

Prioritizing Early Childhood to Safely
Reduce the Need for Foster Care:
A National Scan of Interventions

A RESEARCH AND PRACTICE BRIEF

MARCH 2015





Safety, permanency, and well-being are federally mandated goals for child welfare, and they are also essential conditions for healthy child development.



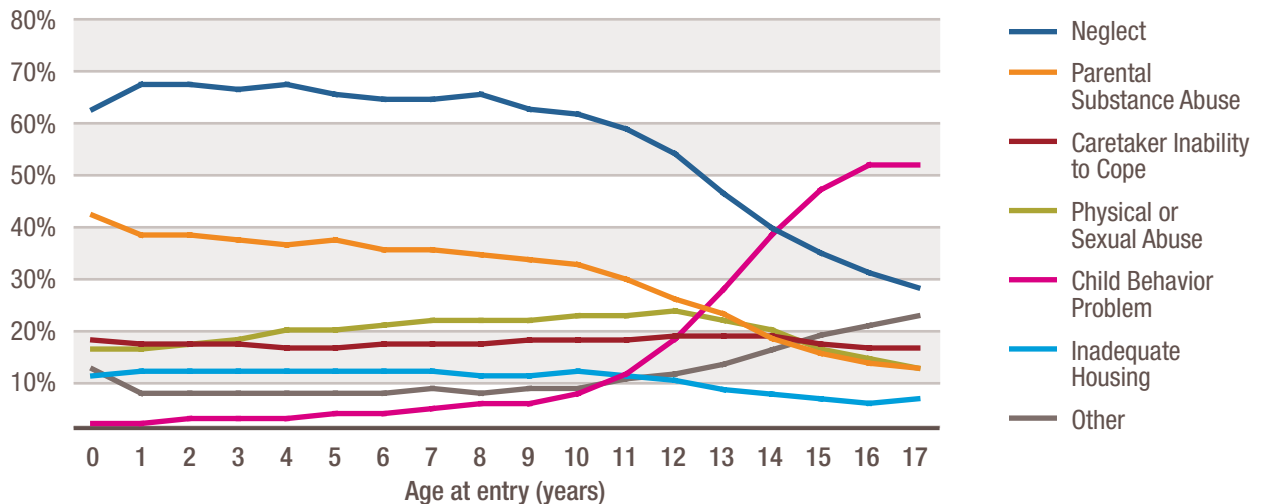
Improving outcomes for children from birth to age five, while providing these essential conditions within a child protective setting, requires special skills, knowledge, resources, and community engagement. This brief reports on the results of a national scan of child welfare interventions targeted to young children and their families.

Introduction

Factors that are associated with entry into foster care present complex challenges to public systems concerned with child safety, permanency, and well-being. As shown in Figure 1, neglect and parental substance abuse are the two most common reasons that children from birth to age five enter foster care nationally.¹

FIGURE 1
REASONS CHILDREN ENTER CARE

By age, (FY13)



Produced by Casey Family Programs, Data Advocacy. Data Source: AFCARS national file

The stress and trauma related to poverty, parental mental health disorders or domestic violence, as well as their co-occurrence and cumulative impact, further complicate an adequate response. These concerns become even more serious when considering the pressing needs of young children. They are in a foundational period of development, they are physically and emotionally vulnerable, and they depend on positive attachment relationships for their healthy development.² For victims of maltreatment, a supportive caregiving relationship may be even more critical.³ Yet frequently, caregivers — including kin and non-kin foster parents — are inadequately prepared to provide the stability and therapeutic expertise needed to treat and repair the impact of early trauma. Even when families receive services, those services might not address the parental issues that led to child welfare intervention well enough to improve the environment in which children are being raised and nurtured.

No agency or intervention can address the needs of this population *without targeting both the therapeutic and systemic aspects of the work.*

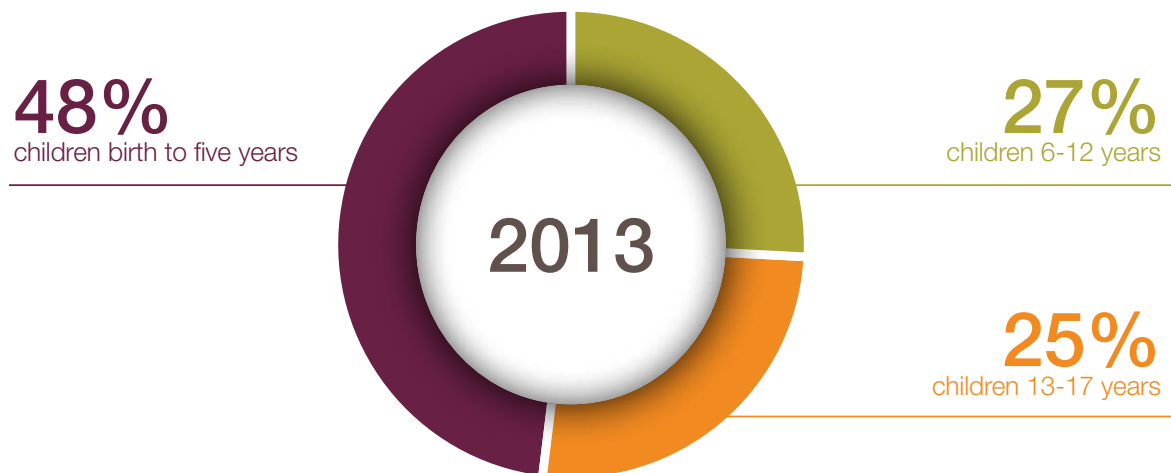
No agency or intervention can address the needs of this population without targeting both the therapeutic and systemic aspects of the work. A comprehensive child welfare response must include an assessment of caregiver needs and a developmental assessment of child functioning. Associated interventions must attend not only to identified needs, but also to the trauma history of both parents and children. Programs need to provide concrete caregiver support, such as transportation, and engage families at a therapeutic level in order to create a safe, stable, and nurturing environment for the child.

