder focus group participants what the key elements are to supporting healthy development and attachment for infants and toddlers in the child welfare system. Stakeholders most frequently stated that visitations for infants and toddlers need to be more frequent in order to help them build attachment with caregivers. Researchers also asked stakeholders about the ways in which they had seen Safe Babies support the development and attachment needs of infants and toddlers. Stakeholders discussed a variety of ways Safe Babies supports this attachment and development. This included Safe Babies' focus on developmentally appropriate environments during supported visitations and the development and attachment-focused resources they provide for stakeholders, parents, and caregivers, such as trainings and the aforementioned resource binders.

“ I think the biggest way they support it is by understanding it, first of all. Then, just the way they do their visits. Everything that they do is very trauma-informed and is intentional, as far as making sure that the kids feel supported, and that the environment is supportive, and parents feel supported.

-Stakeholder Focus Group Participant

When asked if they had learned anything from Safe Babies to support the development and attachment of infants and toddlers in the child welfare system, one stakeholder mentioned that the knowledge they have gained from Safe Babies has helped them become more conscious about visitation practices. Another mentioned learning about the impact a consistent caregiver can have on a child's development.

“ I think the one phrase that I've heard from [Safe Babies] more often than any other is that attachment is built by proximity, which is not anything that I've ever heard before. If you're not in proximity of the child, you can't build attachment with the child. It's all about proximity. I know, for me, it has made me more conscious of the visitation plan that's in place.

-Stakeholder Focus Group Participant

“ [The speaker at the training] had some pretty fresh-to-me research on [how] it's not about always the goal of returning to the biological parent, even though no one's saying that's not the goal, but the goal is equipping that child with a long-term, consistent caregiver during those years and the impact that it has on that child's development. That was a little bit of a fresh tweak for me that I had not heard previously.

-Stakeholder Focus Group Participant

LONG-TERM OUTCOMES

CHILDREN INCREASE RESILIENCE

Researchers asked birth parents, caregivers, and stakeholders what they considered to be the most impactful thing about the Safe Babies program. A common theme across all three types of respondents was that the parenting support Safe Babies provides improves the overall outcome for the child, especially if and when they return home to birth parents. For instance, one stakeholder said that information sharing between birth parents and caregivers helps parents better meet the needs of the child once they are returned. One foster parent talked about how helping the birth parent build attachment with their child helps to improve the relationship before the child returns home. One birth parent said that Safe Babies helped them to stay bonded with their child, which reduced feelings of abandonment.

“ I think that the support is beneficial to the families and the children themselves. They have played that medium person that shares the information on how eating habits and how play habits and sleeping habits are, so that way when these children are returned, these parents are able to understand what the child is needing.

-Stakeholder Focus Group Participant

“ [You have] to get the child to be and the parent to be more interactive together. [...] So that way when and if they do go home, they know, "Okay, foster parent is just a temporary place, I need to pay attention." [...] because that is important, attention is very important to kids, especially at a young age.

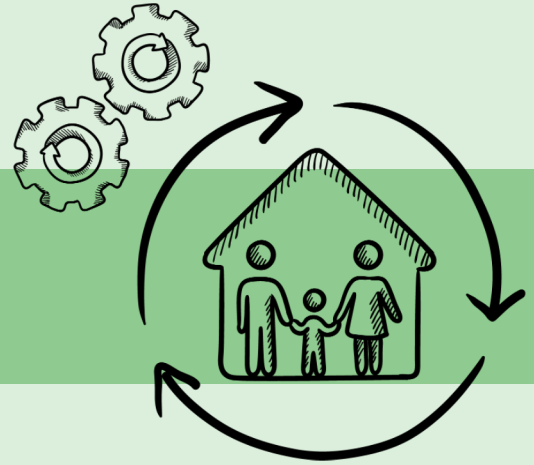
-Caregiver Interviewee

“ I think it's because it helps you stay bonded with your young child, which is more important to just stay in a close relationship and not make them feel like you've been abandoned or something.

