

Home Visiting in the Context of Family First: Perspectives from the Front Line

Chapin Hall Research Brief

This brief summarizes findings from interviews conducted with home visitors and child welfare caseworkers as part of a CQI process.

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INTRODUCTION

The Family First Prevention Services Act (FFPSA) allows states to claim federal Title IV-E reimbursement for the cost of providing evidence-based prevention services to eligible children, youth, and families.¹ One of the three categories of prevention services eligible for Title IV-E reimbursement is in-home parent skill-based programs. This includes a number of evidence-based home visiting models.

As of April 2023, 30 states, plus the District of Columbia, had at least one home visiting model in their Family First Prevention Plan. One of those states is Illinois. As part of its Family First Prevention Services plan,² the Illinois Department of Children and Family Services (DCFS) is connecting families with an open intact family services case involving a child under age 3, as well as pregnant and parenting youth in foster care, to Healthy Families America or Parents as Teachers home visiting programs.³ Both programs are rated “well-supported” by the Title IV-E Prevention Services Clearinghouse.

Home visiting is a service delivery model designed to promote the healthy development and well-being of children through interactions between home visitors and families. Home visitors educate and support parents, assess family needs, and refer families to community-based services. Evidence-based home visiting programs have been shown to have a positive impact on parent-child attachment, maternal and child health, child development, school readiness, parenting practices, and social support.⁴⁻⁸

Home visiting may be particularly beneficial for families involved with the child welfare system. These families are often dealing with an array of interrelated challenges such as poverty,⁹ mental health problems,^{10,11} substance abuse,¹² domestic violence,¹³ and housing instability,¹⁴ that may adversely affect parents' ability to address their children's needs. Despite the many ways families involved with the child welfare system could potentially benefit from home visiting services, home visiting has traditionally been viewed as a primary prevention for families at risk for child maltreatment, not for families in which child maltreatment has already occurred.

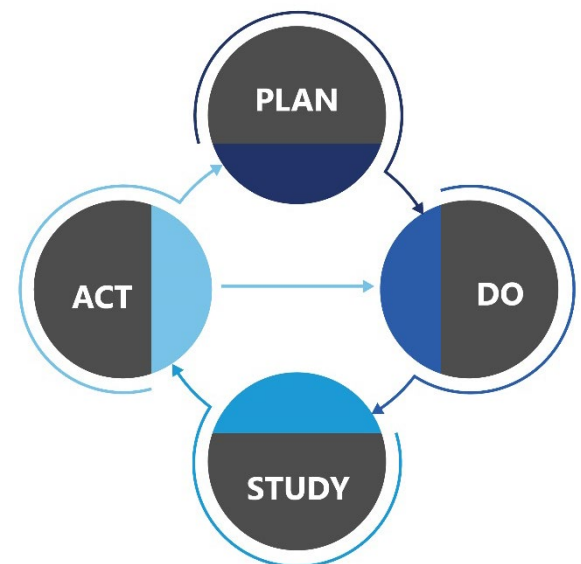
The FFPSA has the potential to significantly increase the number of families being referred to evidence-based home visiting programs by child welfare systems. Effectively serving these families will require an unprecedented level of collaboration at a systems level between child welfare agencies and home visiting programs, as well as at an individual level between child welfare caseworkers who refer families for home visiting services and the home visitors who deliver services to those families.

This brief explores the experiences of child welfare case workers and home visitors who are integral to implementing the home visiting component of Illinois' Family First plan. It is based on data collected as part of a collaborative Continuous Quality Improvement (CQI) process.

COLLABORATIVE CONTINUOUS QUALITY IMPROVEMENT (CQI) PROCESS

DCFS is implementing a collaborative CQI process to monitor the implementation of home visiting services delivered under Family First, identify implementation challenges, and develop and test solutions.¹⁵ Chapin Hall and its partners, the Erikson Institute DCFS Early Childhood Project and the Illinois Department of Human Services (DHS) Early Childhood Division, are leading this CQI process. As part of this process, the Chapin Hall team collected data from home visitors and intact family services caseworkers via surveys and interviews.

