Project Link
Issue Brief

children's home + aid

the Ounce

HOME VISITING

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Advancing Home Visiting as a Strategy to Improve Outcomes for Children Involved in Child Welfare

Children's Home + Aid
125 South Wacker Drive
Suite 1400
Chicago, Illinois
Phone | 312.424.0200

childrenshomeandaid.org

This issue brief was produced in partnership with the Center for Policy, Practice + Innovation at Children's Home + Aid and the Ounce of Prevention Fund.

Introduction

Young children ages 0-5 comprise nearly half of all child maltreatment cases nationally and in Illinois.[1] Research shows that early exposure to child abuse and neglect (i.e. maltreatment) can severely damage the architecture of the developing brain. Providing young children who have been maltreated access to comprehensive, high-quality early care and education services, including home visiting, represents a critical opportunity for mitigating the effects of maltreatment on the developing brain.

Children's Home + Aid is leading a two-year federal demonstration project in partnership with the Illinois Department of Children and Family Services (DCFS),[2] the Governor's Office of Early Childhood Development, Erikson Institute, and the Ounce of Prevention Fund. This effort, known as Project Link, is providing a deeper understanding of the barriers preventing children involved in the child welfare system from receiving early care and education services.

Through Project Link, Children's Home + Aid examined over 350 child welfare cases in the three neighboring Chicago communities of Englewood, West Englewood, and Greater Grand Crossing. The analysis explored the relationships between the children's demographics, the type of child welfare placement, and the rates of developmental screenings and enrollment in early care and education programs.

Children receiving services from DCFS may be in foster care with a relative, traditional, or specialized caregiver, or served by intact family services where there has been a substantiated case of abuse or neglect but the child remains in the care of his or her parents.

This issue brief is the first in a series examining the findings from Project Link, exploring related research and best practices, and offering questions for consideration and implications for policy and practice in Illinois. This first issue brief, "Advancing Home Visiting as a Strategy to Improve Outcomes for Children Involved in Child Welfare," considers the pivotal role that evidence-based, voluntary home visiting programs may play in mitigating the effects of abuse and neglect, and provides recommendations for increasing the connections between home visiting and child welfare.

The Impact of Maltreatment on Early Childhood

The interactions infants have with their caregivers during the first years of life guide early brain development and thus lay the foundation for developmental outcomes throughout adolescence and adulthood. Infants are born with nearly all of the neurons they will ever have, and by age 3 the brain has reached 90 percent of its adult size and has increased significantly in neural connections.[3] The majority of growth that occurs during this period is in the regions of the brain involved in regulating emotions, language, and abstract thought. Development of each of these areas is dependent on the interactions infants have with their caregivers, and because the brain adapts to its environment, healthy development is determined by the extent to which these interactions are positive or negative.[3]

While healthy brain development is critical between birth and age 3, this is also the time during which children are most at risk for experiencing maltreatment.[4] The child maltreatment rate for children under the age of 1 is 2.2 percent, which is at least double the rate of any other age cohort.[5]

When these young children are abused and neglected, they must focus their brains' resources on responding to a threatening environment, rather than on developing secure attachments and the ability to regulate emotions. As a result, the neuronal development of infants and toddlers who are maltreated prepares them to respond to negative conditions and delays their physical, cognitive, emotional, and social growth.[6] Preventing maltreatment in the earliest years is crucial for protecting children against a life-long trajectory of adverse developmental outcomes.[7]

These factors, considered together, mean that it is critical that young children and families involved in the child welfare system have access to services that have the potential to mitigate the impacts of the trauma they have experienced. The type of child welfare case – including traditional or specialized foster care for children with complex medical or behavioral issues, home of relative care, teen parent services for wards of the state with children, and intact family services – will influence the design and implementation of services.

It is critical that young children involved in the child welfare system and their families have access to services that have the potential to mitigate the impacts of the trauma they have experienced.

Home Visiting + Child Welfare: A Key Connection

Just as the root of these challenges lies in the earliest years, so does one solution. Voluntary, evidence-based home visiting programs, which pair at-risk families with trained professionals who provide vital information and support, improve caregivers' ability to provide a safe, supportive, and healthy early learning environment. As such, home visiting

