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Trying to Bridge the Worlds of Home Visitation and Child Welfare: Lessons Learned from a Formative Evaluation

Mary Jo Stahlschmidt², Melissa Jonson-Reid^{1,2}, Laura Pons³, John Constantino³, Patricia L. Kohl², Brett Drake², and Wendy Auslander²

²George Warren Brown School of Social Work, Washington University in St. Louis

³Washington University in St. Louis School of Medicine

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.

¹Corresponding Author Contact Information: Melissa Jonson-Rid, jonsonrd@wustl.edu, CB 1196, 1 Brookings Drive, St Louis, MO 63130, (314) 935-4953.

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Compliance with Ethical Standards

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Keywords

Child welfare; service coordination; home visitation; formative evaluation

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 Pediatrics, 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 et al., 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 and Colleagues (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 and colleagues (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.

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 (Reynolds, Mathieson, & Topitzes, 2009; Le Croy & Whitaker, 2005; Duggan et al., 2000). 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, Opie, & Dalziel, 2012). Many of these studies, however, do not measure maltreating behaviors.

Despite the perceived promise of home visitation (Brown & Sturgeon, 2004; Stagner & Lansing, 2009; Howard & Brooks-Gunn, 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 (Horowitz 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 Information 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 and colleagues (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.

Methods

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.

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, caseworker recruitment, attendance at ECC trainings, and worker attrition during family recruitment, and demographics of the study participants. Further detail regarding specific data sources and collection are reported in following sections conforming to the first three phases of Stetler and colleagues' (2006) evaluation framework. The *developmental phase* focused on understanding how or if CW was currently making connections with early intervention services, identifying an appropriate intervention to address gaps, and developing an implementation strategy. The *implementation-focused phase* identified differences between the original implementation plan and how ECC was actually operationalized as implementation unfolded. This phase included documentation of unanticipated organizational and economic contextual barriers. Aspects of *progress-focused evaluation* are included specific to engagement and participation.

Phase 1: Developmental Evaluation

The developmental process was launched after the research team shared analyses of special education entry after a report of child abuse or neglect with agencies that had contributed data to a large multi-agency administrative data project. The analyses showed that most children who later entered special education had prior CW contact prior to age four with an average of 4.5 years between CW contact and special education assessment (citation omitted for blind review). Discussions centered on how few children were connected to early intervention services despite their availability in the region and administrators from agencies present decided to partner with the university research team to develop a response. This approach to intervention development as a "two-way street" (National Institutes of Health, 2007) ideally helps insure that a program is feasible and sustainable even in a low resource environment. As needs and resources were identified, other agency collaborators joined the planning process.

Using a workgroup to develop planning strategies is consistent with evidence that networks of inter-organizational agencies often increase the chances for implementation success because they strengthen the ability of the network to locate resources and adapt as the new practices are implemented (McBeath et al., 2014). Additionally, employing a participatory approach at this stage is advantageous as it often elicits information on potential unintended consequences and encourages commitment among stakeholders (Stetler et al., 2006). Beginning in 2003, this multi-agency workgroup met regularly for three years to develop what would ultimately be titled, "Early Childhood Connections" (ECC). Participants in the workgroup included the university-based principal investigator, two regional directors from

the state CW agency, and representatives from 16 other regional agencies including representatives from three home visitation organizations, early childhood education, special education, child care associations, health care organizations and others. Over the course of the 8 workgroup meetings, stakeholders reviewed information from a university led literature review, discussed regional gaps in current CW services provided to families with children under three, outlined a suitable intervention, and developed a preliminary implementation plan. The process for outlining the intervention and developing an implementation plan is described in the following sections, beginning with the literature review.

Literature review—To support these efforts, a literature review was undertaken by the university-based research team to identify candidates for the early childhood services and better understand the fit with usual care CW. This effort is briefly summarized here.

Among the various early childhood programs, home visiting programs were frequently identified as promising approaches to maltreatment prevention and improved developmental outcomes (Brown & Sturgeon, 2004; Stagner & Lansing, 2009; Howard & Brooks-Gunn, 2009; Olds, 2010). Evidence-supported home visiting programs were identified including Nurse Family Partnership (Olds, 2010), Nurses for Newborns, and Parents as Teachers (PAT) (Wagner, Iida, & Spiker, 2001; Zigler, Pfannenstiel, & Sietz, 2008) that were also available in the study region. Engagement and eligibility criteria, however varied widely. For example, the Nurse Family Partnership program is limited to first time mothers successfully enrolled in prenatal care. Parents as Teachers is a more universal program, but is offered through different parent organizations across states with differing processes of engagement and would be able to serve more of the eligible families in the study.

