

Chapin Hall Research Brief



Delivering Home Visiting Services to Child Welfare System-Involved Families Under Family First

This brief summarizes lessons learned from the evaluation of a pilot project that linked pregnant and parenting youth in foster care with home visiting services and discusses the implications of those lessons for implementation of the Family First Prevention Services Act.

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Introduction

The Family First Prevention Services Act (FFPSA) marks a major shift in how federal funding for child welfare services can be used and represents a major federal investment in prevention services. States, territories, and tribes with approved plans can claim federal reimbursement under Title IV-E for providing three broad categories of services to prevent children from being placed in foster care: mental health treatment services, substance abuse prevention and treatment services, and in-home parent skill-based programs. The services must be trauma-informed, evidence-based, and rated as promising, supported, or well-supported practices by the Title IV-E Prevention Services Clearinghouse.

Three groups are eligible for prevention services under the FFPSA: (1) children who are at imminent risk for foster care placement but can remain safely at home or with relatives if prevention services are provided (“candidates for foster care”); (2) the parents or relative caregivers of those children who are candidates for foster care; and (3) pregnant or parenting youth in foster care.

Among the interventions already reviewed and rated as well-supported by the Clearinghouse are three home visiting models: Healthy Families America, Parents as Teachers and Nurse-Family Partnership. Home visiting is widely viewed as a promising approach to improve a broad range of child and parent outcomes and prevent child maltreatment.

Families involved in the child welfare system often present with complex and multifaceted needs that cannot be met by the child welfare system alone.

(Chen & Chan, 2016; Howard & Brooks-Gunn, 2009). It has been shown to significantly reduce child abuse, improve parental functioning, and enhance child development (Coalition for Evidence-Based Policy, 2009; Michalopoulos et al., 2019; Geeraert et al., 2004; Sweet & Appelbaum, 2004). Although each home visiting model is unique, components typically include assessing family needs; educating and supporting parents; and referring families to community-based resources.

Families involved in the child welfare system often present with complex and multifaceted needs that cannot be met by the child welfare system alone. Child welfare agencies often refer these families to community-based organizations for services and supports (National Technical Assistance and Evaluation Center, 2008). However, findings from several studies suggest that child welfare system-involved families with young children are generally not connected to early childhood home visiting programs

(Stahmer et al., 2005; Casanueva et al., 2008; Jonson-Reid et al., 2018; Wiggins et al., 2007). A few home visiting models, such as Safe-Care and Attachment and Biobehavioral Catch-up, were developed with the needs of these families in mind. However, they are not widely available in most communities (Chaffin et al., 2012; Dozier et al., 2008).

Child welfare system-involved families have a low rate of engagement with home visiting programs. One factor contributing to this low engagement is the fragmented nature of our social service systems. Child welfare and home visiting are siloed in different systems that do not naturally collaborate. As a result, families receiving child welfare services are often not referred to home visiting programs, even though those programs have been shown to improve a broad range of child and parent outcomes (Chen & Chan, 2016; Howard & Brooks-Gunn, 2009).

Pilot Project

To increase engagement in home visiting services among child welfare system-involved families, the Illinois Early Learning Council's Home Visiting Taskforce (Home Visiting Taskforce) established a Child Welfare Subcommittee (Committee) to design and implement a pilot project that would connect pregnant or parenting youth under the care and supervision of the Illinois Department of Children and Family Services (DCFS) to home visiting services.

Ten Healthy Families America (HFA) programs agreed to participate in the pilot project. The Committee hosted three cross-trainings across the state that were designed to: (1) provide home visitors with information about the child welfare system, (2) provide child welfare workers with information about home visiting, and (3) provide both groups with information about the pilot project. Nearly all of those who attended the trainings were staff from the participating HFA programs.

Over 26 months, 43 young women, ages 14 to 20, enrolled in one of the participating HFA programs. At enrollment, 27 of the young women were pregnant and 16 were the parent of a child who was less than 1 year old.

Chapin Hall at the University of Chicago conducted an implementation study of the pilot project. This study explored the challenges associated with delivering home visiting services to pregnant and parenting youth in care and the ways home visiting programs adapted service delivery in response to these challenges. The study's findings have implications for delivering home visiting services both to young people in foster care who are pregnant or parenting and to the much larger population of child welfare system-involved families with young children who might benefit from receiving evidence-based home visiting services through the Family First Prevention Services Act.

Study Methods

As part of our mixed-methods implementation study, we collected data from the home visiting programs that participated in the pilot project about the services they provided to the young women who were enrolled; analyzed child welfare administrative data; and conducted semi-structured interviews. We interviewed 29 of the young women who participated in the pilot project, 15 home visitors, three doulas, and three home visiting supervisors.¹ The interviews were digitally recorded and the transcripts were coded.²

Findings & Recommendations

Below we highlight several of our major findings and offer recommendations based on their implications for policy and practice. Although the pilot project was limited to pregnant and parenting youth in care, the lessons we learned from our implementation study extend to the larger population of child welfare system-involved families with young children that stand to benefit from evidence-based home visiting services.

