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

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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**
  – Increases positive interactions
  – Teaches skills (planning in advance, explaining rules/consequences, giving feedback) during daily activities
  – Increases parent bonding and infant attachment

• **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

EXPLORATION
Assessment of possible service innovations, including program “fit” based on the specific needs/characteristics of a public system (outer context) and service provider agencies (inner context)

PREPARATION
Finalizing the decision to adopt a particular service innovation
Planning of strategies to enhance fit, introduce, and optimally support program at system and agency levels

IMPLEMENTATION
Application and ongoing evaluation of the service innovation
Quality improvement and support as needed

SUSTAINMENT
Continued use and evaluation of the service innovation within the system

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
- 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
  - 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

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From Aarons, Hurlburt, & Horwitz, 2011.
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
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
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