Only a minority of families reported for maltreatment receive services from CW. Excluding foster care, these services range from short and intensive or infrequent case management in-home services focused primarily on immediate child safety (US DHHS, 2015). Most reviews of these services suggest the practice is generally ineffective (Al et al., 2012; Chaffin, Bonner, & Hill, 2001; Littell, 1997). The longer term but lower intensity services generally have null to moderate impacts on future CW engagement and do not include parenting curricula (Drake, Jonson-Reid & Sapokaite, 2006; Fluke, Shusterman, Hollinshead, & Yuan, 2008). Outside SAFECARE (Whitaker, Lutzker, Self-Brown, & Edwards, 2008), parenting interventions are provided outside CW. For families with young children, home visitation might provide a longer term service alternative that addresses transportation barriers and can provide parenting education (Duggan et al., 1999).

Results of the literature review and workgroup discussion regarding feasibility led to the selection of Parents as Teachers (PAT) as the home visitation program of choice. Several initial ideas for coordination, such as imbedding child development screening within the child welfare system, were rejected due to burden. Instead, a proactive means of engaging families was developed to eliminate typical gaps in access associated with standard referrals. Secondary stakeholders (e.g., family physicians, childcare providers, the state lead remediation agency, and early childhood special education services) helped to identify ways to streamline engagement in additional services families might need. Then to further assess

agency willingness and possible barriers focus groups were conducted with CW and PAT staff.

Focus groups—Two focus groups with CW caseworkers (n=13 total) was held to elicit perceptions of barriers, implementation issues, and training needs. A second focus group was conducted with PAT workers and early childhood education staff (n=12). CW focus groups revealed there was no standard way of assessing child development in cases involving young children. One caseworker stated, “I had to go back and look through stuff I had learned in school or especially asking co-workers and mothers, things like that.” If workers suspected developmental delay, there was no standard practice for addressing it. When asked about training, CW workers requested information on child development and available early childhood services. CW respondents also stated that families lacking phones and mobility were barriers to service. Focus groups with PAT parent educators revealed confusion about what constituted child maltreatment and frustration with lack of CW involvement. They requested training on child maltreatment and discussed how hard it was for some parents to get needed hearing and vision screening for their children. Early education staff commented on how many different people were involved with these (CW) families, each attempting to reach different system-specific goals: They commented on the lack of coordination and not knowing how to interact with CW.

Defining ECC—In Stetler and colleagues’ formative evaluation framework (2006), defining the intervention occurs as the first step of *implementation-focused evaluation*. In this case, however, defining the intervention was a necessary step in the *developmental evaluation* phase to gain support for a small feasibility pilot. One of the most important components of ECC was the restructuring of how CW caseworkers would refer families to PAT. In ECC, the caseworker would first establish a relationship with a family and then introduce the family to the PAT parent educator during a joint visit, a “warm handshake” between the family, the CW caseworker, and the parent educator. This strategy was designed to encourage family engagement and eliminate the need for the family to follow through on a referral. The pilot was conducted to assess family receptivity and the response of CW caseworkers to the new process.

Feasibility pilot—A small feasibility pilot of ECC was conducted for two months. Four PAT home educators and seven CW caseworkers participated in the pilot and completed surveys on satisfaction with ECC, added burden, and willingness to continue participating in the program. Fifteen families (seven receiving in-home services and 8 foster caregivers) participated in the pilot. Twelve of these 15 families completed the initial joint visit. Although foster parents were included in the pilot, it was quickly apparent that the vast majority of the children placed were with the foster caregiver for too brief a time to realize a benefit from participating in PAT home visitation services. Once a child left their care, there was no guarantee that another child of a similarly young age would be in their care. Foster parents were therefore excluded from the later RCT.

Eight caregivers completed satisfaction surveys, which included close-ended and open-ended questions. Descriptive statistics were computed for quantitative data and open-ended questions were grouped into themes. All caregivers reported liking the idea of the joint visit

and intended to continue PAT. For example, one caregiver stated, “they are helpful with things I don’t know, things I should do.” (mother’s quote). All families reported willingness to participate in a larger study. A follow-up contact with participating PAT workers was conducted 12 months later. Although no incentives to participate in PAT were given, six families (five in-home services and one foster caregiver) were still engaged in PAT. Only one PAT parent educator and one CW caseworker reported more than minimal burden associated with arranging the joint visit. All said they would participate in the program in the future.