-Birth Parent Interviewee

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CONTINUOUS EVALUATION

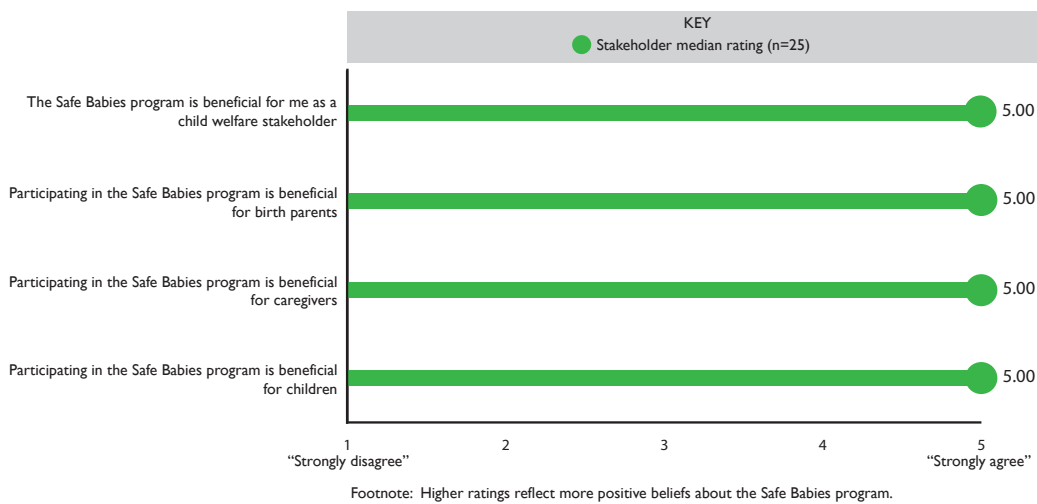


Continuous Evaluation

OVERALL PROGRAM EXPERIENCE

The updated surveys include overall program ratings across birth parents, caregivers, and stakeholders so that researchers can begin to compare beliefs about and experiences with the program across these categories. Figure 11 shows that the stakeholder median ratings across all program belief statements was 5, indicating that stakeholders feel the program is beneficial for all parties and that it enhances the level of collaboration among stakeholders.

Figure 11: Stakeholder Beliefs about Safe Babies Program (Appendix Table 16)



Stakeholders also rated their overall experience with the Safe Babies program on a scale from 1 to 10, with 1 being the lowest and 10 being the highest. The mean rating for stakeholders was 8.28, indicating that stakeholders reported an overall positive experience with the program (see Appendix Table 17). Finally, stakeholders were asked if they currently refer clients to the Safe Babies program, whether they plan to refer clients to the program in the future, and if they believe the program is culturally and linguistically relevant to the client population they serve. Of the 25 stakeholders that responded to the referral questions, 82% (21) currently refer clients to the program and 92% (23) plan to refer clients to Safe Babies in the future. Of the 19 stakeholders that responded to the question about language and culture, 100% felt that the program services were culturally and linguistically relevant to the client population they serve (see Appendix Table 18).

As responses increase on each updated measure, researchers begin reporting on overall program data from updated birth parent and caregiver surveys, and begin to compare stakeholder ratings between counties.

As noted throughout the report, birth parent and caregiver interviewees reported positive experiences with the program. When asked if they would ever reach out to the Safe Babies program again if they needed to, all birth parent interviewees said they would. Similarly, all caregivers said that they would work with the program again if given the opportunity.

PROGRAM IMPROVEMENTS

Researchers asked birth parent and caregiver interviewees and stakeholder focus group participants if there were any areas of improvement for the program. One caregiver suggested recruiting people from the birth parents' support system to also attend visitations to strengthen the support system for children and families after the case closes. Birth parents did not describe any areas for improvement.

“ When they're doing the visits, whoever is a strong support [for the birth parent] needs to come to some of the visits with them. Because, [the goal] is to make sure when that child get released back to that parent, we don't have a repeat [...] and then that child comes back into care.