Figure 1. CQI Process



METHODS

Surveys

In 2022, we administered surveys to home visitors, home visitor supervisors, and intact family services (IFS) caseworkers and supervisors (see Table 1). The surveys were designed to obtain preliminary data on the experiences of home visitors and caseworkers on the front lines of implementing the home visiting component of the state's Family First plan. The home visitor and supervisor surveys included questions about their experiences providing services to families receiving intact family services. The caseworker and supervisor surveys included questions about their familiarity with Family First, their knowledge about home visiting, and their experiences referring families for home visiting services.

Table 1. Description of Recruitment Strategy and Respondents

Survey	Recruitment strategy	Respondents
Home visiting supervisors	Survey link emailed to 97 home visiting program supervisors	82 supervisors from 64 home visiting programs
Home visitors	Survey link emailed to 84 supervisors from 61 home visiting programs	115 home visitors from 41 home visiting programs
Intact family services caseworkers and supervisors	Survey link emailed to 29 nonprofit child welfare agencies and 86 DCFS caseworkers and supervisors	29 supervisors and 51 caseworkers from 17 nonprofit child welfare agencies plus 10 supervisors and 27 caseworkers from DCFS

Interviews

Between September 2022 and February 2023, we interviewed 12 home visitors and 12 intact family services caseworkers. Two-thirds of the home visitors were trained in the Parents as Teachers (PAT) model. We asked the home visitors about their experiences delivering services to families with an intact family services case and their communication with those families’ caseworkers. Some of the caseworkers were employed by DCFS; others were employed by private, nonprofit agencies that contract with DCFS. We asked the caseworkers what they knew about home visiting, how they talked with families about home visiting, how they decided whether families needed home visiting services, how they referred families for home visiting services, and how they supported family engagement in home visiting services. We audio-recorded the interviews, transcribed the recordings, and reviewed the transcripts for accuracy. We created a codebook based on the interview questions and developed additional codes based on the transcripts. We used Atlas.ti, a qualitative data analysis software, to code each transcript and met regularly to review the codes, resolve differences between coders, and identify themes.

Figure 2. Most Home Visitors Were Trained in Parents as Teachers

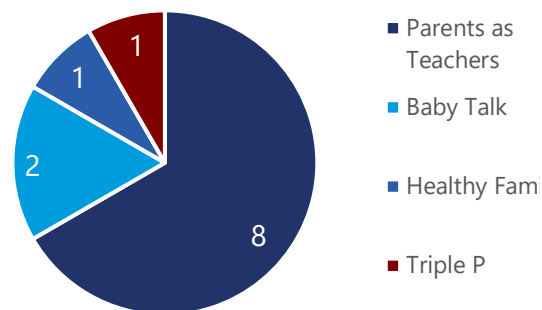
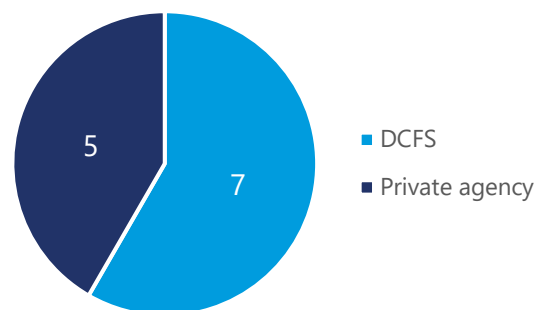


Figure 3. Caseworker Affiliations



FINDINGS

Below we highlight key findings that emerged from the surveys of and interviews with home visitors and intact family services caseworkers.

Lack of a Shared Understanding

Nearly all the caseworkers who responded to the survey rated themselves as “very knowledgeable” (44%) or “somewhat knowledgeable” (42%) about home visiting. Although two of the caseworkers we interviewed accurately described what home visiting is and what home visitors do, they were the exceptions. Most of the caseworkers were confused by what we meant by “home visiting.” For example, seven of the 12 caseworkers had difficulty distinguishing between home visiting and other services provided in the home, such as early intervention or wraparound services. One caseworker did not understand that Parents as Teachers is a home visiting program. Some caseworkers even referred to themselves as home visitors.

