

Preventing Child Neglect through Research, Policy & Action: Integrating A Home Visitation Program within Service Systems

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New Mexico Voices for Children

2015 Kids Count Conference on June 29, 2015

Acknowledgments

- Research Team
 - Greg Aarons, UCSD
 - Mark Chaffin, OUHSC
 - Mark Ehrhart, SDSU
 - Danielle Fettes, UCSD
 - Amy Green, UCSD
 - Lara Gunderson, PIRE
 - Debra Hecht, OUHSC
 - Michael Hurlburt, USD
 - Cathleen Willging, PIRE
- State & County Child Welfare and Mental Health Agencies
- Funding
 - National Institute of Mental Health (NIMH)
 - R01 MH092950
 - R01 MH072961

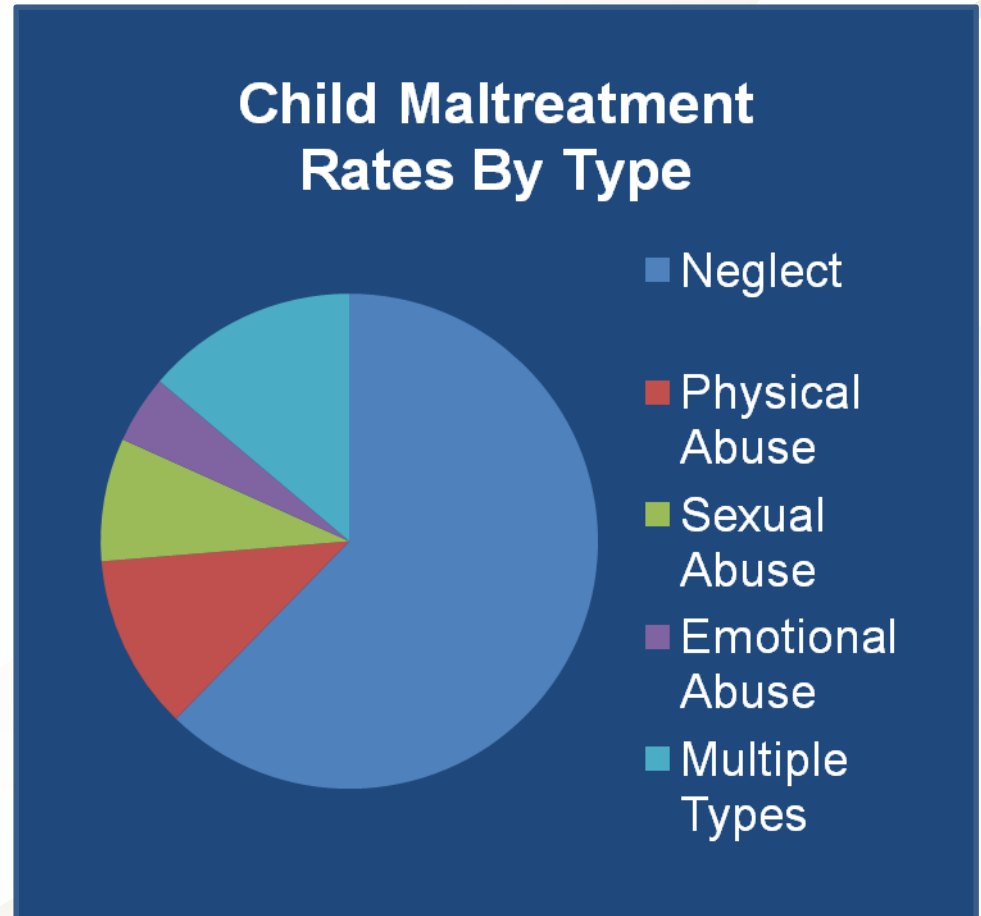




BACKGROUND

Child Maltreatment

- More than **3.5 million** incidents of suspected child maltreatment in the U.S. in 2013
- Nearly **79.5%** of these cases due to neglect
- **71%** of child maltreatment death attributed to neglect



Child Maltreatment

- Neglected children have **difficulties** with **cognitive**, **social**, and **emotional development**, and have **most negative affect** of all maltreated children

Health-Risk Behaviors

- ❖ Sexual promiscuity
- ❖ Sexual perpetration
- ❖ Alcohol abuse
- ❖ Illicit/injected drug use
- ❖ Smoking
- ❖ Behavior problems

Mental/Social Problems

- ❖ PTSD
- ❖ Depression
- ❖ Anxiety
- ❖ Eating disorders
- ❖ Neurobiological
- ❖ Academic achievement
- ❖ Unwanted pregnancy
- ❖ Obesity
- ❖ Re-victimization