-Caregiver Interviewee

Stakeholder focus group participants across counties said that they would like to see the program build more capacity to serve families. They also suggested continuing to spread awareness for the program to receive more buy-in from all parties.

“ I would like to see them expand their services. [...] I mean, the impact, while small, is still very great. I just wanna see them being able to continue to expand, keep up with capacity and innovate what the child welfare system is doing currently.

-Stakeholder Focus Group Participant

“ Just the increased understanding of what the role is, and more efforts to embrace it, to recognize the benefit that it actually creates less work for your [staff] when things like [the Safe Babies program] are in place. Where the parents can feel empowered. They have a resource guide and a group of providers that are actually there that are connected and invested. [...] This type of program, which encompasses empowering a parent to be able to access resources, to build the relationship with the person that's their caregiver, it's a benefit across the board. Again just getting it out there so that they know that these things exist.

-Stakeholder Focus Group Participant

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Conclusions

DISCUSSION

One of the main areas of focus for the Safe Babies program is fostering a coparenting relationship between birth parents and caregivers. Findings from birth parent and caregiver surveys and interviews suggest that Safe Babies provides support for families that caters to their individual needs, and that birth parents and caregivers in the program are working together to engage in a coparenting relationship that benefits children. Stakeholder surveys and interviews indicate stakeholders are not only supportive of the coparenting relationship between birth parents and caregivers, but also see the long-term benefit for children involved in the Safe Babies program. Stakeholders also express a desire for these coparenting practices to be more widespread.

Outcomes for children involved in the program are promising. Findings from DFPS administrative data indicate that the proportion of children across exit outcome categories differed significantly between the Safe Babies and comparison groups, with a greater percentage of children in Safe Babies returning home than the comparison group. Additionally, the time to permanence for children in Safe Babies was significantly shorter than for children in the comparison group, though there was not a significant difference in time to reunification between groups. These findings demonstrate progress toward the program's overarching goal of children achieving permanence with families.

Through training and technical assistance, Safe Babies aims to achieve a more developmentally appropriate and trauma-informed approach to serving infants and toddlers in the child welfare system. This includes challenging stigmatizing beliefs about families that become involved in the child welfare system, and ensuring all parties are aligned in their approach to meet the development and attachment needs of children involved in the program. In terms of challenging stigma, stakeholder and caregiver survey findings suggest that these parties generally hold positive beliefs about birth parents. However, it may be worth working with stakeholders to strengthen support for the idea of birth parents continuing to parent their children after certain instances of maltreatment.

Most stakeholders had been trained on concepts related to child development and attachment, though not all stakeholders received this training directly from Safe Babies. Stakeholder surveys and focus group findings also suggest that most stakeholders involved in the program have an awareness and understanding of the relationship between child development, attachment, and transitions such as placement changes, visitations, and reunifications for infants and toddlers in the child welfare system. Stakeholders discussed how Safe Babies works to improve these transitions, including improving communication between parties, and expressed a desire for some of the practices related to visitations and placement changes to be applied more broadly within the child welfare system.

In terms of more directly supporting the development needs of infants and toddlers involved in the program, Safe Babies maintains a partnership with ECI to ensure

that children’s developmental needs are identified and addressed in a timely manner. Without ECI administrative data, it is difficult to assess progress in this area. However, interview and focus group participants discussed additional support that Safe Babies provides to meet the development and attachment needs of infants and toddlers, such as resource binders and parenting support.

Birth parents, caregivers, and stakeholders reflected overall positive experiences with the program, with stakeholder survey participants expressing that the program improves collaboration and is beneficial for all parties involved. Stakeholders expressed a strong desire for the program to build more capacity to serve families and generate more awareness and buy-in for the program. This would ensure that the program continues working toward its goal of creating a more trauma-informed and developmentally appropriate child protection response for infants and toddlers, improving overall outcomes for these children.