Caseworkers' confusion about home visiting can have real consequences for families with young children who need additional support. Sixteen percent of the caseworkers we surveyed reported not having the information they would need to talk with families about home visiting. This is important because caseworkers are unlikely to make a referral for a service they do not understand. One caseworker we interviewed observed that her lack of understanding impeded her ability to describe home visiting to families, saying, “I cannot explain something to the family that I am not sure of.” Home visitors were also aware of this confusion, as one of the home visitor survey respondents noted:

“ It seemed like the caseworker didn't have a good understanding of what our program was and confused us with early intervention. This can be confusing for families and delay getting them into the services they actually want and need. ”

Home visitors were aware of and willing to acknowledge their lack of understanding of the child welfare system. Only 29% of the home visitors who responded to the survey rated their knowledge of the child welfare system as “high” (21%) or “very high” (8%). This is consistent with what we heard from most of the home visitors we interviewed. Several home visitors reported not knowing how the child welfare system works or what is expected of families with an open child welfare case. This can limit home visitors' ability to support families as they navigate the system. It can also inhibit collaboration. For example, one caseworker could not get an update about a family from the family's home visitor. The caseworker was from one of the private, nonprofit agencies DCFS contracts with to deliver intact family services and the home visitor would only share information directly with DCFS.

Some home visitors were confused about the difference between intact family services, which are provided to families to prevent children from being placed in foster care, and permanency services, which are provided to reunify families whose children are in foster care. These home visitors collectively refer to any family with an open child welfare case as “DCFS-involved.” One home visitor who had previously worked for DCFS explained that without that prior experience, she “would have no clue at all how the [DCFS] process worked.”

Caseworkers Refer Families in Different Ways and for Multiple Reasons

Almost half (47%) of the caseworkers we surveyed had made referrals directly to home visiting programs and over two-thirds (68%) had made referrals through the Erikson Institute DCFS Early Childhood Project. The caseworkers we interviewed also reported making referrals directly to home visiting programs and through the Erikson Institute DCFS Early Childhood Project, although some of those caseworkers either did not know how to refer families or were confused about the different referral options.

Home visiting is one of the factors that can contribute to the empowerment of families. – Caseworker

The three most common reasons the surveyed caseworkers refer families for home visiting services are that families have a child under 3 years old, families need additional supports, and children need a developmental screening. Several of the caseworkers we interviewed cited similar reasons for making home visiting referrals. Some reported referring all families with a child under age 3. Others said that they referred families that need parent education or help accessing resources and families that either cannot or will not participate in community-based services. One caseworker explained that she refers families if the “risk for harm is high because I feel that there will be two agencies monitoring this family.” A couple of caseworkers talked about empowering families through home visiting. From their perspective, home visitors would provide families with support and, as a result of that support, families would feel empowered.

Home Visitors’ Knowledge about Families’ Child Welfare System Involvement Varies

I don't want somebody telling me, “Oh well, this family does this and this or this family doesn't have this or this,” because then we're already judging them. . . . But if there's something for my safety or something that they really need to focus on, that would be nice to know. – Home Visitor

Home visitors we interviewed disagreed as to whether they want to know about families’ involvement with the child welfare system. Some thought it would be helpful if caseworkers shared information about the types of support a family might need to achieve its case goals or other services to which families had already been referred, including services in which families had not engaged. Others thought families should decide if and when to disclose information about their child welfare system involvement.

Some Caseworkers Do Not View Home Visiting Services as Completely Voluntary

Although participating in home visiting services is supposed to be voluntary, only 4 of the 12 caseworkers we interviewed seemed to understand this. Most of the other caseworkers described participation in home visiting services as “voluntary BUT.” Although these caseworkers do not require families to participate in home visiting services, families that enrolled in a home visiting program would be penalized if they became disengaged. That is,

their service plan would indicate that they had not made satisfactory progress. One caseworker believed that participating in home visiting services is not voluntary, even if families are told that it is, and the consequences for families that do not participate can be severe.