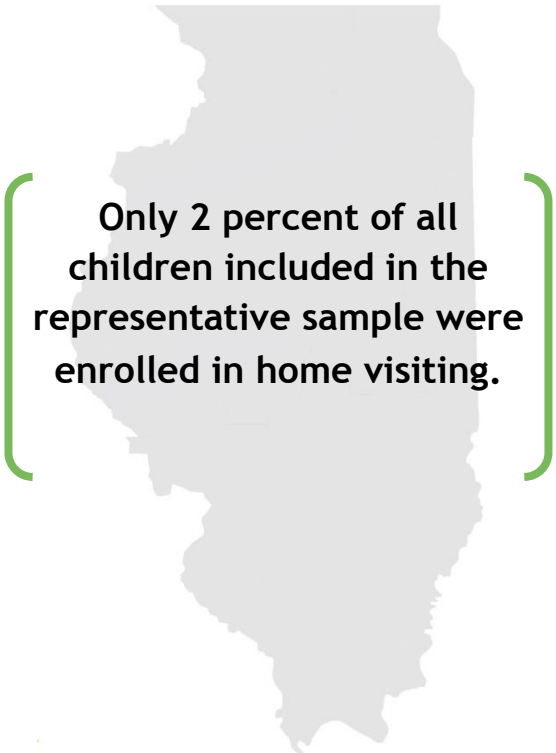
constitutes an effective strategy to mitigate the impacts of trauma and improve the developmental trajectory of at-risk children from the prenatal period to age five. Trauma-informed practice will be a critical component with additional adaptations that specifically take into account that children have already been exposed to maltreatment.

Home visiting promotes strong early parent-child relationships and home visitors also provide a number of other critical supports for at-risk families. This includes conducting developmental screenings for the child, maternal depression screenings, and making referrals to other services the family may need such as mental health treatment and early intervention services.

National and Illinois-specific research studies show that high-quality evidence-based home visiting programs result in a myriad of positive outcomes for children and their families. These include lower incidence of children needing treatment for injuries; higher rates of developmental screenings which many in this population may not receive;[8] and reduced risk for child maltreatment due to the promotion of positive parenting skills.[9] [10] [11] For children with a substantiated case of maltreatment, home visiting programs may provide the opportunity to decrease the risk of subsequent abuse and neglect and prevent re-entry into the child welfare system.

Illinois has long recognized the value of home visiting. Over the past three decades, Illinois has built a robust statewide home visiting system in which all levels of government are involved and implementation cuts across many agencies and funding streams. Through this system, Illinois serves approximately 15,000 families per year through over 300 home visiting programs across the state.

In cases where child maltreatment has already occurred, intensive models of home visiting can be an effective strategy for helping to establish a more secure caregiver-child attachment. When the caregiver-child relationship has been challenged or severed as a result of previous abuse and neglect, home visiting presents a promising approach to strengthening a damaged caregiver-child relationship and preventing additional maltreatment.



Only 2 percent of all children included in the representative sample were enrolled in home visiting.

The Challenge in Illinois

Unfortunately, despite the strong evidence that participating in home visiting programs would benefit children in the child welfare system, the number of those children enrolled in home visiting programs in Illinois is extremely low. In fact, data from Project Link indicates that only ***2 percent of all children included in the representative sample were enrolled in home visiting***. By comparison, 47 percent of all children in the sample were enrolled in early care and education programs other than home visiting.

This raises two critical questions: **1) Why are families involved in the child welfare system in Illinois not also enrolled in home visiting programs, and 2) What can we do about it?**

We propose that there are four primary reasons why families involved in child welfare are not also involved with home visiting: differences in purpose and approach; policies that do not sufficiently support collaboration; a knowledge gap among staff in both systems; and a recognition that many home visiting programs are not well-equipped to serve this population.

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Home visiting programs and the child welfare system both serve at-risk families with very young children but their approach to services is very different. Historically, there has been very little collaboration between the two systems. Child welfare agencies are charged with protecting children from further maltreatment, often through delivering services that have been mandated by the courts after a child has experienced abuse or neglect, or by responding to crisis situations. Home visiting programs, on the other hand, are charged with promoting child well-being and preventing child maltreatment, primarily through the delivery of voluntary services that support family-driven goals initiated close to a child's birth.

There is potential for these two complementary service approaches to work in concert with each other to achieve greater impact and better outcomes for families; however, without intentional efforts to collaborate, along with appropriate supports, incentives, and efforts to expand the participant population, that potential will not be realized and services will continue to exist in silos. New models of working together will need to be developed and supported.

Current policies and procedures do not support enrollment of children involved in the child welfare system into home visiting programs. In the home visiting system, programs are not required to reach out to the child welfare-involved population or prioritize these families for services. In addition, some of the home visiting models currently funded in Illinois have requirements that present barriers for families involved in the child welfare system, such as requirements to enroll prenatally or very soon after birth. In addition, misconceptions among home visiting staff regarding policies for enrolling child welfare-involved children can lead some individual programs to mistakenly exclude this population from services for which they are actually eligible.

