

Briefing on the Early Head Start/ Child Welfare Services Initiative

for the
Administration on Children, Youth and Families

James Bell Associates

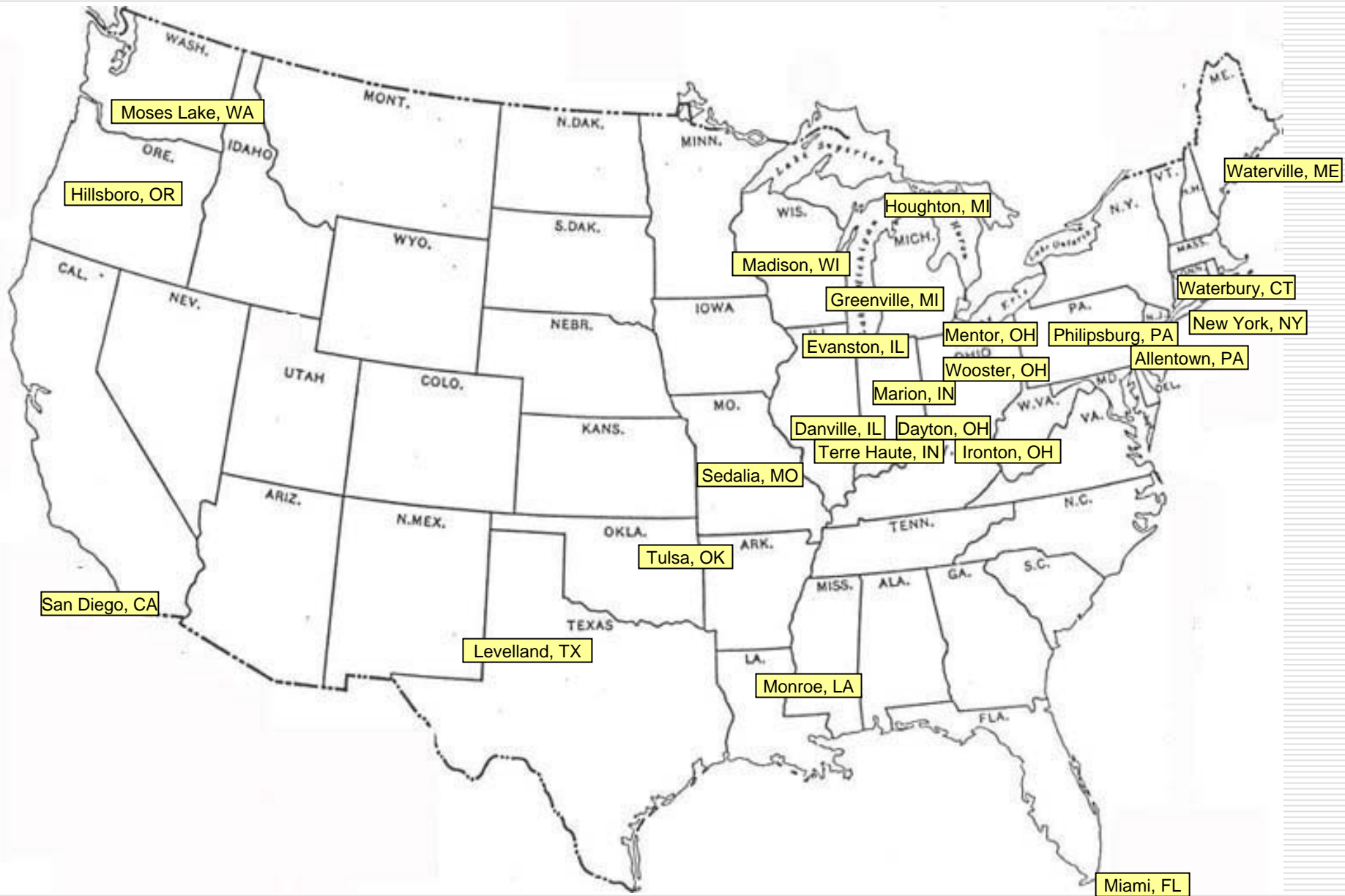
April 12, 2006

What is the Early Head Start/Child Welfare Services Initiative?

A partnership between the Head Start Bureau and the Children's Bureau that has resulted in 24 demonstration projects being implemented across the nation. The goal of these projects is to enhance and expand the service network for infants, toddlers and their families that are involved in the child welfare system.

