



Trying to bridge the worlds of home visitation and child welfare: Lessons learned from a formative evaluation



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ARTICLE INFO

Keywords:

Child welfare
Service coordination
Home visitation
Formative evaluation

ABSTRACT

Young children in families contacting the child welfare system are at high risk of recurrent maltreatment and poor developmental outcomes. Home visitation programs to support parenting may offer hope as a preventive resource but these programs are rarely linked with child welfare. This article describes findings from a formative evaluation of a program designed to connect child welfare-involved families to an existing evidence-supported home visitation program. The program, Early Childhood Connections (ECC), was developed by a field-university partnership including leaders from a public state child welfare system, regional early childhood education systems, and several local agencies providing family support services. Despite extensive and rigorous planning by the workgroup and collaborative refining of the intervention approach as agency needs changed, the continued structural and policy changes within both the home visitation agency and the child welfare agencies created significant ongoing barriers to implementation. On the other hand, child welfare-involved families were receptive to engaging with home visitation. Implications of lessons learned for ongoing program development in this area are discussed.

1. Introduction

The early years of life are a period of great vulnerability. Children with histories of child welfare (CW) contact are at a particularly high risk for poor developmental outcomes (Burns et al., 2004; Jonson-Reid, Drake, Kim, Porterfield, & Han, 2004; Leslie et al., 2005). Outcomes are worse for victims of recurrent maltreatment (Jonson-Reid, Kohl, & Drake, 2012). Despite optimism regarding early intervention with high risk families (American Academy of Pediatric, 2001; Bilukha et al., 2005), studies indicate that the CW population is rarely connected to early childhood services (Jonson-Reid et al., 2004; Stahmer et al., 2005; Wiggins, Fenichel, & Mann, 2007). Both a lack of coordination between systems and concerns about parental willingness to participate in service are noted in the literature.

Thus far, however, little attention has been given to the development and evaluation of attempts to bridge CW and home visitation. This means that the potential effectiveness is largely speculative. Formative evaluation allows other researchers to see inside the “black box” of complex implementation efforts (Odendaal, Atkins, & Lewin, 2016). This form of evaluation is designed to reveal potential facilitators and barriers to implementation that occur as a project progresses (Stetler

et al., 2006). This approach, when drawing on pre-existing and well-known frameworks such as the framework proposed by Stetler et al. (2006) used here, help provide consistency and definitions across implementation contexts and systematic insights into why and how implementation efforts succeed or fail (Connell, McMahon, Harris, Watkins, & Eng, 2014). These learnings can assist others in anticipating and addressing such issues when attempting similar program or intervention efforts (Marcynyszyn, Maher, & Corwin, 2011). This article presents findings from a formative evaluation of Early Childhood Connections (ECC), an innovative service integration process that attempted to coordinate an evidence-supported home visiting program (Parents as Teachers (PAT)) with usual CW care for intact families in an urban city and county context where the majority of the child welfare caseload is very low income and about 70% African American. The implementation effort was evaluated using the multi-stage formative evaluation framework proposed by Stetler et al. (2006). Learnings specific to each phase of the evaluation are presented to help further understanding of how to improve the participation of child welfare involved families in available early childhood programming.

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2. Background

Delivering services to families in the home removes barriers like lack of transportation with the goal of impacting family well-being and child development by altering parenting practices (Howard & Brooks-Gunn 2009). There are a wide range of program models that fit within this category, however, services are typically delivered by registered nurses (RNs) or paraprofessionals and are usually targeted at mothers (Howard & Brooks-Gunn, 2009).

Several studies have shown home visiting to be effective in improving outcomes for parents and children including reducing smoking, increasing social support, and improving parenting skills and parent-child attachment (Brown & Sturgeon, 2004). While child maltreatment prevention is frequently a goal of home visitation, this is typically primary prevention focused. Even then, the research on effectiveness in prevention of maltreatment is mixed (Duggan et al., 2000; LeCroy and Whitaker, 2005; Reynolds, Mathieson, & Topitzes, 2009). Two systematic reviews assessed the effectiveness of home visiting programs in reducing risk factors for maltreatment, arguing that these risk factors are predictors of future CA/N perpetration (Howard & Brooks-Gunn, 2009; Segal et al., 2012). Many of these studies, however, do not measure maltreating behaviors.

Despite the perceived promise of home visitation (Brown & Sturgeon, 2004; Howard & Brooks-Gunn, 2009; Stagner & Lansing, 2009), there is substantial variation in both the means of service delivery and eligibility criteria which confound attempts to understand impact. Some early childhood programs are universal in nature and rely on passive engagement strategies such as informational packets provided by hospitals at birth (e.g., Parents as Teachers). Others respond to referrals based on pre-existing risk factors (e.g., Healthy Families America). It is not clear from the scant literature available how often CW agencies attempt coordination with or implementation of parenting programs, how far they progress in the process, or the barriers and facilitators of successful change (Horwitz et al., 2014).