In the child welfare system, although DCFS procedures under Rule 314.70 require enrollment in early childhood programs for all children ages 0-5 in foster care[12], a greater focus is given to enrolling children ages 3-5 in early learning programs. In addition, although home visiting is mentioned as an approved program to refer families to in Procedure 314.70, it is classified as an accredited child care program, which is not an accurate description of home visiting services.[12]

The limitations of the current policies and procedures are exacerbated by a knowledge gap between staff working in the child welfare system and home visiting programs. Surveys of child welfare caseworkers conducted by Project Link reveal that many caseworkers do not have an understanding of evidence-based home visiting and the benefits it can provide to children and families. Child welfare caseworkers have caseloads of families with children of all ages and, as a result, may not have specialized knowledge or training in early childhood development. Caseworkers may be unaware of the positive benefits of enrolling children in the full range of early care and education programs, from home visiting to preschool.[13]

Without this awareness and knowledge, it is not surprising that caseworkers are not routinely referring children and families to home visiting programs. Likewise, most home visitors often lack understanding of the child welfare system and may receive little training on child maltreatment beyond mandated reporter training. Home visitors will need to be skilled in delivering trauma-informed practices, and programs will need additional resources to support staff as they work with families where maltreatment has occurred.

The resources and infrastructure to fully implement home visiting models likely to be most effective with families involved in the child welfare system have not caught up with the shift in thinking about how home visiting programs can serve this population. Home visiting programs were not initially designed to serve families involved in the child welfare system. As a result, there are many misconceptions about whether and how home visiting programs can serve these families. For example, there are no policies that exist among home visiting models, funders, or risk factor scoring rubrics that prohibit the enrollment of these families in home visiting programs as long as the services are voluntary. Despite this, there has historically been reluctance among some home visiting staff to serve these families due to a perception that they are too difficult to work with, or that home visiting should be exclusively focused on prevention instead of intervention.

In recent years, however, home visiting programs have increasingly encountered families with more complex service needs and home visitors have a strong desire to serve these families. Unfortunately, home visitors do not currently have sufficient access to support and resources to address the very complex needs of these populations. This reveals a need to develop innovations to better serve families that are most in need, and a need to re-conceptualize the idea of prevention to include preventing further maltreatment and subsequent re-entry into the child welfare system.

These factors indicate that without strong, clear, and complementary policies and procedures across home visiting and child welfare, it will remain challenging to increase enrollment of children in these populations into home visiting programs.

Providing home visiting services to child welfare-involved families requires *re-conceptualizing* the idea of prevention to include preventing further maltreatment.

Potential Solutions

Now, how do we overcome the barriers that exist between home visiting and the child welfare system to ensure that families get what they need from both systems to be healthy and successful? Both systems will need to articulate a set of shared values and a commitment to achieve the internal and departmental cultural changes required to meet the needs of the children in the child welfare system. Coordination across systems in terms of policy, practice, and training will be essential to effectively establishing a quality system. Strong leadership from both systems will be required to ensure successful implementation.

The considerations listed below present opportunities to increase the frequency of use of home visiting for families involved in the child welfare system.

Consideration 1

Develop and conduct regular cross-training for child welfare and home visiting employees including direct line staff, supervisors, and administrators. Home visiting and child welfare programs can better share the responsibility of serving these families if all workers have a better understanding of the unique needs of these families, the relationship between early childhood development and child maltreatment, and the full breadth of resources and supports available to families and children. In addition, cross-training that is inclusive of both service systems has the added benefit of using time and other resources efficiently.

Providers can build cross-system knowledge and relationships at one streamlined training session instead of a series of separate trainings. Trainings could be modeled after or built upon similar cross-training already being implemented between DCFS and Head Start programs throughout Illinois. Trainings should occur regularly to reinforce relationship building, provide updated and accurate information, and account for high rates of staff turnover. It is critical that administrators and supervisors also participate in this initiative and support its implementation.

Consideration 2

Develop and execute Memorandums of Understanding (MOUs) between DCFS and home visiting programs. Such MOUs could support collaboration by establishing referral processes, defining roles and responsibilities, and establishing a system for sharing information and ongoing collaboration. An MOU between DCFS and home visiting programs could be modeled after the MOU currently held between DCFS and home-based Early Head Start programs throughout Illinois. The MOUs then provide an opening to foster stronger relationships between home visiting programs and child welfare providers.