Diseases and Injury Conditions

- ❖ Ischemic heart disease
- ❖ Diabetes
- ❖ Stroke
- ❖ Cancer
- ❖ Suicide
- ❖ Skeletal fractures
- ❖ Chronic bronchitis and emphysema
- ❖ STDs (e.g., HIV)
- ❖ Hepatitis

SafeCare®

- **Evidence-based practice (EBP)** to reduce neglect through home-based parent behavioral skills training and education
- Designed for families with children, ages 0 to 5, in the child welfare system
- Described in **over 60 scientific publications**
- Multiple studies support efficacy and effectiveness

SafeCare®

- Addresses the **multiple risk factors** for child abuse and neglect
- Teaches parents a **broad range of skills**
- Provides **training in home settings** and focuses on typical daily activities
- Highly **structured, but flexible** in its delivery
- Has evidence of **cultural relevance** and effectiveness among Latino and Native American families

SafeCare® Modules

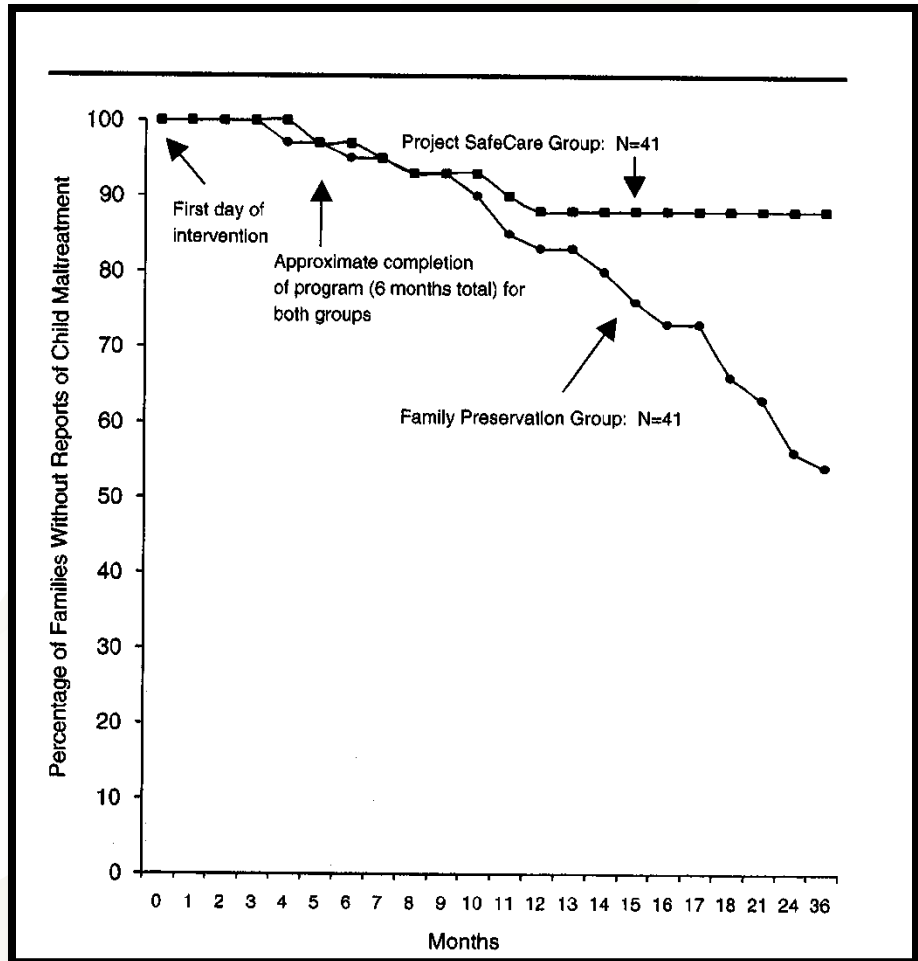
- **Problem-Solving and Communication**
- **Parent-Child and Parent-Infant Interaction**
 - Increases positive interactions
 - Teaches skills (planning in advance, explaining rules/consequences, giving feedback) during daily activities
 - Increases parent bonding and infant attachment
- **Home Safety**
 - Teaches recognition of hazards and how to remove them
- **Health**
 - Teaches recognition of illness and injury; when to call a doctor or go to the emergency room

Tailoring SafeCare®

- Provide **feedback to developer** on cultural population(s) to be served
- Conduct **home visits with families** who are part of cultural population(s) in appropriate language
- Undertake a series of **meetings around cultural and linguistic adaptations**
- Discuss the **benefits and concerns in modifying to ensure fidelity** to the model
- **Prioritize and plan** for each needed adaptation
- Evaluate **acceptability and feasibility** of the adaptations