LIMITATIONS

It is important to note the small sample sizes for data collected from individual measures or items within these measures. Smaller sample sizes reduce the power of a study and increase the margin of error. Data can appear more skewed, and it may be harder to detect significant findings. Researchers reported on medians for most items as opposed to means (which are not as resistant to outliers). Given that the sample sizes for individual measures or items within measures were small, researchers interpret findings with caution. Researchers expect that as the program population grows, findings will become more generalizable to the population of families involved in child welfare.

Similarly, as researchers transition to the new evaluation plan with updated measures, data in this report reflects a combination of original and updated measures that makes it difficult to directly compare responses. As the number of participants included in each new measure increases, researchers will be able to not only compare responses across each type of participant (e.g., stakeholder and caregiver surveys rating beliefs on the same scale), but also compare responses across each county.

Additionally, participation in this evaluation is voluntary and the population of participants in the study may look different than parents, caregivers, and stakeholders who choose not to participate, which leaves the potential for response bias.

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 key player within this broader cultural change toward support for coparenting and a more developmentally appropriate and trauma-informed child welfare system for infants and toddlers, researchers can continue to examine the role of the program in achieving this overall shift.

RECOMMENDATIONS

Researchers provide the following recommendations based on evaluation findings:

1. Build capacity for the Safe Babies program to serve more families in each county, and generate more understanding and awareness for the program with stakeholders outside of the program in order to improve its reach.
2. Work to increase stakeholder participation in First3Years educational offerings to ensure that people involved in the program have access to relevant trainings, ensuring stakeholders remain up-to-date and aligned with the research on development, attachment, and how to best serve infants and toddlers in the child welfare system.
3. Continue to work with stakeholders to improve practices around visitation and other transitions (such as placement changes and reunifications) within the child welfare system. In cases where Safe Babies is not formally involved, provide "transition consultations" to ensure these cases see the benefit of improved transitions for children.

CONCLUSION

Findings from the 2023 program evaluation suggest that Safe Babies is making progress toward its intended short-term, intermediate, and long-term outcomes and toward the overall goal of children reaching permanence with families. The program should continue building capacity to serve more families and extend the reach of the program, as well as encourage participation in evaluation activities. This will allow researchers to examine progress toward intended outcomes and contribute to the growing body of literature on support for coparenting within the child welfare system.

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Table 5: Birth Parent and Caregiver Ratings - Coparenting (Figure 5)

STATEMENTS	BIRTH PARENTS		CAREGIVERS	
	n	Median	n	Median
Let child know I want him or her to interact with other parent	17	5.00	15	5.00
Feel positively about child's relationship and/or connection with other parent	19	5.00	15	4.00
Maintain contact with other parent beyond coached visitations	16	5.00	16	4.00
Adjust child's routine based on information from other parent	18	5.00	16	3.00
Share detailed information about child's routines with other parent	17	4.00	16	4.00

Table 6: Stakeholder Beliefs about Coparenting (Figure 6)

ACTIVITIES	n	MEDIAN
Exploring a birth parents' strengths	25	5.00
Requiring caregivers to work with child's birth parents	25	4.00
Engaging birth parents as equal partners in case planning	25	5.00
Facilitating dialogue between child's birth parents and caregivers	25	5.00
Supporting attachment relationship between child and both birth parents and caregivers	25	5.00

Table 7: All Test Statistics for Safe Babies and Comparison

OUTCOME CATEGORY	TEST STATISTICS		
	Chi-Square Tests		
	Value	df	Sig.
Exit Outcomes	13.835	5	.017*
Re-Entry within 6 Months	0.560	1	.454
Re-Entry within 12 Months	0.015	1	.902
Time to Reunification	4.152	2	.125
Independent Samples T-Tests			
	t	df	Asymp. Sig.
Months to Permanence	-4.25	56.24	<.001*

*Indicates results were statistically significant

Table 8: Time to Reunification for Safe Babies and Comparison

TIME TO REUNIFICATION	SAFE BABIES	COMPARISON
TOTAL REUNIFIED	25	1,903
<6 Months	0% (0)	14% (268)
6-12 Months	32% (8)	26% (488)
Greater than 12 Months	68% (17)	60% (1147)