Phase II: Implementation-focused Evaluation

In the state where the study took place, PAT visits are reimbursed after they occur. Therefore, there is an incentive to keep caseloads full at all times. To support engagement, ECC was designed to connect families to PAT right away rather than risk losing contact with them while on a waiting list. This required a means of holding open some parent educator time so these families could be engaged. External funding was needed to provide support to hold open a portion of PAT caseloads as well as evaluate the results. Additionally, desire for more training emerged from both focus groups. Funds were also needed to develop a cross training program for CW caseworkers and PAT parent educators was designed as part of the full program. The PAT national office designed four three-hour sessions on child development to be delivered to CW caseworkers. Professional development training sessions for PAT parent educators were developed by the research staff and regional CW office and focused on the relationship between maltreatment and development, working with maltreating families, and collaborating with CW.

Funding was obtained to implement the current study, a small randomized control effectiveness trial of ECC in 2009. Human subjects approval was granted by the XXXX (omitted for blind review). Because the study was designed to serve all families referred, randomization occurred at the CW caseworker level, with caseworkers being assigned to either a “usual care + PAT” (ECC) or a “usual care only” (control) group. Families referred to the study received incentives for study related interviews only (children’s books and grocery gift cards), PAT and CW services were provided according to standard usual care processes once the enhanced engagement process was complete. Because the focus is on the ECC intervention implementation, the remainder of the article reports findings specific to the ECC intervention condition only. The remainder of the implementation-focused evaluation attempted to identify discrepancies between the original implementation plan and its real-life operationalization, refining the project as needed (Stetler et al., 2006).

System changes and ECC refinements—Funding was obtained for implementation of ECC in 2009 just as the economic recession began to be felt. The shock to available resources along with organizational changes led to major restructuring of ECC as the project began. Overviews of these challenges are discussed here and summarized in Table 1. PAT is operated through school districts in the study region.

PAT challenges—Immediately prior to funding, the largest partner school district lost its accreditation and was taken over by the state. A school board vote was necessary to accept

the funding to test the implementation of ECC, but the new board agenda was overtaken by various crises delaying implementation by several months.

Budgetary constraints also impacted how PAT was delivered for ECC. As the budget crisis worsened, the largest partner school district began to lay off PAT parent educators and rehire them with decreased hours. Despite having secured funding for PAT service hours, the decrease in their positions to part-time made it impossible to proceed as initially planned. As a result, the university research team hired part-time PAT parent educators directly rather than subcontracting with the school districts as originally planned, paying for additional hours to serve ECC families.

While not initially mentioned as a barrier in the planning stage, it became apparent in discussions with the PAT parent educators that they were unaccustomed to having to do extensive outreach or to allow engaged families to miss multiple appointments without being terminated. Thus, it was necessary to restructure PAT usual practice to make multiple contacts during outreach the norm and preclude terminating participating families unless the family asked to be terminated or they permanently moved outside the study region.

Child welfare challenges—Also just before ECC implementation, the state CW agency began subcontracting in-home services to private CW agencies through performance based contracting. Training plans had to change from the group sessions planned with only 18 public child welfare staff to group and individual sessions with 57 child welfare workers across public and private agencies. Additionally, CW stakeholders became concerned that finding supports for families whose cases were not serious enough to qualify for in-home services would become even more difficult given the recession. The state CW partner asked to widen the eligibility for ECC to include families straight from CW investigation units. Because investigators have little contact with a family once the investigation is complete, the “joint visit” was changed to a ‘warm handshake’ phone call. Although this was a less intensive approach, it allowed us to retain the goal of circumventing the traditional referral process. When a family expressed interest, the CW worker would contact the PAT parent educator who then visited the family alone.

Privatization and turnover also impacted CW staff engagement. Many of the ECC caseworkers (and new contracted agencies) had not participated in the initial planning or pilot phase requiring all new processes of developing buy-in. Turnover remains a critical problem in CW, with estimates hovering as low as 10% in some states but as much as 64% in some states and private agencies (American Public Human Services Association, 2005; Annie E. Casey Foundation, 2003; National Child Welfare Workforce Institute, 2011; Pew Commission on Children in Foster Care, 2004). The reporting of turnover is also typically an annual figure, given the lapse in time between initial planning and receipt of grant funds to implement the project the turnover rate is not surprising. Despite the fact that the expansion of eligibility to investigated and not served families simplified the CW role to a phone call, the largely new workforce was not as engaged. Communication to caseworkers by the research team was increased, and care packages containing food items and office supplies were provided. These items were provided in-kind by the PI (e.g., homemade cookies) and the office supplies were provided through a small donation from a co-investigator.

Ultimately, the structure of ECC was refined further so that caseworkers provided the family contact information to a member of the research team who then set up the meeting between the family and the ECC parent educator.