In addition, the capacity to respond adequately to the often complex and challenging problems of families with young children who come to the attention of child welfare systems requires manageable caseloads, a stable workforce with professional expertise and specific skills, and the competence to engage emotionally with families who are struggling. Child welfare agencies need resources for adjunct services, cross-system coordination, and partnerships so they can engage the expertise of other systems that have a vested public interest in effectively serving families with young children.

Currently, few child welfare jurisdictions have been able to implement such extensive or targeted supports successfully,⁴ and young children continue to enter out-of-home care at high rates relative to other age groups. In 2012, 119,049 children birth to five came into care which is 48 percent of all entries (see Figure 2). Between 2005 and 2012, the overall number of children under age six entering care declined slightly, while the number of older youth entering care declined more substantially. This pattern varies by state; however, nationally, children birth to five make up a larger proportion of entries now than they did in 2005.⁵

FIGURE 2 CHILDREN ENTERING OUT-OF-HOME CARE

By age group at entry, 2013



Produced by Casey Family Programs, Data Advocacy. Data Source: AFCARS national file

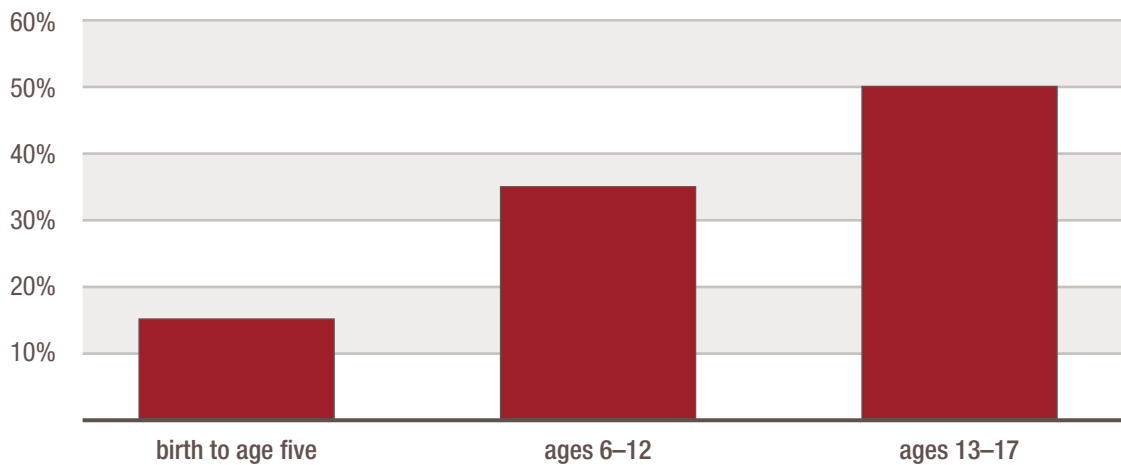
Children under six who are American Indian, African American or multiracial enter out-of-home care at disproportionately higher rates than white, Asian or Hispanic/Latino children. However, these trends vary considerably from community to community. Child welfare providers should pay special attention to the overrepresentation of these young children and their families' experience when developing interventions, particularly in communities where disproportionality is high.

While challenging to implement, timely and effective interventions for children from birth to age five and their families can impact child safety, permanency, and well-being well beyond the period during which services are delivered. Based on the counts in Figure 3, 16 percent of children in care ages 13-17 first entered care when they were less than six years old. These data suggest that the service response during early childhood may not have been adequate to prevent ongoing involvement and to help children achieve safe and permanent placements during these critical years. It is also likely that the children who entered care in their early years and are still in care in their older years experience negative repercussions on their development and well-being stemming from multiple and long-term placements. Offering comprehensive, family-centered, developmentally appropriate interventions for young children and their families when they first become involved with child welfare may prevent a long history of involvement in the child welfare system, prevent long stays in care throughout childhood, and have the potential to substantially reduce the number of older children in care.