Table 9: Time to Re-Entry for Safe Babies and Comparison

TIME TO RE-ENTRY	SAFE BABIES	COMPARISON
TOTAL RE-ENTERED	1	184
Within 6 Months	0% (0)	0.8% (71)
Within 12 Months	1.4% (1)	1.2% (113)

Table 10: Stakeholder Beliefs about Birth Parents (Figure 7)

CATEGORY	n	MEDIAN
Birth parents are people worth including in child welfare work (e.g., inclusion in training or planning meetings)	25	5.00
Birth parents can build trust with their child after maltreatment has occurred	25	5.00
Birth parents who maltreat children have often experienced trauma themselves	25	5.00
Substance use relapse is a normal part of recovery	25	5.00
Most birth parents involved with CPS want to protect their children	25	4.00
Children can benefit from having a relationship with their birth parents even when parental rights have been terminated	25	4.00

Table 11: Caregiver Beliefs about Birth Parents (Figure 8)

CATEGORY	n	MEDIAN
Birth parents are people worth including in child welfare work (e.g., inclusion in training or planning meetings)	15	5.00
Birth parents can build trust with their child after maltreatment has occurred	15	5.00
Birth parents who maltreat children have often experienced trauma themselves	15	5.00
Substance use relapse is a normal part of recovery	15	4.00
Most birth parents involved with CPS want to protect their children	15	4.00
Children can benefit from having a relationship with their birth parents even when parental rights have been terminated	14	4.00

Table 12: Stakeholder Beliefs - Birth Parents Parenting After Maltreatment (Figure 9)

CATEGORY	n	MEDIAN
Abandonment or gave up custody	24	4.00
Parental rights have been terminated	24	4.00
Physical abuse	24	3.00
Emotional abuse	24	3.00
Physical neglect	24	3.00
Medical neglect	24	3.00
Allowed child to be in risky situation	24	3.00
Sexual abuse	24	1.00

Table 13: Stakeholder Training (Figure 10)

TRAINING CATEGORIES	n	% COMPLETED
Trauma-informed care	27	93% (25)
Trust-Based Relational Intervention®	27	82% (22)
Attachment theory	27	78% (21)
Developmental theory	26	73% (19)
Neurobiology and Trauma	26	73% (19)
Multigenerational Trauma	24	71% (17)

Table 14: Stakeholder Training from Safe Babies (Figure 10)

TRAINING CATEGORIES	n	% COMPLETED
Trauma-informed care	24	29% (7)
Trust-Based Relational Intervention®	21	19% (4)
Attachment theory	20	25% (5)
Developmental theory	18	17% (3)
Neurobiology and Trauma	16	25% (4)
Multigenerational Trauma	15	27% (4)

Table 15: Stakeholder Beliefs - Development and Attachment

CATEGORY	n	MEDIAN
Infants are less affected by maltreatment than older children	25	1.00
Children ages 3 and younger can bond with multiple caregivers	25	5.00

Table 16: Stakeholder Beliefs About Safe Babies Program (Figure 11)

STATEMENT	n	MEDIAN
The Safe Babies program is beneficial for me as a child welfare stakeholder	25	5.00
Participating in the Safe Babies program is beneficial for birth parents	25	5.00
Participating in the Safe Babies program is beneficial for caregivers	25	5.00
Participating in the Safe Babies program is beneficial for children	25	5.00
Safe Babies enhances the level of collaboration among child welfare stakeholders	25	5.00

Table 17: Stakeholder Program and Collaboration Ratings

CATEGORY	n	MEAN RATING (OUT OF 10)
Overall experience with the Safe Babies program	25	8.28
Overall level of collaboration among child welfare stakeholders	25	7.04

Table 18: Stakeholder Referral to Safe Babies and Beliefs about Cultural Relevance

STATEMENT	n	%
I currently refer to Safe Babies	25	84% (21)
I plan to refer to Safe Babies in the future	25	92% (23)
I believe Safe Babies services are culturally/linguistically relevant to client population	19	100% (19)

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SAFE BABIES
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