Background Information

- ❑ 24 sites were funded as part of the EHS/CWS demonstration in FY 2003
 - ❑ Grantees were given flexibility with respect to target populations and service models
 - ❑ Each grantee is conducting a local evaluation; there are 24 separate evaluations underway
 - ❑ Quarterly conference calls are held with all grantees, JBA, EHS National Resource Center, Federal Staff from Regions and Central Office
 - ❑ Grantees submit reports every six months, reporting on activities as well as evaluation findings
 - ❑ James Bell Associates provides support and evaluation TA, and conducts syntheses of grantees' semiannual reports; also will prepare final report that synthesizes process and outcome findings reported by grantees
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Questions being Explored in Local Evaluations

- ❑ What factors contribute to successful EHS-CWS partnerships?
 - ❑ What challenges exist in bringing these two systems together?
 - ❑ What program models work best in engaging these high-risk CWS families and children in EHS services?
 - ❑ What agency-level changes are achieved through the partnership?
 - ❑ What kinds of outcomes are achieved among participants? (e.g., in areas of safety, permanency and well-being)
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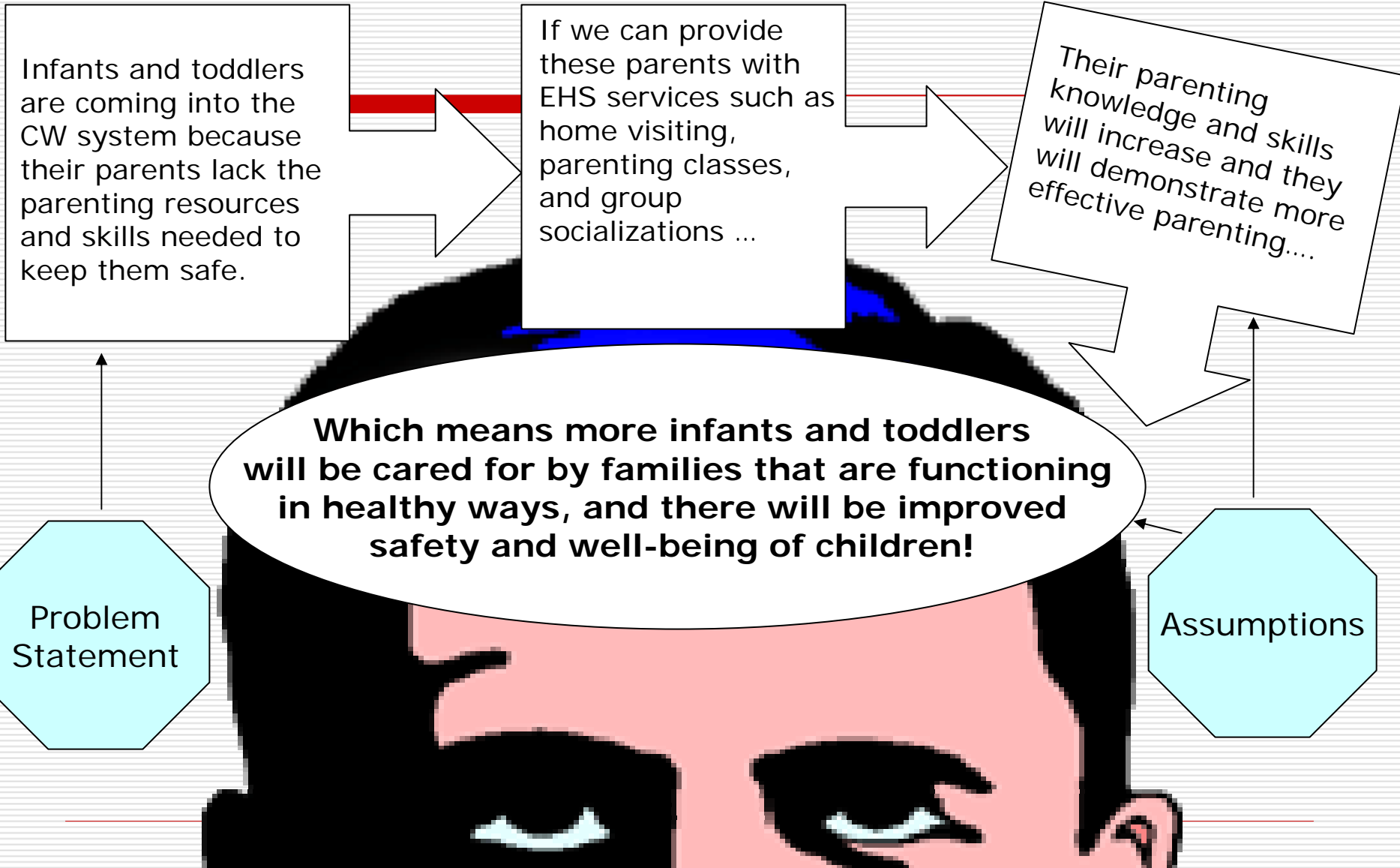
JBA Synthesis Reports