For example, intervening early with a struggling family can lower Child Protective Services (CPS) re-referral and out-of-home care placement and can protect children from developing emotional and behavioral disorders that can result from repeated maltreatment or separation from a primary caregiver through the use of out-of-home care. Parental supports and attachment interventions while and after a child is placed in out-of-home care can lead to greater stability for children and, ultimately, permanency. Therapeutic responses can mitigate trauma and its effects, contribute to developmental well-being over time, and reduce the likelihood that child victims of maltreatment will continue these behaviors with their own children.⁶

FIGURE 3
AGE AT FIRST ENTRY INTO CARE

For all teenagers currently in care, FY13



Produced by Casey Family Programs, Data Advocacy. Data Source: AFCARS national file

The Purpose of this Brief

In October 2013, Casey Family Programs published a research and practice brief, *Making the Case for Early Childhood Intervention in Child Welfare*, which underscores the importance of intervening early when families with young children come to the attention of child welfare. It sets forth the rationale for prioritizing this population and the need for promising intervention approaches.⁷ The report also outlines challenges in serving young children effectively, highlights existing opportunities, and explains why developmentally focused early childhood interventions prevent costly and ongoing involvement of public systems in families' lives. The brief concludes with high-level recommendations for public systems regarding how to proceed in terms of policy, practice, and research.

With that framework in mind, this brief provides a more in-depth exploration of programs, program elements, and outcomes. The overall assessment regarding the state of programming for this population is based on a national scan and site visits. Programs and interventions included in the scan focus on child safety, permanency and well-being, and typically address a major risk factor for child abuse and neglect, such as substance abuse, mental health, and parenting challenges. This brief examines and summarizes available outcome reports and evaluations associated with these programs and provides recommendations for programming and for evaluating programs for families with young children involved with child welfare.

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Program Scan

The national scan of programs for children from birth to age five was designed to assess the landscape of early childhood interventions in child welfare. It classified programs according to type, target population, relationship to child welfare, and the availability and type of outcome studies. The 66 programs were chosen based on input from Casey Family Programs staff working with public child welfare jurisdictions, federal initiatives, clearinghouses, published articles and reports, and consultation with experts. While the list of programs is comprehensive, it is not exhaustive or based on a systematic review of literature. For evaluation and outcome results, the scan searched academic databases, explored program websites, and contacted program directors. While several programs include home visitation as part of their services, the scan excluded home visitation programs as a sole intervention strategy because of the large body of extant research on home visitation and their focus on primary prevention. Finally, the scan emphasized programs rather than public child welfare systems' policies and practices for young children. (See the recent Zero to Three and Child Trends report on that topic.⁸⁾)

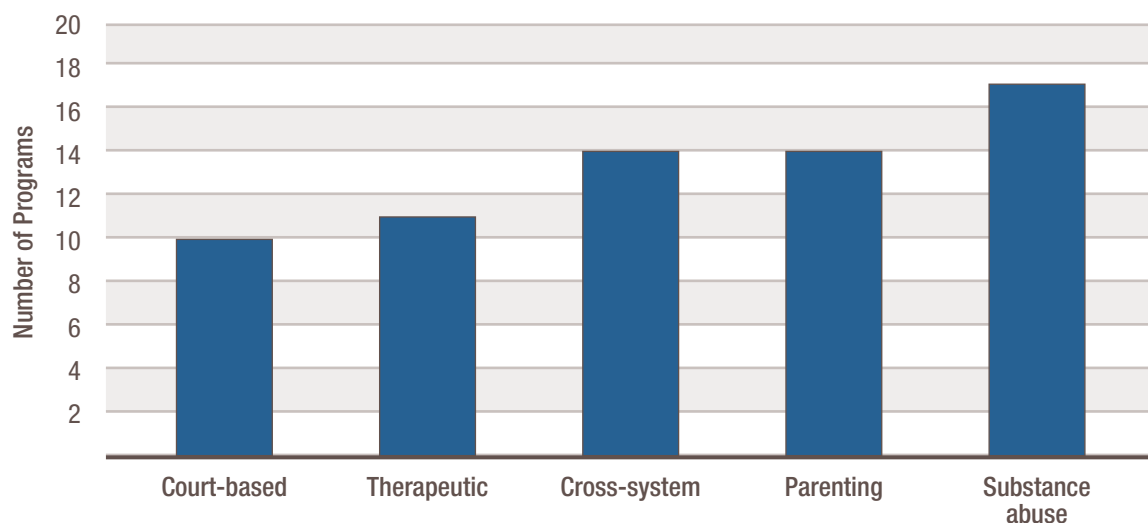
In addition to a focus on young children, the programs selected:

- address one or more of the primary contributing factors for child welfare involvement: substance abuse, domestic violence, poverty, mental health problems, and parenting challenges
- demonstrate an emphasis on healthy child development and well-being, as well as safety
- have been implemented and sustained in at least one program site for a significant duration, generally at least three years
- demonstrate high relevance to child welfare and serve infants, toddlers, preschool children, and their families who have open child welfare cases or are at risk for child welfare involvement
- ideally, possess some outcome data