Phase III: Progress-focused Evaluation

Consistent with Stetler and colleagues' framework, progress-focused evaluation was used to inform further refinement and ultimately to assist in the determination of whether the intervention would be sustainable if outcomes were positive (Stetler et al., 2006). Data included worker engagement and retention and family engagement and retention.

CW caseworker participation—A key metric during progress-focused evaluation was the extent that CW caseworkers remained engaged during ECC implementation. Caseworker engagement was measured by the number of trainings attended and the number of referrals made to ECC. As mentioned earlier, few of the original caseworkers from the pilot were involved in the implementation. Perhaps because of this the trainings planned in response to worker requests for information in planning focus groups were poorly attended. Three trainings each were planned for CW caseworkers and parent educators. The first training for the required study orientation conducted by the research team to all caseworkers who consented to participate and so participation in the orientation trainings was 100%. Only about 25% of the CW caseworker participants, however ever attended one of the two additional trainings that were requested during the developmental focus groups despite offering continuing education credits and refreshments.

As mentioned in the prior section, significant effort was required to engage child welfare workers in referring families to the program. Interestingly, there appeared to be a sort of threshold effect in participation. Once a worker did begin to refer families, participation in future referrals increased. For example, nearly half of the referrals came from only four caseworkers.

PAT participation—Because the parent educators that implemented ECC were ultimately hired by the program, it was difficult to assess uptake in training by district PAT as planned. The goal of the trainings to be provided by child welfare were to be district wide, but the resulting changes made it impossible to conduct these trainings as planned. Five PAT workers ultimately participated in ECC with two leaving to take other positions during the course of the study.

Family participation—Acceptability, or the perception based on direct observation, that an intervention is agreeable or satisfactory (Proctor et al., 2010) of participation in PAT among the 73 families referred was quite high (93%). Reasons for refusal included conflicts with work schedules or current engagement in another parenting or home visiting program. While mobility in this high risk population was anticipated, the speed of this mobility was an unanticipated barrier to initial recruitment. About 20% of the families that agreed to participate in ECC moved and were unreachable by the time the parent educator went to the first visit (usually within two weeks). Even though alternative contacts were requested during initial recruitment and scheduling, these contacts often reported not knowing where

the family had gone. Ultimately due to high and unpredictable mobility 88% actually began services with PAT.

At the end of 12 months, 74% of the families remained in contact with PAT, but this dropped to 52% by 18 months. All but two families who left services did so due to moving and losing contact. The two families that withdrew cited conflicts with new jobs and family responsibilities. The PAT national office requires that affiliate programs offer families at least 12 home visits annually. Studies of PAT reported attrition rates between 36 and 57% but many of these studies had longer follow-up periods so it is less clear when they left PAT. One 1999 study found that between 25–36% of families dropped out within 1 year (Wagner & Clayton, 1999) a 2002 study found that between 47–49% of families left PAT by the time their child was a year old (Wagner, Spiker & Linn, 2002). Of course, this retention rate is not the same as consistency of participation; missed appointments were the norm for most families. Families who participated indicated high levels of satisfaction with the program. Of the 63 families that were reached at the 12 month check-in, the average satisfaction score was 30.02 out of a possible 35 and no question was less than an average of 3.7 on a 5-point likert scale.

Sustainability—This article focuses on the formative evaluation of a systems integration effort rather than the outcomes obtained for families. Some of the challenges encountered, however, directly impact the feasibility of sustaining such a program separate from outcomes achieved. For example, as mentioned earlier, a large portion of referrals came from the caseloads of only four caseworkers, who were all employed in the same child welfare unit. Funding for PAT services remained much lower than pre-implementation and districts prioritized preschool screening rather than home visitation, casting doubt on the ability to engage an even larger portion of the CW population. By the midpoint of the study, nearly all CW services outside hotline investigations were privatized making the process of continuing coordination difficult to monitor. Any attempt to sustain the referral practice with families that received in-home services beyond the investigation would require integration of referral to home visiting into the state issued performance-based contracts. Thus while the funding required to sustain such ECC would be minimal, the original platforms designed to execute ECC no longer provide services in the same manner.

Discussion

Findings from the formative evaluation of ECC implementation echo the sentiments present in much of the CW implementation literature—that the CW system is complex and constantly changing—making implementation of innovative practices challenging (Proctor, 2012). While implementation science frameworks include attention to planning and attending to policy context (Powell et al., 2012), in the present case the planning effort was unable to anticipate to the broader economic and policy shifts that occurred between the formation of the workgroup and the (post-recession) start of implementation. Future services integration attempts may wish to consider exploring a variety of potential delivery platforms so that if one organization loses the capacity to mount the intervention there is an alternative in place.