- Report on the Planning and Start-Up of the Early Head Start/Child Welfare Services Initiative (project inception – December 2003)
 - Report on Implementation and Evaluation of the Early Head Start/Child Welfare Services Initiative in Year Two (January 2004 – June 2004)
 - Implementation Activities and Reported Outcomes for the Early Head Start/Child Welfare Services Projects (July 2004- December 2004)
 - Report on the Operations of Early Head Start/Child Welfare Services Projects and Preliminary Outcome Findings (January – June 2005)
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Some Comments about Local Evaluations

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- ❑ Few grantees had resources to hire a 3rd-party local evaluator
 - ❑ Primary emphasis is on process evaluation
 - ❑ Each grantee selected its own outcomes (appropriate for what the project intended to address); each selected its own instruments and measures
 - ❑ Evaluation TA from JBA included helping to articulate local theory of change; building logic models; developing data collection plans; presenting possible instruments; assisting with scoring of instruments; providing review and feedback on findings presented in semiannual reports
 - ❑ More recently, each grantee was provided with a site-specific data reporting shell to improve consistency in reporting on service utilization (outputs)
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Example of Theory of Change for an Early Head Start- Child Welfare Services Project



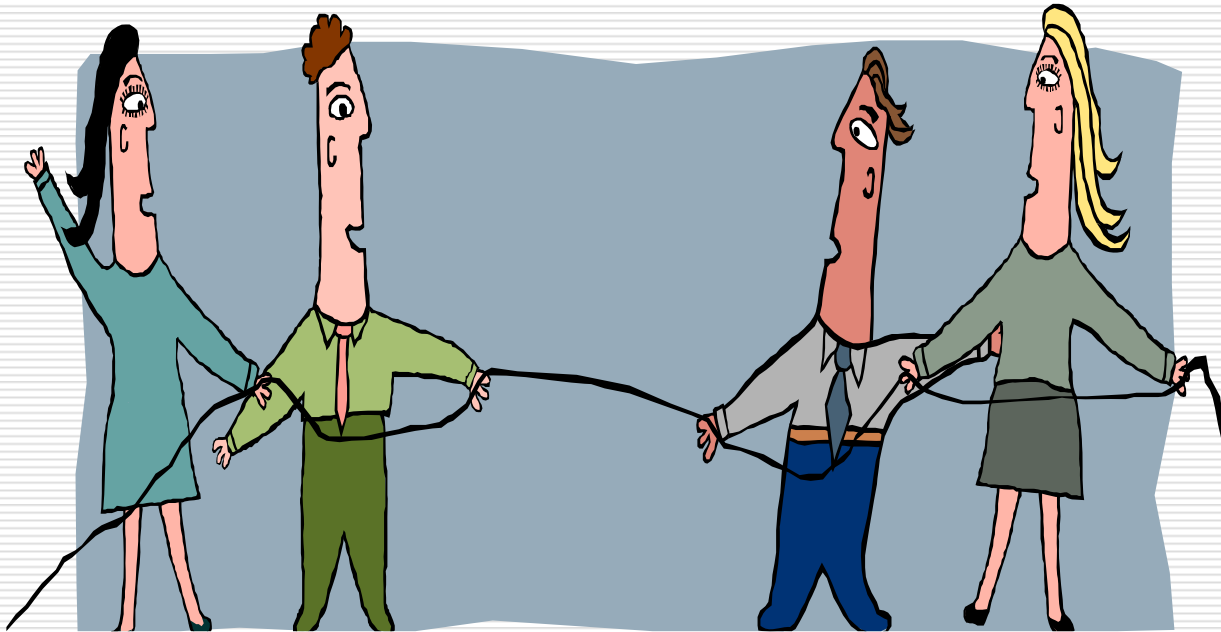
Factors that Contribute to Successful EHS-CWS Partnerships