Some home visitors observed that families with an open intact family services case often believe that they are required to participate in home visiting because they were referred by their caseworker and they want to do whatever is necessary to close their case. When this happens, home visitors explain to families that home visiting is a voluntary program.

Many Factors Affect Enrollment and Engagement in Home Visiting Services

The caseworkers we interviewed identified several factors parents consider when deciding whether to enroll in a home visiting program. These include documentation requirements and competing demands on their time, such as work or participation in other services. As one caseworker explained,

“ I had a family that was. . . recommended to do multiple services and declined home visiting because she had me there every week. She was doing domestic violence and mental health [services]. . . Plus she was dealing with the trauma of the domestic violence that led us to becoming involved. I needed to respect that this was a lot.

Another factor parents weigh is the potential consequences of having another service provider in their home. This sentiment was echoed by one of the caseworkers who responded to the survey. She suggested that parents with an open child welfare case may not want a service provider coming into their home “because they fear their children being taken.” This fear may be especially common among parents who have experienced multiple Child Protective Services investigations.

Some of the home visitors we interviewed reported that parents with an open child welfare case sometimes felt compelled to enroll in their program due to what they perceived as the potential consequences of not enrolling. Others reported that some parents were confused about participation requirements. One home visitor recalled a parent telling her that she needed to “complete 10 visits, 10 classes.”

Engagement

Establishing rapport and trusting relationships with parents is central to home visiting. Sixty percent of the home visitor survey respondents said that it was “neither harder nor easier to establish rapport with child welfare system-involved families in services than other families.” However, one home visitor who disagreed felt that it was harder to establish rapport with parents who have an open child welfare case because they are “overwhelmed with services.” Some home visitors we interviewed also expressed concerns about being able to establish a

We tell you that it's a volunteer program, but if you don't comply with us, then we have to petition the court. And then the court can make that decision whether we should, you know, take custody of your children.— Caseworker

**Even though it's voluntary, it feels like they have to do it, because DCFS made the referral.
— Home Visitor**

trusting relationship with parents. One home visitor attributed this to parents mistakenly thinking that the home visiting program is part of DCFS.

We also heard that parents with an open child welfare case may be less candid with their home visitor—for example, less willing to share that they are feeling stressed or overwhelmed—than parents whose families have no child welfare system involvement because of their experiences with the child welfare system. As one home visitor put it, “Once you get into the [child welfare] system, it’s really hard to trust new people coming into your home.” One home visitor suggested that parents might be more candid with their home visitor if parents were empowered to reach out to home visiting programs rather than being referred by their caseworker.

Fifty-six percent of the home visitor survey respondents indicated that “intact families require more intensive services than other families.” The home visitors we interviewed seemed to agree. They acknowledged that delivering services to families with an open child welfare case is more challenging than delivering services to families not involved with the child welfare system because, as one home visitor put it, these families “just have really, really big needs that aren’t being met.”

Home visitors also shared their thoughts about why families disengage from home visiting services. One home visitor who responded to the survey suggested that some families disengage because they are feeling overwhelmed.

“ The family is stretched beyond measure and they don’t want to add more to their plate by having you as their home visitor but [they] still require a lot of attention. They feel very mixed emotions having us be involved. They find us helpful, but [we] are one more organization to deal with, one more person to collaborate with and in my case that was the reason they left the program. It was just too much for them. ”

Home visitors also observed that families sometimes disengage from home visiting after their child welfare case closed. This could reflect parents’ belief, whether founded or not, that they were required to participate in home visiting services while their child welfare case was open.

Communication Between Home Visitors and Caseworkers Varies

Some caseworkers we interviewed expected to receive monthly updates from home visitors about what they were working on with families and what they were observing in the home. As one caseworker explained, “Every 30 days we’re required to communicate with any service provider.” Another expects an update from home visitors every 3 to 6 months. This might explain why some home visitors told us that they received periodic requests for information from caseworkers who want to know about parents’ engagement in home visiting services and parent-child interaction that the home visitor had observed.