¹ Five of the 10 HFI programs that participated in the pilot project offered doula services. Doulas are paraprofessionals who provide physical, emotional, and informational support to mothers before, during, and shortly after childbirth.

² Additional information about the study methods can be found at <https://www.chapinhall.org/research/home-visiting-child-welfare/>

FINDING

HOME VISITING SERVICES CAN BE SUCCESSFULLY DELIVERED TO PREGNANT AND PARENTING YOUTH IN CARE.



RECOMMENDATION

HOME VISITING FOR PREGNANT AND PARENTING YOUTH IN CARE SHOULD BE A PART OF EACH STATE'S FAMILY FIRST PLAN.

Home visiting services can be successfully delivered to pregnant and parenting youth in care.

Nearly 1,000 home visits were completed with the participants over the 29-month evaluation. Moreover, both home visitors and participants perceived the home visiting services that were provided as beneficial. Among the benefits they reported were increased knowledge of child development, enhanced parenting skills, and improved coparenting relationships.

Recommendation: States should provide home visiting services to pregnant and parenting youth in care as part of their Family First Prevention Services plan.

Pregnant and parenting youth in care are eligible for prevention services under the FFPSA. Evidence-based home visiting services could benefit both young parents in care and their children.

FINDING

THE VOLUNTARY NATURE OF HOME VISITING SERVICES IS IMPORTANT.



RECOMMENDATION

CLEAR POLICIES ARE NEEDED TO ENSURE THAT FAMILIES ARE NOT COERCED INTO OR PENALIZED FOR NOT PARTICIPATING IN HOME VISITING.

The voluntary nature of home visiting services is important.

Parents appreciated being able to choose whether to participate in home visiting services. However, parents at one residential care facility were told by staff that they were required to participate. These parents worried that they would be penalized for being noncompliant if they refused. Once home visitors became aware that this was happening, they emphasized the voluntary nature of their services to both the parents and the staff at the residential care facility.

Recommendation: Clear policies are needed to ensure that families are not coerced into or penalized for not participating in home visiting.

Child welfare agencies and home visiting programs have fundamentally different approaches to working with families. Home visiting services are voluntary. By contrast, child welfare services are often court-mandated or required as part of a case plan. Even when services are nominally voluntary, families may feel obligated to participate.

FINDING

ENGAGING PREGNANT AND PARENTING YOUTH IN CARE IN HOME VISITING SERVICES CAN BE DIFFICULT.



RECOMMENDATION

HOME VISITORS SHOULD RECEIVE TRAINING ON WORKING WITH CHILD WELFARE SYSTEM-INVOLVED FAMILIES.

Engaging pregnant and parenting youth in care in home visiting services can be difficult.

It took time for some participants to develop a trusting relationship with their home visitor. Other barriers to engagement included unstable living arrangements, mental health crises, and intimate partner violence.

Recommendation: Home visitors should receive training on working with child welfare system-involved families.

This training should prepare home visitors for the possibility that these families may require more support, be harder to engage, and have more trouble being consistent with visits than families that are not involved in the child welfare system.

FINDING

PREGNANT AND PARENTING YOUTH IN CARE OFTEN REQUIRED MORE INTENSIVE SERVICES.



RECOMMENDATION

HOME VISITING PROGRAMS SHOULD CONSIDER WEIGHTING FAMILY FIRST CASES MORE HEAVILY.

Pregnant and parenting youth in care often required more intensive services than families receiving home visiting services typically need.

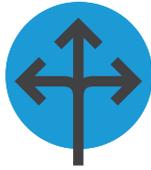
Because these youth were assigned the same case weight as other families and case weights are used to determine caseload size, their home visitors and doulas were doing more work than the size of their caseloads suggested.

Recommendation: Home visiting programs should consider weighting Family First Prevention Services cases more heavily than other cases.

Child welfare system-involved families, including pregnant or parenting youth in care, may have more intensive service needs than the families typically served by home visiting programs. As these families are increasingly referred to home visiting programs as part of state Family First Prevention Services plans, home visitors could soon feel overwhelmed. One way for home visiting programs to prevent this is to assign greater weight to cases involving families referred by the child welfare system. Consistent with this recommendation, HFA programs serving child welfare system-involved families under the optional Child Welfare Protocol that Healthy Families America rolled out in 2018 are encouraged to maintain smaller caseloads. Distributing these families across home visitors could help reduce the risk for burnout.

FINDING

NAVIGATING THE CHILD WELFARE SYSTEM CAN BE CHALLENGING FOR HOME VISITORS.



RECOMMENDATION

PROVIDE TRAINING TO HOME VISITORS AND CHILD WELFARE WORKERS ON HOW THE “OTHER” SYSTEM WORKS.

Navigating the child welfare system can be challenging for home visitors.

Despite attending the cross-training, home visitors and doulas still had many questions about “how DCFS works.” For example, they lacked information about the age until which youth can stay in care, the services and supports available to those youth, or the responsibilities of their caseworkers.