Factors that Contribute to Successful EHS-CWS Partnerships

- ❑ A prior history of collaboration to build upon
 - ❑ Establishing a Memoranda of Agreement between agencies
 - ❑ Designating a “point person” at EHS and at CWS, to handle referrals and coordinate services
 - ❑ Case collaboration (joint staffings/case planning)
 - ❑ Joint home visitation (EHS and CWS worker visit home together)
 - ❑ Co-location of services (EHS staff person onsite at CW agency)
 - ❑ Shared trainings for EHS & CWS workers
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Challenges in Bringing the EHS and CWS Systems Together



Challenges in Bringing EHS and CWS Systems Together

- ❑ Different attitudes and beliefs about the other agency and its services
 - ❑ Leadership changes in CW agency or other agency priorities that detract from EHS/CWS partnership
 - ❑ Lack of resources in CWS: vacant positions and over-burdened workers
 - ❑ Structural and philosophical differences
 - ❑ Crisis-oriented nature of work in CWS
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Program Models for Engaging CWS Children and Families in EHS Services



Flexibility and Variation in Target Population and Services

- ❑ 21 projects are targeting both foster care cases and in-home services cases
 - ❑ 1 project targets pregnant women in CWS
 - ❑ 1 project targets parents with developmental delays
 - ❑ 2 projects target parents who are in substance abuse treatment
 - ❑ 1 project targets drug-impacted, traumatized infants and toddlers
 - ❑ 6 projects provide services through a home-based model
 - ❑ 5 projects operate a center-based model
 - ❑ 13 projects provide a mixed-model (center- and home-based services)
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Flexibility and Variation in Services

- ❑ Frequent/ intensive home visits
 - ❑ Therapeutic and other mental health services
 - ❑ Mentoring and parent education (e.g., teaching life skills, safety, modeling appropriate discipline)
 - ❑ Enhanced center-based activities
 - ❑ Transitional services & supports (to ease children's transitions between placements)
 - ❑ Family Group Conferencing/Family Team Meetings
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Distinctive Service Models

- ❑ Dyadic Therapy Model (Miami)
 - ❑ Mentor Couples (Houghton, MI)
 - ❑ Women in Residential Treatment with their Children (New York City)
 - ❑ EHS Services in Emergency Shelter Cottages (San Diego)
 - ❑ Therapeutic Child Development Center for Drug-Impacted Infants/Toddlers (Allentown, PA)
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Lessons Learned about Engaging CWS Families in EHS

- ❑ CWS families participate in many activities and services in addition to EHS
 - ❑ Frequent mobility of families, where some re-locate due to work or school, or increased housing costs
 - ❑ Mental health or substance abuse issues impede participation
 - ❑ Transportation problems in rural areas limits opportunities for participation
 - ❑ CWS involvement serves as “leverage” for participation, where families feel pressured to participate
 - ❑ Some families have a shorter opportunity for participation due to age of child at referral
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Recent Strategies to Enhance Participation and Engagement

- ❑ Staff monitoring, follow-up and reminders
 - ❑ Building upon child-focused activities to connect with parents and establish relationship
 - ❑ Increased flexibility in the delivery of core EHS services (to be more responsive to family needs)
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Preliminary Evaluation Outcomes



Summary of Cross-Site Findings on Key Evaluation Outcomes

Process for selecting and reporting on key outcomes:

- ❑ Reviewed grantees' logic models
 - ❑ Identified outcomes targeted by at least half of all grantees
 - ❑ Focus on short-term and intermediate outcomes
 - ❑ Reviewed semi-annual reports to identify key measurement tools and to determine status of baseline and follow-up data collection
 - ❑ Compared baseline to follow-up results where possible
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Caveats in Interpreting and Comparing Evaluation Findings