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The scan categorized programs by whether they address a specific parental risk factor, such as substance abuse, caregiving, and parenting challenges or mental health, or whether they focused on multiple risk factors in a cross-system or court-focused approach. These risk factors are described in greater detail below. As Figure 4 demonstrates, more than one-quarter of the programs (17 of 66) specifically deal with substance abuse. Fourteen programs provided services across service systems (e.g., SEED, a multidisciplinary public health collaboration in Oakland, California), and 14 programs focus on parenting skills or supports. Eleven programs are driven by therapeutic counseling or mental health treatment, and 10 programs are based in problem-solving court systems.

FIGURE 4
TYPES OF PROGRAMS REVIEWED



The programs vary in their reach and the geographic areas they serve. About 25 percent of the programs operate at a single site, and another 25 percent have multiple sites throughout a county or state. Thirty-two percent of the programs are multistate or national; 17 percent are international.

The national scan of early childhood programs revealed a variety of administrative relationships with public child welfare agencies and a range of services that are used differently by these agencies. Less than 10 percent of the programs were developed and are administered directly by child welfare agencies. Instead, many programs are referral resources for child welfare agencies, and others are under contract by child welfare agencies to deliver services.

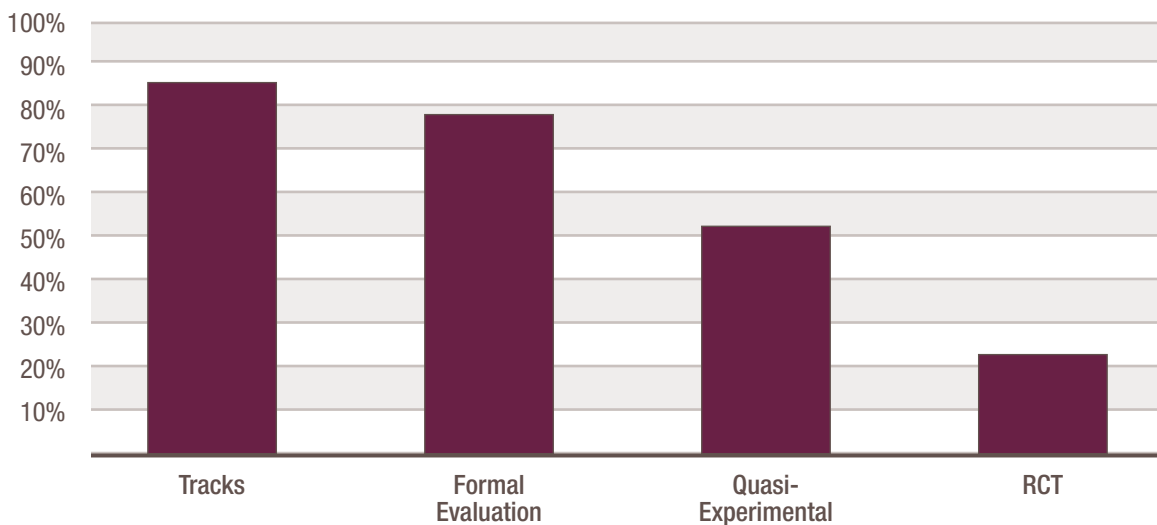
The programs work with families who have a child placed out of the home, who receive in-home child welfare services or who are at risk for involvement with child welfare services. Seventy-three percent of the programs work with more than one of these populations. Less than half of the programs include an intentional focus on the parent-child relationship in addition to the developmental needs of the child or the risk factors of the parent.

Fifty-two percent of the programs track child welfare service outcomes in some capacity, such as permanency and reunification rates, child maltreatment reports, family involvement with CPS, and out-of-home placements. The other programs track outcomes related to parent-child attachment, parent and child behaviors, family needs and strengths, parental stress, parenting skills, substance use, or connections to community services.

Figure 5 shows that 86 percent of the programs track performance indicators and that 79 percent have conducted a formal evaluation of some type, regardless of the level of rigor. Only 52 percent of the programs have been evaluated using a quasi-experimental design (e.g., interrupted time-series, matched comparison group), and fewer than one quarter (24 percent) have employed a randomized controlled trial (RCT), some of which are dated or were based on small samples.

The full matrix of programs and evaluations is available upon request.

FIGURE 5
TYPES OF EVALUATIONS AMONG PROGRAMS REVIEWED



Essential Service Elements

Implementing stand-alone programs that serve infants and toddlers is a critical first step to addressing the needs of this highly vulnerable population. However, to meet the complex needs of the dynamic parent-child relationship in the context of risk and vulnerability, comprehensive family services are necessary. Interventions must be trauma-informed in order to interrupt the cycle of neglect and abuse, addressing both parents' and children's trauma histories. Substitute caregivers need to be highly skilled and supported so that they can appropriately support the children in their care and respond to trauma symptoms related to the removal and maltreatment. Since many families' needs extend beyond a single service category, agencies serving parents and children in isolation will likely miss opportunities to coordinate services, combine funding streams and expand their services.