SafeCare® Evaluation Outcomes

- Study comparing SafeCare to Services as Usual for families with child maltreatment reports
- After 3 years, **15%** of families that received SafeCare (top line) had repeat reports of maltreatment, compared with **46%** that received Services as Usual



SafeCare® Training

- Three hierarchically-structured staff roles:
 1. Trained and certified **home visitors**
 2. **Coaches** who are “experts” in SafeCare model and engage in fidelity monitoring and consultation to improve home visitor competency
 3. **Trainers** educate, coach, and certify home visitors

Gaps in SafeCare[®] Research

- Several studies examine SafeCare implementation
 - Most center on provider- and organizational-level factors
- SafeCare is often funded and implemented through **complex government systems**
- **“Studying up”** affords insight into how policymakers experience, shape, and support implementation processes for SafeCare and other EBPs

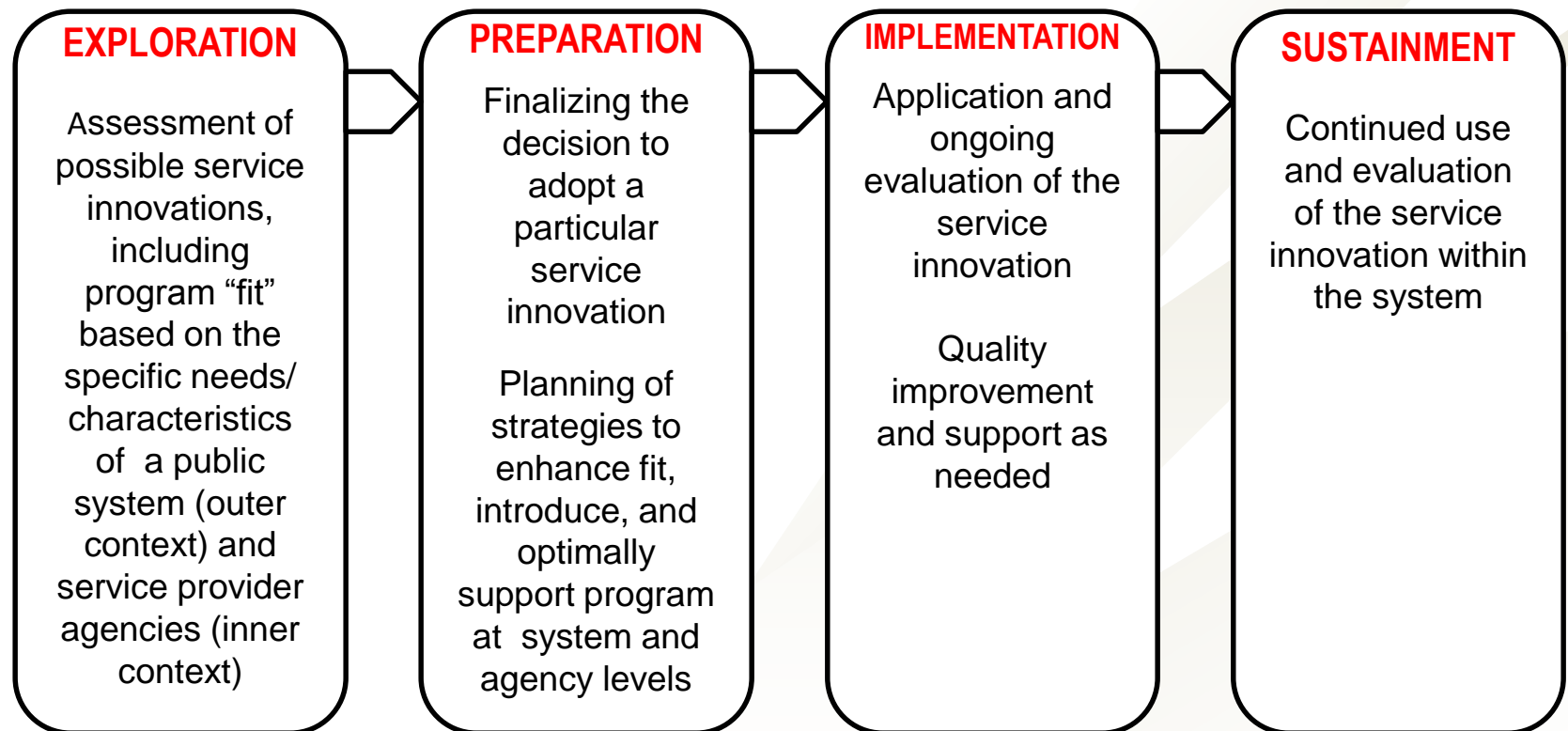


RESEARCH

Study Rationale

- Did you know that the **failure rate** for implemented home-based interventions is **55%**?
 - For programs still “identifiable,” many key elements were no longer part of services
- **Why is this the case?**
 - Need to understand the perspectives of stakeholders at the policy, systems, organizational, and provider levels to determine factors likely to affect instantiation of EBPs within public service sectors

