

The Safe Babies Approach

Evidence and Impact



The Safe Babies Approach

The Safe Babies™ approach supports states and communities in building a more coordinated and aligned early childhood system. The approach works concurrently at the child and family level, community level, and state level to promote healthy early childhood development while impacting long-term capacity building.

The goal is to keep families together by igniting collective action to meet the urgent needs of babies, toddlers, and their families. While the Safe Babies approach is anchored in the court system, it is an entry point for cross-system collaboration to effectively serve families across multiple areas of need at the state, local, and individual family levels.

Impact on Collaboration

Research on effective implementation of new practices has shown that trusting relationships among partners are essential for successful implementation, innovation, and system building (Bartley et al., 2022; Metz et al., 2022; Milligan et al., 2022). Findings from a national multisite evaluation found that self-reported collaboration markedly improved among cross-system partners implementing the Safe Babies approach (Casanueva et al., 2023a). The evaluation examined collaboration at the start of the Safe Babies implementation process and towards the end of the project period (approximately 2 years later).

At follow-up, partners more strongly endorsed critical indicators of **collaboration** including that:

- the **right people** were at the table,
- the Safe Babies approach was a **benefit** to their organization,
- the **time was right** for implementing the approach, and
- partners had **respect** for one another.

Partners also reported an **increased awareness** of infant and early childhood mental health and the impact of trauma on young children and their families. Collaboration was also reported as leading to **greater streamlining of services and supports** so that child and family needs were met sooner.

Distinctions

In 2022, the Safe Babies approach received the [Association of Maternal & Child Health Programs \(AMCHP\) 2022 Innovation Hub Empowerment and Partnership Award](#), which recognizes programs that have demonstrated a positive difference in the maternal and child health field.

The Safe Babies approach is recognized as a Best Practice in the [AMCHP Innovation Hub](#), which is an online platform that provides the resources and tools to explore, build, and share effective work grounded in evidence that contributes to improving the health and well-being of maternal and child health populations and their communities.

The Safe Babies approach is recognized as having high child welfare relevance and promising research evidence by the [California Evidence-Based Clearinghouse for Child Welfare \(CEBC\)](#). NOTE: The entry for the Safe Babies approach is currently being updated in the CEBC.

Child and Family Outcomes

The following tables provide a summary of Safe Babies approach outcomes in key domains for children 0-3 years and their parents.

Safety		
<p>Overall impact: The rate of maltreatment recurrence among infants and toddlers supported by the Safe Babies approach is consistently far lower than the national standard set for states by the Children’s Bureau.</p>		
Results	Type of Evidence	Citation
Repeat maltreatment rate was 0.7% within 12 months compared with the 9.1% national standard.	National evaluation (2015-2018)	QIC-ITCT, 2018b; ACF, 2015
Positive effects on repeat maltreatment and rates below the national standard.	Scoping review of 16 published and grey literature reports	Joseph et al., 2023
During the height of the COVID-19 pandemic, the repeat maltreatment rate within 12 months among Safe Babies families increased to 3.6%, but this was far lower than comparison counties and the 9.7% national standard. Additionally, the likelihood of recurrence was significantly lower for Safe Babies children than in comparison counties (OR=.36, $p < .01$).	Quasi-experimental study comparing recurrence outcomes for Safe Babies children with a matched group of children from comparison counties without a Safe Babies site (counties matched on the CDC Social Vulnerability Index) - using data from a national evaluation	Casanueva et al., 2023a; ACF, 2022a

Child and Family Outcomes

Type of Permanency

Overall impact: Infants and toddlers supported by the Safe Babies approach experience high rates of reunification or permanency with family members.