Child welfare services are also not uniform across states and sometimes regions within states. Services to intact families vary according to whether states have differential response approaches to maltreatment reports (Drake, 2013). Services may also vary depending on whether they are provided solely by public child welfare or by private agencies contracted by public agencies to provide services (Dorsey, Kerns, Trupin, Conover, & Berliner, 2012; Whitaker, Rogers-Brown, Cowart-Osborne, Self-Brown, & Lutzker, 2015). Currently, while public agencies are generally responsible for responding to reports of abuse and neglect and investigating them, the majority of states are either actively contracting other services out to private agencies or are considering doing so. States vary considerably in which CPS functions are privatized (AFSCME, n.d.). As a final issue, the types of actions or omissions (in the case of neglect) that are classified as reportable maltreatment vary from state to state (Child Welfare Gateway, 2016). It is unclear how these differences in who gets “screened in” or accepted for investigation or assessment may impact service delivery and outcomes.

There are also concerns regarding the acceptability and uptake of services by families involved with the child welfare system. There are differing views on the willingness of CW involved families to engage in other services (Dawson & Berry, 2002), but most research indicates that CW involved families desire more services rather than less (Chapman, Gibbons, Barth & McCrae, 2003). Studies of participation in infant and toddler special education services find under-use is associated with both the failure of CW professionals to recognize potential developmental problems (which results in low referral rates) and low intervention participation among parents and guardians once referred (Hurlburt et al., 2004; Wiggins et al., 2007). It is unclear how much participation is impacted by lack of understanding how to access services, fit with a particular program, or other barriers to service use such as maternal stressors, mental health or social support issues (Ammerman et al.,

2010; Paulsell, Avellar, Sama Martin & DelGrosso, 2011).

Formative evaluation of implementation efforts can help identify the unique challenges faced when attempting new programming so that others can anticipate and address such issues in ongoing efforts (Marcynyszyn et al., 2011). This article presents findings from a formative evaluation of Early Childhood Connections (ECC), an innovative coordination process that attempted to coordinate an evidence-supported home visiting program (Parents as Teachers (PAT)) with usual CW care, by having a CW caseworker introduce the family to the PAT worker, in person, through a “warm handshake” process. The warm handshake was developed because many intact families receiving child welfare services report a friendly rapport with their caseworker. Thus, the caseworker should be able to introduce the family to the PAT worker, capitalizing on the trust the family already has with the caseworker while also eliminating the need for the family to follow through on the referral. The implementation effort was evaluated using the multi-stage formative evaluation framework proposed by Stetler et al. (2006). Learnings specific to each phase of the evaluation are presented to help further understanding of how to improve the participation of child welfare involved families in available early childhood programming.

3. Methods

3.1. Setting

ECC was developed in a mid-sized Midwestern metropolitan region with a focus on the inner city and northern county areas where the percentage of families receiving income assistance ranged from about 26 to 50% (Vision for Children at Risk, 2005). Because of the demographics of the CW population in the region, the majority of the participants were African American with the remainder being Caucasian. Families eligible for the study were intact at the start of implementation (as compared to families with children in foster care). All families served were reported to CW for concerns related to abuse or neglect but either had no continuing child welfare services following the report or had brief entirely voluntary CW case management. None of the cases were court involved. Participation in ECC was also completely voluntary and participation in the program was not reported back to the CW worker once referred. The university research team had an established history of collaboration with CW and many of the stakeholder agencies prior to program development.

3.2. Data collection and analyses approach

This mixed methods formative analysis drew upon multiple data sources from the development of ECC through its implementation. For the developmental evaluation, we collected and analyzed qualitative data that documented the development of the intervention. Data sources included focus groups with child welfare and early childhood education staff; documentation of email and phone correspondence between members of the research team and key stakeholders including families, CW caseworkers, and PAT parent educators; and minutes of stakeholder advisory committee meetings.

Focus group data were analyzed using a selective coding format (Padgett, 2008). Codes, or themes, were imported directly from the focus group domains, allowing for expedited data collection and analysis while also representing participant opinions and perceptions (Padgett, 2008). Analysis of the remaining qualitative data followed aspects of both conventional and directed content analyses procedures (Hsieh & Shannon, 2005). In other words, data were examined both for themes or issues that arose when reviewed, as well as being guided by phases and terminology specific to implementation research.

For the implementation-focused evaluation, we collected and analyzed quantitative data related to implementation, including the number of referrals made to ECC and acceptance of services,

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