The EPIS Framework: Exploration, Preparation, Implementation, & Sustainment



Note: Adapted from Aarons, Hurlburt, & Horwitz, 2011.

EPIS-Related Contextual Factors

- **Outer context** (policy- and systems-level)
 - Policies, procedures, requirements
 - Legal actions and legislation
 - Inter-organizational networks
 - Funding and contracts
- **Inner context** (organizational- and provider-level)
 - Organizational culture/climate
 - Leadership
 - Staffing/staff characteristics
 - EBP Fit/Adaptation
 - Fiscal viability
 - Capacity for training, coaching, evaluation, etc.

EXPLORATION

OUTER CONTEXT

Sociopolitical Context
Legislation
Policies
Monitoring and review
Funding
Service grants
Research grants
Foundation grants
Continuity of funding
Client Advocacy
Consumer organizations
Interorganizational networks
Direct networking
Indirect networking
Professional organizations
Clearinghouses
Technical assistance centers

INNER CONTEXT

Organizational characteristics
Absorptive capacity
Knowledge/skills
Readiness for change
Receptive context
Culture
Climate
Leadership
Individual adopter characteristics
Values
Goals
Social Networks
Perceived need for change

PREPARATION

OUTER CONTEXT

Sociopolitical
Federal legislation
Local enactment
Definitions of “evidence”
Funding
Support tied to federal and state policies
Client advocacy
National advocacy
Class action lawsuits
Interorganizational networks
Organizational linkages
Leadership ties
Information transmission
Formal
Informal

INNER CONTEXT

Organizational characteristics
Size
Role specialization
Knowledge/skills/expertise
Values
Leadership
Culture embedding
Championing adoption

IMPLEMENTATION

OUTER CONTEXT

Sociopolitical
Legislative priorities
Administrative costs
Funding
Training
Sustained fiscal support
Contracting arrangements
Community based organizations.
Interorganizational networks
Professional associations
Cross-sector
Contractor associations
Information sharing
Cross discipline translation
Intervention developers
Engagement in implementation
Leadership
Cross level congruence
Effective leadership practices

INNER CONTEXT

Organizational Characteristics
Structure
Priorities/goals
Readiness for change
Receptive context
Culture/climate
Innovation-values fit
EBP structural fit
EBP ideological fit
Individual adopter characteristics
Demographics
Adaptability
Attitudes toward EBP

SUSTAINMENT

OUTER CONTEXT

Sociopolitical
Leadership
Policies
Federal initiatives
State initiatives
Local service system
Consent decrees
Funding
Fit with existing service funds
Cost absorptive capacity
Workforce stability impacts
Public-academic collaboration
Ongoing positive relationships
Valuing multiple perspectives

INNER CONTEXT

Organizational characteristics
Leadership
Embedded EBP culture
Critical mass of EBP provision
Social network support
Fidelity monitoring/support
EBP Role clarity
Fidelity support system
Supportive coaching
Staffing
Staff selection criteria
Validated selection procedures

Study Context

- Social service systems in two states
 - A state-operated system
 - Ten county-operated systems
 - Counties accountable to state government via System Improvement Plans (SIPs)
 - **Total of 11 implementation sites**
 - Eight are currently implementing SafeCare

Data Collection

- **Quantitative data**
 - Annual web surveys focused on organizational issues
 - Fidelity ratings
 - Administrative data
- **Qualitative data**
 - Individual semi-structured interviews with state administrators, academic investigators, CBO executive directors, coaches, supervisors, and providers
 - Focus groups with providers, supervisors, and coaches
 - Document review



POLICYMAKER PERSPECTIVES (N=24)

Major Themes

1. EBP adoption decision
2. Leadership
3. Funding
4. Policies and contracts
5. Partnerships
6. Careful planning and proactive problem solving
7. Political and legal pressures on the outer context

EBP Adoption Decision

- Influenced by **national trends** that prioritized federal funds for EBP implementation
- Because EBPs were **“tested,”** there was some assurance that positive outcomes were possible
 - “We don’t have to look at it as ‘Will it work or not?’”
- **Proscriptive structure** bolstered “accountability” and “responsible” use of public dollars