However, not all caseworkers we interviewed expected to receive regular updates. One caseworker believed that frequent communication with home visitors could interfere with home visitors’ ability to develop relationships with parents. Although we do not know if other caseworkers share this perspective, it may explain why some of the home visitors we interviewed or surveyed reported little to no communication with caseworkers.

**Sometimes the family doesn't want to give you permission to be in contact with [DCFS].
– Home Visitor**

Two other factors that affect communication between home visitors and caseworkers are consent and caseworker responsiveness. Home visitors generally will not talk with a caseworker about a family without the parent's consent, and not all parents are willing to give home visitors permission to speak with their caseworkers. Some home visitors also found it difficult to get in touch with caseworkers when parents do give consent because, as one home visitor put it, "they are stretched thin."

Caseworkers and Home Visitors Support More Training

The need for additional training was clear from both the surveys and the interviews. Although 78% of caseworkers who responded to the survey reported that they know how to refer families to home visiting, 81% of those caseworkers expressed at least moderately high interest in additional training. Seven of the 12 caseworkers we interviewed agreed that additional training about the benefits of home visiting, how home visiting is different from other services, and how to refer families to home visiting would be helpful. Some of the caseworkers we interviewed did not recall receiving any training on home visiting or its relationship to the state's Family First plan.

Home visitors also expressed an interest in receiving training on providing services to families involved with the child welfare system.¹⁶ Only a few home visitors reported receiving any training on working with this population. Home visitors agreed that they would benefit from knowing more about how the child welfare system works and how they could effectively collaborate with child welfare caseworkers to support families as they worked to achieve their case plan goals. Some home visitors suggested that caseworkers would benefit from receiving training on the supports home visitors provide and communicating with families about the benefits of home visiting. As one home visitor put it,

// I think that [they should] know what home visiting is and I think it would be helpful for them to know our process, because we do work a lot differently than a DCFS worker.

DISCUSSION

Illinois families that are eligible for home visiting services as part of the state's Family First Prevention Services plan are demographically and geographically diverse. They also have diverse service needs. Child welfare caseworkers and home visitors need a shared understanding of their respective roles in supporting these families. Yet, many of the caseworkers we interviewed seemed uncertain or confused about what home visiting is, what home visitors do, and how home visiting is different from all the other early childhood services to which families with young children can be referred. This is understandable; caseworkers are not early childhood experts. However, this uncertainty and confusion limits caseworkers' ability to engage families in discussions about the benefits of home visiting and the supports home visitors can provide.

Similarly, some home visitors did not know what is expected of families with an open child welfare case or the different types of child welfare cases that families can have. This is also understandable, particularly for home visitors who have never worked with families receiving intact family services. However, this lack of knowledge makes it difficult for home visitors to provide these families with the support they need to achieve their case goals.

Another notable finding was the different ways caseworkers conceptualized the voluntary nature of home visiting and the role of home visitors. Particularly striking were the views held by some caseworkers that participating in home visiting services is not voluntary or that families may be penalized if they disengage from services after they enroll. Equally striking was the expectation among some caseworkers that home visitors would monitor families and report back what they observe.

It is important to place these findings within the larger context in which child welfare caseworkers and home visitors work. Home Visiting Specialists from the Erikson Institute DCFS Early Childhood Project track whether families identified for home visiting services are referred, enrolled, and engaged. Their tracking data and CQI reports reveal several reasons why identification does not lead to referral, enrollment, or engagement for some families.

- Families may opt out of home visiting services because they are “in crisis” and not able to engage or because they feel overwhelmed by all the other services they are receiving.
- Families may decline services, stop responding to outreach efforts, or relocate. Relocation can occur because families lack stable housing. Providing home visiting services to unstably housed families can be challenging, and if these families move, they may be outside of the catchment area of the program to which they were referred.
- Families may already be connected to home visiting or other early childhood services before a referral can be made.
- Families may be unable to enroll in a home visiting program because they lack the necessary documentation, because the program has a waitlist due to staffing shortages, or because the program is operated by a school district that pauses enrollment during the summer. Home Visiting Specialists are not always aware that a referred family has been waitlisted or that enrollment has been paused.
- Families may also find it difficult to communicate with home visitors because they do not have a working phone number or because they don’t speak English. Some home visiting programs are experiencing increased demand for home visitors who can speak other languages.