The organizing categories used for the scan can provide a helpful framework for thinking about how to structure comprehensive family services that contribute to safety, permanency, and well-being for children birth to age five. The categories listed below are not necessarily mutually exclusive, but each of them contributes a unique element to the service array.

Caregiving: The development of the attachment relationship is critical for the social and emotional well-being of infants and toddlers. It is paramount that programs implement interventions with an emphasis on the child-caregiver relationship, rather than focus on the caregiver or child independently of each other. Increasing the capacity for nurturing parenting is a core component of improving the social and emotional well-being of children. The federal Administration for Children and Families released a memorandum in 2012⁹ that emphasized reducing the use of caregiving programs that do not reliably achieve outcomes and reinvesting those resources in interventions that have proved effective.¹⁰ This call to action by the federal government has led to a shift in child welfare agencies toward evidence-based parenting programs with a strong emphasis on coaching parents in building healthy relationships.

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Addressing Substance Abuse: Studies indicate that more than one-half and up to 80 percent of children who are involved with child welfare are from families with at least one substance-abusing parent.¹¹ In addition, many of these parents have co-occurring mental health disorders, especially depression. Infants may suffer from attachment difficulties that exist because of inconsistent or neglectful care from their caregivers. Supportive interventions for substance-abusing parents are critical, and treatment programs that provide advocacy and concrete support for the recovery process while addressing the impact of substance abuse on children have had promising results.¹²

Early Childhood Systems of Care: Agencies responsible for the protection and healthy development of young children do not operate in a vacuum. Young children and their families require an array of services and supports from multiple entities, and it can be difficult for families to access services effectively through different systems. Lack of communication mechanisms between and among these agencies impedes the ability to provide coordinated care and may result in duplicative efforts. System coordination allows for a child-centered approach with well-designed, targeted, integrated, and realistic case plans.

Court-driven Collaborations: The role played by the courts is vital as judicial personnel make decisions regarding placements and mandated services. A supportive judge who understands the developmental needs of young children and makes well-informed decisions can set an expectation that infants and their caregivers will be referred whenever possible to evidence-based programs.

To optimize parents' ability to support their children, child welfare agencies need to provide them with access to quality psychotherapy and other therapeutic interventions.



It is important that other court personnel, such as attorneys and Court Appointed Special Advocates (CASA), are also informed about the critical developmental phases of young children and the impact of attachment and trauma on infants and toddlers. In addition, court driven collaborations across systems are necessary for effective decision-making, and judicial leadership is essential in advancing change.

Therapeutic / Mental Health: The science of brain development has found that although infants and toddlers are more vulnerable to maltreatment than any other age group, young children are also at an age that offers a window of opportunity for effective interventions. Child welfare systems play an important role in helping infants and toddlers cope with and recover from trauma and other stressful experiences. Young children should receive comprehensive, age-appropriate assessments and should be monitored to determine if the interventions are improving their developmental progress. The science of early childhood development is continuing to evolve and can inform the development and application of assessments and programs.

In addition, many birth parents involved with the child welfare system have their own histories of trauma that can affect their ability to keep their children safe. To optimize parents' ability to support their children, child welfare agencies need to provide them with access to quality psychotherapy and other therapeutic interventions.





Rural staff emphasized that while safety plans that connect infants and toddlers with daily supervised care are more easily implemented in communities with a rich service array, *frequent contact as an intentional program component is crucial to ensure the safety of very young children.*

Program Site Visits

To gain a deeper understanding of practice elements that contribute to effective programs for young children, we selected six programs for site visits, based on practice innovation, high-quality implementation, evidence of impact, and the judgment of subject matter experts about the effectiveness of the services they provide. We prioritized promising but less well-studied interventions. The programs represent a range of types (e.g., parental substance abuse treatment, therapeutic intervention for the child), lead agencies administering the program (e.g., court-driven collaborations, community-based organizations) and geography. The site visit agenda and discussion questions for program leadership, staff and service recipients were developed in collaboration with the programs. Casey Family Programs' Human Subjects Review Committee reviewed and approved the site visit protocol. We asked participants about perceived impact, critical program elements, challenges, funding sources and program evaluation.

The programs chosen for site visits are described below.