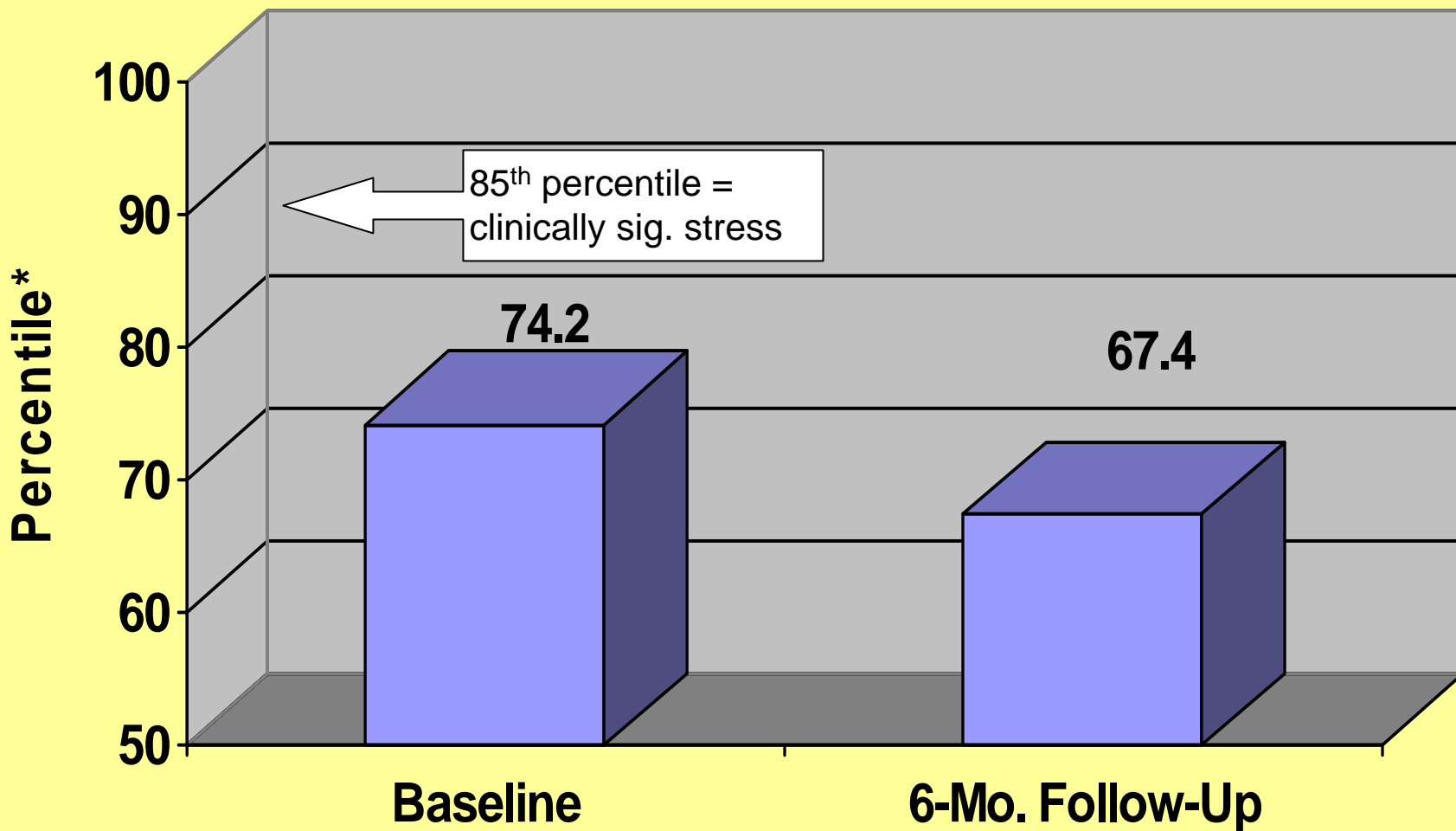
- ❑ Preliminary nature of findings
 - ❑ Small sample sizes
 - ❑ Lack of experimental designs
 - ❑ No tests of statistical significance
 - ❑ Disparate service models
 - ❑ Different definitions of outcomes
 - ❑ Different evaluation instruments
 - ❑ Different time intervals to measure change
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Status of Data Collection on Key Outcomes as of June 30, 2005

Key Outcome	# of Sites that Planned to Measure this Outcome	Most Common Instruments	# of Sites that Collected Baseline Data	# of Sites that Reported Follow-up Data	# of Sites with Positive Findings (Baseline to Follow-up)
Increased parenting knowledge and skills	24	AAPI (4) HOME (6)	21	11	9
Improved safety conditions in the home	16	HOME (3); Safety Checklists (6)	10	7	7
Reduced parental stress	13	PSI (8)	10	8	7