Consideration 3

For the home visiting models that are currently being implemented in Illinois, ensure clarity at all levels on eligibility criteria for families involved in the child welfare system. There are currently a myriad of misconceptions across both systems about whether child welfare-involved children can be served by home visiting programs which need to be addressed to expand access for these families and to determine the best fit for each family.

Consideration 4

Invest in expanding the current training and professional development infrastructure across child welfare and early childhood systems to support the implementation of evidence-based home visiting models specifically designed for families involved in the child welfare system.

Consideration 5

Provide categorical eligibility for home visiting programs to children involved in the child welfare system. This would help to mitigate one of the challenges that emerged through the Project Link analysis, which found enrollment in early childhood education programs, including home visiting for children ages 0-2, varied greatly depending on the type of child welfare case (see Table 1). For example, intact family services for children with a substantiated case of abuse or neglect that remain in the care of their parents is generally a six-month service delivery model. This speaks to the need for child welfare-involved children to have categorical eligibility for home visiting services so that they can enroll in the services more quickly.

Table 1. Enrollment in Early Childhood Education and Home Visiting

March 2014

Total # of children ages 0-2 = 234

Age	0-2	0-2
	Enrolled in ECE*	Enrolled in home visiting**
Foster Care Placement		
Home of Relative	35%	0%
Traditional	54%	0%
Specialized	0%	4.5%
Teen Parent Services Network (teen wards)	42%	3%
Intact Family Services	19%	6%

**Early care and education for ages 0-2 included: center or home-based child care and center-based Early Head Start and Prevention Initiative*
*** Home Visiting programs include Parents as Teachers, Healthy Families Illinois, Nurse Family Partnership or Early Head Start-home based models*
**** Foster care data as of September 2013*

Consideration 6

The expansion of categorical eligibility should be coupled with coordinated efforts by policymakers, researchers, funders, and advocates to increase the availability of evidence-based home visiting programs proven to be effective in reducing subsequent abuse and neglect and in improving outcomes for families involved in the child welfare system. There are currently 6 home visiting models that are HomVEE-approved[14], focus on reductions in maltreatment, and serve a range of ages.

Several of these (Parents as Teachers, Healthy Families America, and Nurse Family Partnership) are currently being implemented in Illinois and could be expanded, and others (Safe Care augmented, Child FIRST, and Early Start) could be brought into Illinois. This consideration should also include increasing the availability of enhancements to home visiting that are specifically focused on mitigating risk factors associated with the child welfare population, such as mental health consultation.

Consideration 7

Review and revise DCFS Policy and Procedure 314.70 to increase referral of children in the child welfare system to home visiting programs. The procedure should be revised to mandate referral of all age-eligible children involved in the child welfare system -- including children in foster care, children with intact cases, and children of wards -- to an appropriate early learning program.

Consideration 8

Clarify and provide guidance to all child welfare caseworkers on Procedure 314.70, which states that all children for whom the Department is legally responsible shall be enrolled in an early childhood program. The guidance should remind caseworkers that this requirement applies to infants and toddlers as well as preschool age children. In addition, the Department should be encouraged to articulate and implement practices that support child well-being and healthy development as key goals, in addition to permanence and safety, for children in the Department's care. As a subset of early childhood programs, home visiting is best seen as a complement to the Department's efforts to balance permanency, safety, and well-being.

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Conclusion

Ensuring that children involved in the child welfare system have access to high-quality and appropriate early childhood services is essential to helping them heal from the trauma they have experienced and develop in a healthy and positive way. Given their focus on supporting parents and children to build healthy relationships, evidence-based home visiting programs are particularly relevant for this population. Unfortunately, to date, due to a variety of factors, the connections between the home visiting and child welfare systems have been weak in Illinois. Meeting the needs of children who have been abused and neglected requires significant resources, cultural changes in both system and an articulation by early childhood and child welfare leadership of the importance of improving child well-being through home visiting. This commitment must be coupled with policy and procedural changes and a training and professional development infrastructure that supports the skilled implementation of home visiting services to highly-vulnerable children and families.

The good news is that there are building blocks in practice and in policy that can lay the ground work for significantly changing how we meet the crucial needs of the very youngest children and their families involved in the child welfare system and produce better outcomes for all.

Endnotes

[1] Murphey, D., Cooper, M., & Forry, N. (November 2013/January 2014). *The Youngest Americans (Illinoisans): A Statistical Portrait of Infants and Toddlers in the United States/Illinois.* Robert R. McCormick Foundation and Child Trends.

[2] The Illinois Department of Children and Family Services is the child welfare agency for the state of Illinois.