Results	Type of Evidence	Citation
Safe Babies children and families experienced significantly higher reunification rates compared with a national sample, with no differences in type of permanency by race or ethnicity. In a recently published study, reunification rates were 43.7% vs. 25.6%. In a previous study, Safe Babies children were 3 times as likely to exit foster care to relative custody (25% vs. 8%).	Two rigorous quasi-experimental studies comparing permanency outcomes for Safe Babies children with a matched comparison group from a national dataset	Casanueva et al., 2023c; McCombs-Thornton & Foster, 2012
70% of children had a parent who had experienced four or more adverse childhood experiences (ACEs). Among parents with the highest ACE scores (7-10), 30.2% were reunified with their children and 37% retained parental rights. Among parents with 0-3 ACEs, 56.3% were reunified; among those with 4-6 ACEs, 50% were reunified.	Study examining factors associated with permanency outcomes, using data from a national evaluation	QIC-ITCT, 2018a

Time to Permanency

Overall impact: Infants and toddlers supported by the Safe Babies approach reach permanency faster than babies and toddlers in the general foster care population.

Results	Type of Evidence	Citation
Children exited the child welfare system significantly faster than a matched comparison group from the National Survey of Child Adolescent Well-Being – with reunification the most common type of exit for children involved with Safe Babies. Median time to reunification was 9-10 months, 6-8 months sooner than children in the comparison group.	Two rigorous quasi-experimental studies comparing permanency outcomes with a matched comparison group from a national dataset	Casanueva et al., 2023c; McCombs-Thornton & Foster, 2012
Children supported by the Safe Babies approach were nearly two times (1.6) as likely to exit foster care to permanency compared with children in the general foster care population.	Quasi-experimental retrospective study	Casanueva et al., 2023c
Positive effects for shorter times to permanency, with the majority of studies comparing outcomes to children receiving traditional child welfare services.	Scoping review of 16 published and grey literature reports	Joseph et al., 2023

Child and Family Outcomes

Placement Stability

Overall impact: Infants and toddlers supported by the Safe Babies approach experience fewer disruptions in early caregiving relationships.

Results	Type of Evidence	Citation
Children experienced greater placement stability compared with national child welfare performance outcomes: 94.2% who were in out of home care for less than 12 months had no more than two placements (compared to the national median rate of 83%); 79.4% in out of home care for 12-23 months had no more than two placements (compared to the national median rate of 65%). No statistically significant differences by race/ethnicity across all Safe Babies sites in number of placements, overall or by time in foster care.	National evaluation (2015-2018)	Casanueva et al., 2019; ACF, 2022b

Access to Services: Child Developmental Health

Overall impact: Infants and toddlers supported by the Safe Babies approach receive timely, effective services that promote their physical and emotional health.

Results	Type of Evidence	Citation
The vast majority of children (93% or more) received needed developmental screenings, early intervention services, and evidence-based intervention to repair and strengthen the child-parent relationship within 60 or fewer days—with no differences by race or ethnicity.	National evaluation (2015-2018)	Casanueva et al., 2019
Children in Safe Babies sites received needed physical health services within a month of referral with no differences by race or ethnicity, providing a robust buffer supporting the health of very young children in the face of a severely reduced service landscape during the pandemic.	Study conducted during the COVID-19 pandemic	Casanueva et al., 2023b
80% of children in Safe Babies sites—who are all considered children with special health care needs (CSHCN) due to their increased risk for physical, developmental, behavioral, or emotional conditions—experienced quality, continuous pediatric preventive care (key features of a medical home). This is nearly twice the percentage of CSHCN (age 0-17) with a medical home, as reported on the 2021 National Survey of Children's Health.	MCHB performance measure data	National Resource Center for the ITCP, 2021-2022; Child and Adolescent Health Measurement Initiative, 2021

Child and Family Outcomes

Access to Services: Parent Well-Being

Overall impact: Parents of infants and toddlers supported by the Safe Babies approach receive timely, effective services that support their health and well-being.

Results	Type of Evidence	Citation
Parents received needed services, including mental health and substance use disorder treatment, within 30 or fewer days – the same timeliness that parents experienced at Safe Babies sites prior to the pandemic.	Study conducted during the COVID-19 pandemic	Casanueva et al., 2022
Among parents with substance use disorders (SUD), 85.1% received an appointment for SUD treatment within 30 days; 73.8% received their first appointment within a week. For parents in need of mental health services, 80.1% received an appointment within 30 days.	National evaluation (2015-2018)	QIC-ITCT, 2018b

References:

Administration for Children and Families, Children's Bureau. (2015, May 13). *Final notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews*. Corrected Federal Register Announcement. Washington, DC: Department of Health and Human Services. Retrieved from https://www.acf.hhs.gov/sites/default/files/documents/cb/round3_cfsr_executive_summary.pdf

Administration for Children and Families, Children's Bureau. (2022a, February 16). *Round 4 of the CFSRs*. Washington, DC: Department of Health and Human Services. Retrieved from [Round 4 of the CFSRs | The Administration for Children and Families \(hhs.gov\)](https://www.acf.hhs.gov/cb/report/cwo-2019)

Administration for Children and Families, Children's Bureau. (2022b, September 13). *Child Welfare Outcomes 2019: Report to Congress*. Washington, DC: Department of Health and Human Services. Retrieved from <https://www.acf.hhs.gov/cb/report/cwo-2019>

Bartley, L., Metz, A., & Fleming, W.O. (2022). What implementation strategies are relational? Using Relational Theory to explore the ERIC implementation strategies. *Frontiers of Health Service, 2*. <https://doi.org/10.3389/frhs.2022.913585>

Casanueva, C., Harris, S., Carr, C., Burfiend, C., & Smith, K. (2019). Evaluation in multiple sites of the Safe Babies Court Team approach. *Child Welfare, 97*(1), 85-108. <https://www.jstor.org/stable/48623578>

Casanueva, C., Kluckman, M., Harris, S., Brown, J., & Fraser, J.G. (2022). Supporting parents' services access during the COVID-19 pandemic through the Infant-Toddler Court Program. *Maternal and Child Health Journal, 26*, 2377-2384.

Casanueva, C., Harris, S., Domanico, R., Williams, J., & Adeeb, J. (2023a). *Final evaluation report of the Infant-Toddler Court Program*. Research Triangle Park, NC: RTI International. [In preparation]

References (continued):

Casanueva, C., Kluckman, M., Harris, S., Domanico, R., & Fraser, J.G. (2023b). Supporting young children's health services access during the COVID-19 Pandemic through Infant-Toddler Court Teams. [Manuscript submitted for publication]

Casanueva, C., Williams, J., Kluckman, M., Harris, S., & Fraser, J.G. (2023c). The effect of the ZERO TO THREE Infant-Toddler Court Team on type and time of exits from out-of-home care: A new study ten years after the first competing risks analysis. [Manuscript submitted for publication]

Child and Adolescent Health Measurement Initiative (2021). *2020-2021 National Survey of Children's Health*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 04/24/23 from <https://www.childhealthdata.org/browse/survey?s=2&y=43&r=1>

Joseph, J., DesAutels, S.J., Gracey, K., Kronenberg, M., Kuhn, T., & Raman, R. (2023). Child and family outcomes of the Safe Babies Court Team – A scoping review. *Children and Youth Services Review*, 149. [Advance online publication]

McCombs-Thornton, K.L., & Foster, E.M. (2012). The effect of the ZERO TO THREE Court Teams initiative on types of exits from the foster care system: A competing risks analysis. *Children and Youth Services Review*, 34(1), 169-178.

Metz, A., Jensen, T., Farley, A., Boaz, A., Bartley, L., & Villodas, M. (2022). Building trusting relationships to support implementation: A proposed theoretical model. *Frontiers in Health Services*, 2. <https://doi.org/10.3389/frhs.2022.894599>

Milligan, K., Zerda, J., & Kania, J. (2022). *The relational work of systems change*. Stanford Social Innovation Review. Retrieved from https://ssir.org/articles/entry/the_relational_work_of_systems_change

National Resource Center for the Infant-Toddler Court Program. (2021-2022). *Safe Babies Program National Database* (Unpublished raw data). ZERO TO THREE.

Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-ITCT). (2018a). *Adverse childhood experiences, family risk factors, and child permanency outcomes of very young children involved in Safe Babies Court Team™ sites* [Research Brief]. Washington, DC: U.S. DHHS, Administration for Children, Youth and Families, Children's Bureau.

Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-ITCT). (2018b). *Making a difference in the lives of families: The Safe Babies Court Team™ approach*. [Infographic]. Washington, DC: U.S. DHHS, Administration for Children, Youth and Families, Children's Bureau.



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