- **Childhaven** is a therapeutic child care program for children birth to five who have experienced maltreatment. It includes wraparound services, transportation, meals, and monthly home visitation. The program's goal is to address emotional and behavioral disorders, as well as developmental delays, resulting from child abuse, neglect, or drug exposure, while furthering the positive development of children. The program operates as an independent nonprofit with three sites in the greater Seattle area in Washington state.
- **Developmental Repair** is a therapeutic intervention for children ages 3-9 who display aggressive and disruptive behavior stemming from complex trauma. Developmental Repair aims to help children learn emotional self-regulation and repair their ability to form supportive relationships with adults. The intervention is delivered through a half-day therapeutic program that is complemented by in-home family work and consultation with community settings. The program is administered by the Washburn Center for Children in Minneapolis, an independent, nonprofit children's mental health organization.
- The **Eastern Band of Cherokee Indians (EBCI) Safe Babies Program** began as one of the Zero to Three Infant Court Teams and is now incorporated into the tribally administered EBCI Public Health and Human Services division.¹³ The program provides services to parents of young children with an open dependency case. The goal is to coordinate developmentally appropriate services for children, help parents meet case goals and provide therapeutic services to families.
- The **Juvenile Dependency Wellness Court (DWC)** is a court-driven, multidisciplinary, therapeutic family drug court with a child development focus. The goal of DWC is to support family reunification, child development, and parental sobriety. The intervention is located in San Jose, Calif., and housed at the Santa Clara County Superior Court.
- The **Kentucky Sobriety Treatment and Recovery Teams (K-START)** is a child-welfare-driven collaboration that integrates best practices in child welfare, substance abuse, and behavioral health treatment. The program serves parents of children birth to five with a substantiated incident of abuse or neglect where substance abuse has been identified as a primary risk factor. K-START operates in four counties in Kentucky. The START model has been implemented in several other states as well.
- The **Parent-Child Assistance Program (PCAP)** is a perinatal through 36-month intervention program for women with substance use disorders. Its primary goal is to prevent the births of future alcohol- and drug-exposed infants. The program serves multiple counties in Washington state, is funded through the state Department of Social and Health Services Division of Behavioral Health and Recovery, and is administered by a team at the University of Washington.

While promising evaluation results are available for each of the interventions, none of the programs had conducted sufficiently rigorous evaluations to be considered an evidence-based intervention at the time of our visit.

Practice Strategies

The site visits revealed that the following practice strategies contribute to the successful implementation of an intervention and deserve further attention. Each site has implemented all or most components. Full site visit summaries on each program are available upon request.

- **Create an environmental context of safety where it is less likely that the family or system can fail.** In the case of young children, system responses and services need to be approached with a presumption of risk. Program managers acknowledged that while families and children move back and forth along continuums of service need and service receipt, they nevertheless spend much of their time out of the sight of service professionals. By increasing the time that children spend in supervised environments, such as therapeutic early care and education services, the programs mitigated safety threats and risks to children through daily exposure to knowledgeable professionals and paraprofessionals. Rural staff emphasized that while safety plans that connect infants and toddlers with daily supervised care are more easily implemented in communities with a rich service array, frequent contact as an intentional program component is crucial to ensure the safety of very young children. In addition, supervised environments and frequent contact can provide pathways to supplemental services for parents and opportunities for modeling effective and safe discipline alternatives.

Through individualized contact and case planning with the Safe Babies coordinator, the EBCI Safe Babies Program is able to provide tailored services that maximize contact between parent and child while taking into account safety risk factors for the child. Coordination with home visitation programs, such as the Nurse Family Partnership, ensures that services at home continue after the case is closed.

Childhaven provides transportation to and from its program to ensure attendance and conducts monthly home visits in addition to its onsite services. The transportation function provides daily contact with families, which is a secondary benefit. The program also invites parents to volunteer or participate in the classroom.

- **Include a structural component that makes it possible for agency staff to engage families through shared experiences and thereby treat them with empathy and respect.** Peer mentors and family advocates help ensure that human interaction, rather than simply service delivery to a client, is the heart of the intervention. The stated goal for the following programs is to build relationships that acknowledge the need for child safety and accountability, yet respect autonomy and parental expertise regarding the family's situation and available choices.

K-START and DWC employ family mentors and mentor parents as essential elements of their interventions. K-START family mentors, who are formally contracted employees, are paired with a CPS caseworker and share responsibility for the family. Mentors respect existing relationships with other service providers, work with all caregivers independently, and reach out to incarcerated or absent parents. K-START credits the family mentors with changing the CPS agency culture toward an increased understanding of families, addiction, and recovery. Mentor parents at the DWC are graduates of the program who support a family through the dependency and recovery process. They are employed



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by a nonprofit legal advocacy agency that formally collaborates with the DWC. Mentor parents are a key part of the engagement process. DWC's therapeutic approach is further formalized in the multidisciplinary team language and process, which are centered on the parents' and children's challenges and successes and respect the parents' choices while encouraging personal responsibility.

- **Ensure high-quality services by supporting front-line staff through clinical supervision, peer support, and manageable caseloads, while investing in training and quality control processes.** All sites provide an organizational environment with a stable, well-trained, and well-supported workforce who in turn report satisfaction with their ability to serve parents and children effectively and humanely.