[3] U.S. Department of Health & Human Services: Child Welfare Information Gateway. (2009). *Understanding the effects of maltreatment on brain development*, 3. Retrieved October 2014 from https://www.childwelfare.gov/pubs/issue_briefs/brain_development/brain_development.pdf

[4] U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, & Children's Bureau. (2013). *Child Maltreatment 2012.* Retrieved October 14 from http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2012

[5] Wulczyn, F., & Martine, Z. (2009). *Infants in the Child Welfare System: Epidemiology and Development*, 3. (Paper presented at the quarterly meeting for the Illinois Early Learning Council, Chicago, Illinois, June 23, 2014).

[6] U.S. Department of Health & Human Services: Child Welfare Information Gateway (n.d.). *Understanding the Effects of Maltreatment on Brain Development.* Retrieved October 2014 from https://www.childwelfare.gov/pubs/issue_briefs/brain_development/brain_development.pdf

[7] The Adverse Childhood Experiences (ACE) study is ongoing collaborative research between the Centers for Disease Control and Prevention in Atlanta, GA, and Kaiser Permanente in San Diego, CA. Over 17,000 Kaiser patients participating in routine health screening volunteered to participate in the study. Data resulting from their participation continues to be analyzed; it reveals staggering proof of the health, social, and economic risks that result from childhood trauma. The Centers for Disease Control and Prevention provides access to the peer-reviewed publications resulting from The ACE Study.

[8] U.S. Department of Health & Human Services: Child Welfare Information Gateway. (2013). *Addressing the Needs of Young Children in Child Welfare: Part C—Early Intervention Services*, 2. Retrieved September 2014 from https://www.childwelfare.gov/pubs/partc.pdf#page=2&view=Child

[9] Other proven outcomes of home visiting include higher utilization of well-child visits, higher likelihood of children being fully immunized, increased rates of breastfeeding, more linkages to a medical home, and fewer birth complications for subsequent pregnancies.

[10] Daro, D. (2011). Home Visitation in Zigler, E., Gilliam, W., & Barnett, S. (Eds.). *The Pre-K Education Debates: Current Controversies and Issues*, 169-173.

[11] Avellar, S., & Supplee, L. (2013). Effectiveness of Home Visiting in Improving Child Health and Reducing Maltreatment. *PEDIATRICS*, 132 (Supplement 2), S90-S99 (doi:10.1542/peds.2013-1021G.

[12] DCFS Rule 314.70 states that "the Department shall make all reasonable efforts to enroll all wards meeting the enrollment criteria of individual pre-school education programs..." while DCFS Procedures for Section 314.70 say "All children for whom the Department is legally responsible shall be enrolled in an early childhood education program." http://www.state.il.us/dcfs/docs/ocfp/procedure/Procedures_314.pdf and http://www.ilga.gov/commission/jcar/admincode/089/089003140000700R.html

[13] American Humane Association, Center for the Study of Social Policy, Child Welfare League of America, Children's Defense Fund, & Zero to Three. (2011). *A Call to Action on Behalf of Maltreated Infants and Toddlers*, 6. Retrieved September 2014 from http://www.zerotothree.org/public-policy/federal-policy/childwelfareweb.pdf

[14] The Department of Health and Human Services launched Home Visiting Evidence of Effectiveness (HomVEE) to conduct a thorough and transparent review of the home visiting research literature and provide an assessment of the evidence of effectiveness for home visiting program models that target families with pregnant women and children from birth to age 5. http://homvee.acf.hhs.gov/Default.aspx

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children's home + aid

About Children's Home + Aid
Children's Home + Aid is a leading child and family service agency in Illinois. The organization helps children recover their health, their hope, and their faith in the people around them. We link children to a network of opportunity and care, to extended family, teachers, mentors, and the resources of the neighborhood and community. For more than 130 years, the organization has gone wherever children and families need them, and worked where it has been proven to be most effective: at home, in the classroom, in the neighborhood, in the course of daily life. The organization has offices located across Illinois and serves more than 40,000 children and families in over 60 counties each year. For more information about Children's Home + Aid, visit childrenshomeandaid.org.

In 2013, Children's Home + Aid launched the Center for Policy, Practice + Innovation to incubate innovative practices to improve outcomes for vulnerable children and families and to promote effective state and federal public policies.

the Ounce

About the Ounce of Prevention Fund
The Ounce of Prevention Fund gives children in poverty the best chance for success in school and in life by advocating for and providing the highest-quality care and education from birth to age 5. Learn more about our programs, advocacy, training and research at theOunce.org.

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For more information on Project Link, please contact **Sasha Robey** at (312) 424-6889 or arobey@childrenshomeandaid.org.