The vast majority of families were interested in receiving in-home services. Because the families were only receiving voluntary CW services and some received no CW contact beyond the hotline, it is difficult to explain this as fear of family court consequences. The primary barrier to connecting with and retaining families was not acceptability but the high mobility rate that was often driven by material needs (particularly housing). This is consistent with studies documenting housing issues within the CW population (Fowler et al., 2013). When families are facing threats to obtaining their basic needs, it may be unrealistic to expect them to participate in voluntary CW services or programs like PAT (Marcenko, Hook, Romich, & Lee, 2012).

As with any small study, it is unclear whether the experiences can generalize to other areas or populations. Replication of ECC with other populations and in other regions would likely involve adaptations. For example, we chose PAT because it is a national program that has achieved an evidence-based status, but this process of coordination would have to be customized according to the availability of particular types of home visitation in a region. Additionally, the implementation of ECC or a similar program without a university-based research team would require some modifications. Ideally, referring to early childhood home visitation would become part of the CW caseworker job description and staff would be trained to do this as part of the onboarding process.

Despite such weaknesses, this paper provides an important addition to the growing literature on implementation of evidence-informed interventions with CW. The success in engaging families referred is consistent with prior literature suggesting that families involved in CW are interested in participating in services if barriers can be removed (Chapman et al, 2003). CW staff, however, were less easily engaged in the referral process. As mentioned, once a staff person began to refer they continued to do so. Perhaps a structure for feeding back anonymized “success stories” to all CW personnel might increase enthusiasm for participation. This study also highlights the prominent role of policy change in the usual care environment. Policy shifts are typically not emphasized in the implementation literature despite common reference in the organizational literature (Blome & Steib, 2014; Hasenfeld, 2010; Powell et al., 2012). Further research into ways to anticipate such changes and maintain flexibility in implementation approaches while still maintaining methodological rigor are needed. While home visitation approaches may hold promise for addressing the needs of families in contact with child welfare, creative means of engaging both the families and the service systems involved must continue to be explored.

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Biographies

Mary Jo Stahlschmidt, AbD, MA is a doctoral student at the Brown School of Social Work at Washington University

Melissa Jonson-Reid, PhD, MSW is Ralph and Muriel Professor of Social Work at Washington University and Director of the Center for Violence and Injury Prevention and was Principal Investigator of Early Childhood Connections.

Laura Pons, MSW is Senior Clinical Research Coordinator, Division of Child & Adolescent Psychiatry, Washington University.

John Constantino, MD is Blanche F. Ittleson Professor of Psychiatry and Pediatrics and Director, William Greenleaf Eliot Division of Child & Adolescent Psychiatry.

Brett Drake, PhD, MSW is Professor of Social Work at the Brown School of Social Work at Washington University.

Patricia Kohl, PhD, MSW is Associate Professor and Associate Dean of Social Work at the Brown School of Social Work at Washington University.

Wendy Auslander, PhD MSW is Barbara A Bailey Professor of Social Work at the Brown School of Social Work at Washington University.

Highlights

- Both services coordination and sustainability plans were impacted by policy and organizational changes
- Child welfare families were receptive to community-based home visitation but challenging to retain
- Coordination alone was insufficient to remove barriers to family engagement without some redesign of usual care practices
- While coordination of existing organizations may be a promising approach to increasing services for child welfare involved families, program planning must account for the policy context of the organization.

Table 1

Original intervention/implementation characteristics, contextual barriers identified during implementation-focused evaluation, and refinements

Original Intervention Characteristic	Contextual Barrier	Refinement
Train public CW in-home workers (n=18) on ECC	Shift to privatization of in-home CW services	Train 57 public and private CW workers
CW in-home services workers refer families on their caseloads to ECC	Recession leads to fewer supports for families not meeting threshold for in-home services	Expand ECC to families referred by investigative units
PAT provided by large urban school district	PAT workers laid off	University hires PAT workers
CW workers introduce families to PAT worker via in-home “warm handshake” approach	Investigative CW workers have no ongoing contact with families; low engagement by in-home CW workers in “warm handshake” approach	Warm handshake changed to a phone call by CW worker to PAT worker
PAT responds to needs of high risk, highly mobile families	PAT workers not accustomed to conducting outreach or working with families who miss multiple appointments	Restructure PAT usual practice
CW workers refer all eligible families on their caseloads	Low referral rates by CW workers	Introduce new incentives and increase communication; caseworker refers straight to research team