K-START staff repeatedly emphasized how important it was to them to be able to provide “traditional” social work rather than strictly referral services. One CPS supervisor described this sense of meaning by saying, “When you are supervising a START team, there is a different spirit, different feel, more hope, and it comes across to the families.”

At the EBCI Safe Babies Program site, staff emphasized the provision of supervision techniques and training that include building staff compassion and identifying how staff bias and judgment interfere with service provision.

Modeling how to build and support healthy relationships between caregiver and child, between social worker and parent, and between staff and supervisors *creates therapeutic environments for families and a sustainable climate for professionals.*

- **Include intentionally modeled and practiced relationship building.** Forming attachments, as well as building and maintaining relationships, can be learned and practiced. Many parents who come to the attention of child welfare agencies are victims of maltreatment themselves, and the trauma of these experiences can impact the quality of their caregiving and ability to nurture their children. Modeling how to build and support healthy relationships between caregiver and child, between social worker and parent, and between staff and supervisors creates therapeutic environments for families and a sustainable climate for professionals.

Developmental Repair is unique in its approach in that shared emotional experience between child and staff is at the heart of the intervention. The program highlights curiosity about and appreciation of the child's emotional experience as the starting point of the therapeutic intervention and as a reference point for all adults in the child's life. The staff refers to the moment of "hiring," when, based on this careful and targeted relationship building, the child becomes able to begin developing trust in the adult.

PCAP staff cited the culture of the office as based on intentionally modeled, supportive relationships. PCAP leadership encourages supervisors to treat parent advocates they employ the way that they want advocates to treat mothers in the program in order to provide a basis for experiencing healthy relationships that mothers can apply to their children.

- **Creatively use financing strategies to support program sustainability and evaluation, including funding from federal demonstration or other grants, cross-system collaboration and billing, and private and community foundation partnerships.** Title IV-E Waiver Demonstration projects also can offer a way for funding early childhood prevention and treatment programs that keep children safely in their homes. Ongoing stable or supplemental funding allows for optimal caseloads to encourage family engagement, timely access to community services and added components such as external evaluation. Resources are also needed for inter-agency coordination and relationship building.

The K-START model emphasizes that the first family team meeting needs to occur within three days of a family being referred to the START program. Parents typically enter treatment within 48 hours. To ensure priority access to substance abuse services, which staff consider essential to the program's success, K-START contracts with providers to supplement standard reimbursement rates.

early childhood intervention

PCAP was started and initially evaluated with a federal demonstration grant and is seeking other funding sources to evaluate its effectiveness with a parent-child attachment component.

- **Remain open to diverse sources of leadership.** Leadership and advocacy play an essential role in the development and evolution of services, as well as their sustainability. Yet leadership can come from a variety of sources. For example, strong community support is invaluable in creating high-quality programming and ensuring sustainability of services. Educating key legislative leaders to engage strong legislative support allows for policy impact which can be an effective strategy for spreading promising interventions.

PCAP has invested significant time in building an evidence base for the efficacy and cost-effectiveness of the program, as well as working closely with the state legislature on sharing information and outcomes. This has resulted in state-funded expansion of the program throughout Washington state.

Childhaven enjoys a remarkable level of community support and volunteerism, which is based on the agency's excellent reputation and longstanding ties in the Seattle community. Due to its highly qualified classroom staff, many of whom started out as interns and remain at Childhaven for years, the program is able to provide individualized, highly creative and multisensory care to young children, which is further supported by volunteers.

- **Recognize the importance of embedding diverse cultural and community values in all aspects of programming, including parenting principles and evidence-based interventions.** Interventions and social work practices operate within community norms and cultural assumptions, which influence the perception of child rearing and relationships. Understanding these influences and explicitly addressing them with clients in their communities allow programs to incorporate cultural practices that strengthen a community and to rework those that no longer serve the best interest of the child. In addition, taking the time to create a shared perspective and language among professionals in multiple agencies is an effective strategy to align community services on behalf of families and helps to create a culture change in the larger community.

The EBCI Safe Babies Program provides a community forum for discussing parenting norms, which led to a realization that continued exploration of these and other cultural values, including traditional and new elements, needs to be an integral part of its service planning.

Among its services, DWC offers ¡Celebrando Familias!, a Spanish-language adaptation of an evidence-based intervention for families in early recovery. DWC assisted with piloting and evaluating this intervention to make it available to its Latino clients.

Developmental Repair and the day treatment program work to develop close relationships with community providers, schools, and other public services. Staff work with professionals with whom the child interacts to explain to them the principles of “joining,” “hiring” and attachment repair.

Challenges and Recommendations

Despite these strengths, programs also experienced challenges associated with the nature of the work. In particular, their recommendations for system improvements focused on four areas:

- **Create bridge services for systems and families.** Therapeutic interventions that address the gap between “safe” and “thriving” should be encouraged regardless of child welfare time frames. Public services often do not work for vulnerable families without the therapeutic support that facilitates family engagement. Public systems with competing mandates have limited capacity to work closely with traumatized families and children. Cross-system collaboration, while essential, does not sufficiently address the difficulties of families or systems, especially once CPS has closed a case.