EBP Adoption Decision

- Why SafeCare in particular?
 - Encouraged cultivation of **local “experts”** (e.g., coaches) to educate and monitor home visitors
 - **Train the trainer model** essential to facilitating continuation of SafeCare in times of staff turnover
 - Establishment of local capacity **limited need for expensive, ongoing involvement of its developers**

Leadership

- Where SafeCare was embedded in systems:
 - Willingness to **“champion”** and preference for EBPs
 - Self-proclaimed **“networkers”** who sought out knowledge about EBPs and strategies to support them
 - **Committed to taking part** in planning meetings, training activities, and other events to **show support**
 - **Planning for transitions** between champions

Leadership Turnover

- “It was that **perfect storm**. Several elements came together at the same time. Initial investments, initial people who were involved, changed, in terms of leadership. **You lost that vision and the investment piece at the start.**”

Funding

- **No single funding formula** to finance SafeCare
- Sources varied in terms of how monies were spent, i.e., training only versus service delivery
- SafeCare successful in systems where:
 - Policymakers were collaborative, creative and forward-thinking about **optimally integrating disparate funding sources**

Policies and Contracts

- One of 11 systems had **formal policies** for SafeCare
- Requests for Proposals (RFPs), contracts, structured curriculum, and SIPs comprised **de facto policy**
- Clarified roles, responsibilities, and expected outcomes
- Contract requirements facilitated **quality assurance**
 - Ongoing fidelity monitoring
 - Coaching
 - Participation in research and evaluation activities

Partnerships

- SafeCare succeeded in systems where **partnerships** between policymakers and local stakeholder groups were **already strong**
 - Provider agencies
 - Academic partners
 - Educated policymakers about EBPs and SafeCare
 - Shared feedback on program processes and outcomes
 - Brought financial resources to the table through grants
 - Maintained relationships with the model developers

Planning and Problem Solving

- Effective implementation required outer- and inner-context actors to **proactively tackle system challenges**
- **Anticipating challenges** before they occurred
 - Timely referral; lack of education about EBP in broader system
- **Critics** of SafeCare concerned about:
 - Restricted age range served by the EBP; appropriateness for families in crisis situations; cultural relevance
- SafeCare successful in systems where policymakers and stakeholders **collaborated** with academic partners intervention developers to tailor EBP to diverse clients

Political and Legal Pressures

- Legal actions affecting service delivery were pending in several systems
 - Lawsuit in one state led to a major restructuring of the child welfare system
 - Adoption of a statewide child welfare plan focused more on children in foster care than home visitation
 - New leadership **lacked institutional memory** of previous investments in the start up of SafeCare

Common Insights

- In sites where SafeCare is working:
 - **Leadership support** is in place across levels
 - Higher home visitor **workforce retention**
 - Less home visitor **burnout**
 - **Reduced client recidivism**
 - **High client ratings** of satisfaction, service quality, and perceived cultural relevance

Sustainment Concerns

- Despite time, resources, and efforts to bring up an EBP, policymakers **questioned its stability** if a system was subjected to major (outer context) changes beyond their immediate control
 - **New legislation** or shifts in **gubernatorial administrations** could lead to sweeping changes in child welfare systems, and compromise established processes for SafeCare delivery
- Precarious nature of funding in some sites

Conclusions for Policymakers

- **EXPLORATION** and **PREPARATION**:
 - Take the lead in identifying and **championing** rigorously researched EBPs, placing value on “evidence,” “data,” and “outcomes”
 - Have a **broad vision** for what EBPs can accomplish
 - Be proactive in planning with a **diverse base of stakeholders** (providers, funders, academic partners, intervention developers, child welfare advocates)

Conclusions for Policymakers

- **IMPLEMENTATION** and **SUSTAINMENT**:
 - Be **creative** and **forward-thinking** in financing EBPs
 - Write EBPs into detailed policies and contracts
 - Support the **building of local capacity** through the development of home grown “experts” (e.g., train the trainer and cascading diffusion models)
 - Participate in efforts to **adapt or “innovate” EBPs to ensure fit** within the service system and clientele
 - Be proactive in **planning for smooth transitions** (e.g. administrative turnover)

Overall Conclusion

- Most importantly, **policymakers need to build partnerships with stakeholders in child welfare** during all phases of implementation:
 - local providers
 - clients
 - academic collaborators
 - intervention developers
 - child welfare advocates
- Heeding the advice of the policymakers in this research can help **reduce the failure rate of EBPs** in the child welfare system

For Further Information

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