Because we only collected data from caseworkers and home visitors in Illinois, we do not know whether these findings generalize to other states that include home visiting services in their Family First Prevention Services plans. Moreover, since the data on which this brief is based were collected, several steps have been taken to build relationships, foster collaboration, and promote understanding.

Figure 4. Strengthening Early Childhood Connections Through DCFS, Erikson Institute, and Partners



- Representatives from DCFS and the Erikson Institute DCFS Early Childhood Project cofacilitate monthly meetings with intact family services caseworkers across the state to discuss the array of early childhood services available to families. These meetings led to the development and distribution of materials about six types of early childhood services, including home visiting, to help caseworkers understand the early childhood service array and talk with families about those services.
- Representatives from the Erikson Institute DCFS Early Childhood Project and the Illinois Department of Human Services/Division of Early Childhood (DHS/DEC) cofacilitate quarterly “bridge” meetings for home visiting and child welfare service providers to discuss common goals, challenges, and successes.
- Home Visiting Specialists from the Erikson Institute DCFS Early Childhood Project continue to build relationships with child welfare and home visiting service providers. They participate in monthly service provider meetings to explain their role in connecting families to home visiting services and visit service providers to share books and toys that caseworkers and home visitors can give to families with young children to build relationships.
- Multiple partners, including the Erikson Institute DCFS Early Childhood Project, DHS/DEC, and the Teen Parent Service Network (TPSN),¹⁷ have implemented strategies to promote cross-system understanding and collaboration between home visitors and caseworkers. These include hosting webinars to explain intact family services, home visiting, and early intervention; developing a guide for working with families involved with the child welfare system; facilitating focus groups with child welfare and home visiting service providers; and creating a curriculum on early childhood development and services.

We do not yet know what effect these efforts may have. It is possible, if not likely, that the level of collaboration and mutual understanding between home visitors or caseworkers has increased since the data on which this brief is based were collected. Nevertheless, additional work is needed to strengthen partnerships between child welfare agencies and home visiting programs. Caseworkers and home visitors also need clear guidance around issues such as information sharing. Moreover, given the high turnover rates among both the caseworkers and home visitors, ongoing training will be essential to ensure that progress is sustained.

CONCLUSION AND NEXT STEPS

The brief explores the challenges experienced by child welfare caseworkers referring families for home visiting services and home visitors delivering services to families that are referred. Missing from the brief are voices of those families. To fill that gap, we are interviewing parents and other caregivers. Understanding their experiences is critical to improving the delivery of home visiting services in the context of Family First.

Statement of Independence and Integrity

Established in 1985, Chapin Hall's areas of research include child welfare systems, community capacity to support children and families, and youth homelessness. Chapin Hall partners with policymakers, practitioners, and philanthropists at the forefront of research and policy development by applying a unique blend of scientific research, real-world experience, and policy expertise to construct actionable information, practical tools, and, ultimately, positive change for children and families. Chapin Hall adheres to the values of science, meeting the highest standards of ethics, integrity, rigor, and objectivity in its research, analyses, and reporting. Learn more about the principles that drive our work in our [Statement of Independence](#). For more information about Chapin Hall, visit www.chapinhall.org or @Chapin_Hall.

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ENDNOTES

¹ Services can be provided to children who are "candidates for foster care," the parents or kin caregivers of those children, and pregnant or parenting youth in foster care. Children are candidates for foster care if they are at imminent risk for out-of-home care placement but can remain safely at home or with relative caregivers if prevention services are provided.

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¹⁵ The Illinois Department of Human Services and Illinois State Board of Education are the primary funders of home visiting programs in Illinois.

¹⁶ Some purveyors of evidence-based home visiting models, including Healthy Families America and Parents as Teachers, have issued guidance for home visiting programs about working with families involved with the child welfare system.

¹⁷ The Teen Parenting Services Network (TPSN) contracts with DCFS to oversee the provision of services to all pregnant and parenting youth in DCFS care.