Transition to public kindergarten remains difficult for some Childhaven families. Managing the more complex setting of a traditional classroom with higher teacher-student ratios, which allow for less individual attention and less tolerance regarding aggressive behavior, can be a challenge for emotionally troubled children. Parents, many with their own trauma histories, often struggle to advocate successfully for their children in this situation.

The lessons from these programs suggest promising avenues for how the challenges of serving families with young children in child welfare can be addressed effectively.



- **Adjust policies, funding and the service array to match the severity and complexity of issues.** Families with infants and toddlers referred to child welfare services typically face a wide range of issues, including parents' co-occurring substance abuse and mental health disorders, developmental delays and traumatic responses of the child. Healing intergenerational psychological trauma, supporting parental sobriety and improving a child's ability to develop secure attachments take expertise, along with an extended amount of time. Supportive federal, state and agency policies allowing long-term and after-care service provision are essential.

At the DWC, parent attorneys pointed out how the difference between the lengths of time reasonably required to achieve stable sobriety and the timelines set by the Adoption and Safe Families Act (ASFA) create a tension for clients and program staff.

PCAP services extend for three years to incorporate time for trust-building, independence, and "re-parenting" — teaching participants how to nurture and be nurtured, which their parents may not have been able to instill in them during childhood.

- **Advocate for and fund services that address families' needs created by their socio-economic environment.** Without funding for stable housing and for meeting families' concrete and crisis-driven needs, without neighborhoods free from violence, and without long-term family economic security, the ability of families to provide nurturing caregiving will be consistently challenged, regardless of the quality of professional interventions.

DWC support services, which are represented at the court hearing through the multidisciplinary team, include housing, transportation, employment, parenting, child development and medical and dental health. The court team also includes representatives from domestic violence and mental health service providers.

PCAP participants highlighted how difficult it is to stay clean and sober and rebuild their lives without safe and stable housing. Housing instability causes stress, as well as the loss of permanent supportive relationships. Often, public housing policies and substance abuse treatment restrictions exacerbate this challenge.

- **Invest in evaluation.** All of the programs expressed a need for and interest in evaluation. The national scan revealed that while most programs have some kind of outcome tracking, the evidence is generally not sufficient to meet evidence-based standards of accountability for funders and families. Furthermore, in the field of child welfare, the uptake of evidence-based practices can be slow, evaluations are often underfunded or poorly designed, and few programs are well-supported by research evidence.¹⁴ Programs need more rigorous evaluations in order to improve their ability to provide high-quality services, expand to other jurisdictions and achieve sustainability over time. While we did not compare evaluations of other programs targeting different populations in child welfare, it is possible that the state of evaluation for early childhood programming may be more nascent, in part due to the complexity and intensity of the basic service delivery requirements.

The lessons from these programs suggest promising avenues for how the challenges of serving families with young children in child welfare can be addressed effectively. Taken together, these practice strategies may serve to inform future and existing programming for this age group. They also may suggest a direction for evaluations that identify those program components that can make a significant difference in the lives of children and families.

Conclusion

The physical and emotional vulnerability of young children and the importance of nurturing caregiving in the context of families and communities require our concentrated attention. The facts that 48 percent of entries into out-of-home care are children under six and that 16 percent of children in care ages 13-17 first entered care at this young age are important indicators of why this age group needs to be a priority. No one public system is solely responsible for addressing the needs of young children and their families who struggle to provide a nurturing environment, but each can and should contribute through policy and practice to the particular needs of infants, toddlers, and preschoolers. The implications of doing so affect the safety, permanency and well-being of developmentally vulnerable young children.

Based on our national review of programs and outcomes, a few immediate action steps emerge. Child welfare-focused programs and interventions for young children would benefit from more evaluation studies and a stronger evidence base. If proved effective, these programs need to be expanded so they are available in every community. Communities must develop and sustain collaborative partnerships and cross-system service delivery focused on young children. Parents require services that both provide practical support and address their own trauma histories, which may limit their capacity for nurturing relationships. Timely access to services and an opportunity to receive services before and after a child welfare case has closed are essential. Child protection workers require specialized expertise to ensure a young child's immediate safety, along with adequate capacity, resources, and supports that allow them to engage with a family over time.

Casey Family Programs, in collaboration with communities and national partners, is working to address many of the systemic issues mentioned above, and specific policy and programming recommendations were presented in the earlier brief. Jurisdictions and communities wanting to focus their child welfare practice comprehensively on children from birth to age five may want to consider the list of essential program elements outlined in this brief, strengthen those components that are weak and develop those components that are missing. While systems reforms are on the way, the practice strategies point to immediate and manageable actions available to anyone working with or in child welfare services. Additional evaluation studies are needed to monitor progress toward achieving the desired goals, but programming that contains these elements provides a solid foundation for supporting young children at risk within the context of existing resources.

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Endnotes

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