Recommendation: Provide training to home visitors and child welfare workers on how the “other” system works.

Home visitors need to know about the child welfare policies affecting the families they work with and need to be aware of services and supports available to those families through the child welfare system. Conversely, child welfare workers need training on the types of services home visitors provide, the voluntary nature of those services, and the importance of confidentiality to the home visiting relationship. Consistent with this recommendation, HFA programs operating under the Child Welfare Protocol are encouraged to provide ongoing training on the child welfare system to staff working with child welfare system-involved families. They are also encouraged to strengthen their relationship with the child welfare agency by providing training about the HFA model.

FINDING

INFORMATION SHARING BETWEEN HOME VISITORS AND CHILD WELFARE WORKERS IS COMPLICATED.



RECOMMENDATION

ESTABLISH CLEAR POLICIES ON INFORMATION SHARING BETWEEN CHILD WELFARE AND HOME VISITING PARTNERS.

Information sharing between home visitors and child welfare workers is complicated.

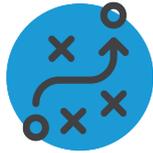
Home visitors grappled with two issues related to information sharing. First, what information did they want child welfare workers to share with them? Home visitors disagreed as to whether knowing about the background of a pregnant or parenting youth in care would be helpful. However, they did agree that timely information about placement changes or other events that could affect service provision was essential. Second, what information could they share with child welfare workers? Home visitors expressed concern that sharing information about what happened during their visits with pregnant and parenting youth in care could undermine the relationships they had established with those youth. However, some felt comfortable sharing information about the topics they covered or the dates on which visits took place, but only with a youth’s permission.

Recommendation: Establish clear policies on information sharing between child welfare and home visiting partners.

These policies should specify (1) information that should be shared; (2) information that may be shared; and (3) the conditions under which information sharing can take place (e.g., whether permission is needed).

FINDING

AT TIMES, HOME VISITORS AND DOULAS DEVIATED FROM HOW THEY TYPICALLY DELIVER SERVICES



RECOMMENDATION

HOME VISITING PROGRAMS NEED TO BE FLEXIBLE WITH CHILD WELFARE SYSTEM-INVOLVED FAMILIES.

At times, home visitors and doulas deviated from what they typically do to engage and deliver services to pregnant or parenting youth in care.

These deviations included delaying the administration of routine assessments, not using their standard curriculum, or keeping families on Creative Outreach longer than they otherwise would.³ Importantly, these were not adaptations that had been planned; rather, these adjustments were made as various challenges to service delivery arose. One consequence of these deviations is that fidelity to the HFA model was not always maintained.

Recommendation: Home visiting programs need flexibility in how they serve child welfare system-involved families.

Programs may need to shift their expectations for home visitors working with child welfare system-involved families, such as allowing more time to engage a family in services, while also adhering to best practice standards or other requirements to maintain accreditation or qualify for funding. HFA's Child Welfare Protocol encourages some flexibility. For example, families are generally required to enroll in an HFA program before the target child is 3 months old. However, programs operating under the protocol can enroll families referred by the child welfare system up until the target child is 2 years old.

FINDING

MONITORING REFERRALS, ENROLLMENT, AND ENGAGEMENT WERE CRITICAL TO THE PILOT PROJECT'S SUCCESS.



RECOMMENDATION

IMPLEMENT A ROBUST CONTINUOUS QUALITY IMPROVEMENT (CQI) PROCESS

Monitoring referrals, enrollment, and engagement were critical to the pilot project's success.

The evaluation team met weekly (and later biweekly) with those responsible for implementing the pilot project to share information about the status of referred, open, and transferred cases and to troubleshoot problems. However, this was not a formal process with clearly defined metrics that were routinely tracked.

Recommendation: Implement a robust Continuous Quality Improvement (CQI) process to monitor implementation, identify barriers to engagement, and take corrective action.

This requires a plan for collecting, analyzing, and presenting data to inform practice and should involve representatives from both child welfare and home visiting.

³ Creative Outreach is typically reserved for families that are not consistent with home visits or that cannot be located.

Conclusion

The Family First Prevention Services Act marks a major shift in how federal funding for child welfare services can be used. For the first time, the federal government will be making a significant investment in prevention services for child welfare system-involved families. As a result of this legislation, states can claim federal reimbursement for providing families whose children are at risk for foster care placement with evidence-based home visiting services. This has the potential to significantly increase access to these services among child welfare system-involved families across the country. The lessons we learned from this pilot project can help child welfare systems and home visiting programs prepare for the challenges they are likely to face engaging and delivering home visiting services to eligible families.

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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.

Established in 1985, Chapin Hall's areas of research include child welfare systems, community capacity to support children and families, and youth homelessness. For more information about Chapin Hall, visit www.chapinhall.org or @Chapin_Hall.

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The opinions, findings, and recommendations expressed in this publication are solely those of the authors and do not necessarily reflect those of the Illinois Department of Children and Family Services.

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