Average PSI Scores at Baseline and Follow-up

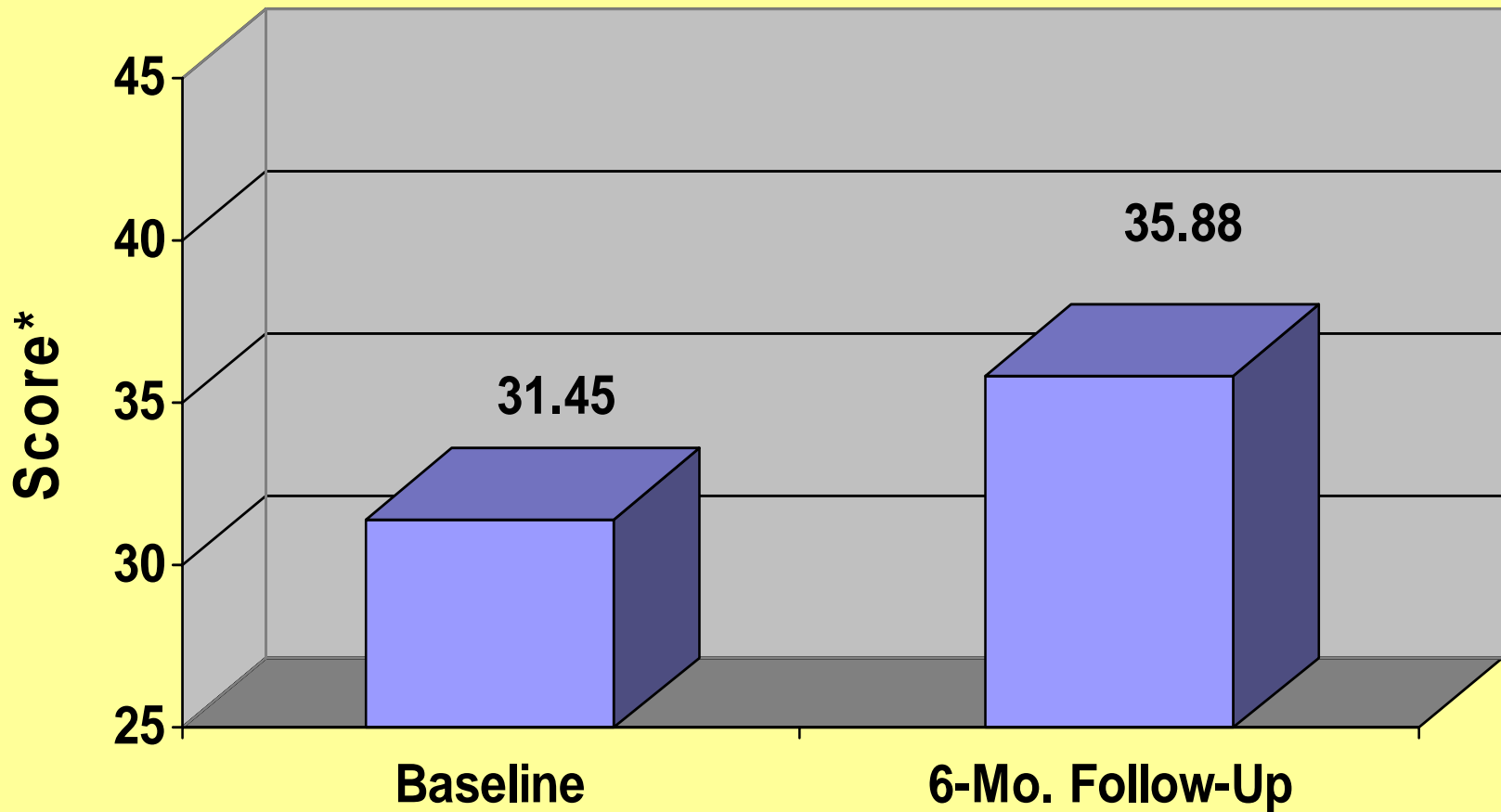
N = 35 caregivers across 5 grantees



*A lower percentile score means better outcomes (i.e., reduced stress)

Exhibit IV-5

Average HOME Scores at Baseline and Follow-up
N = 44 caregivers across 4 grantees

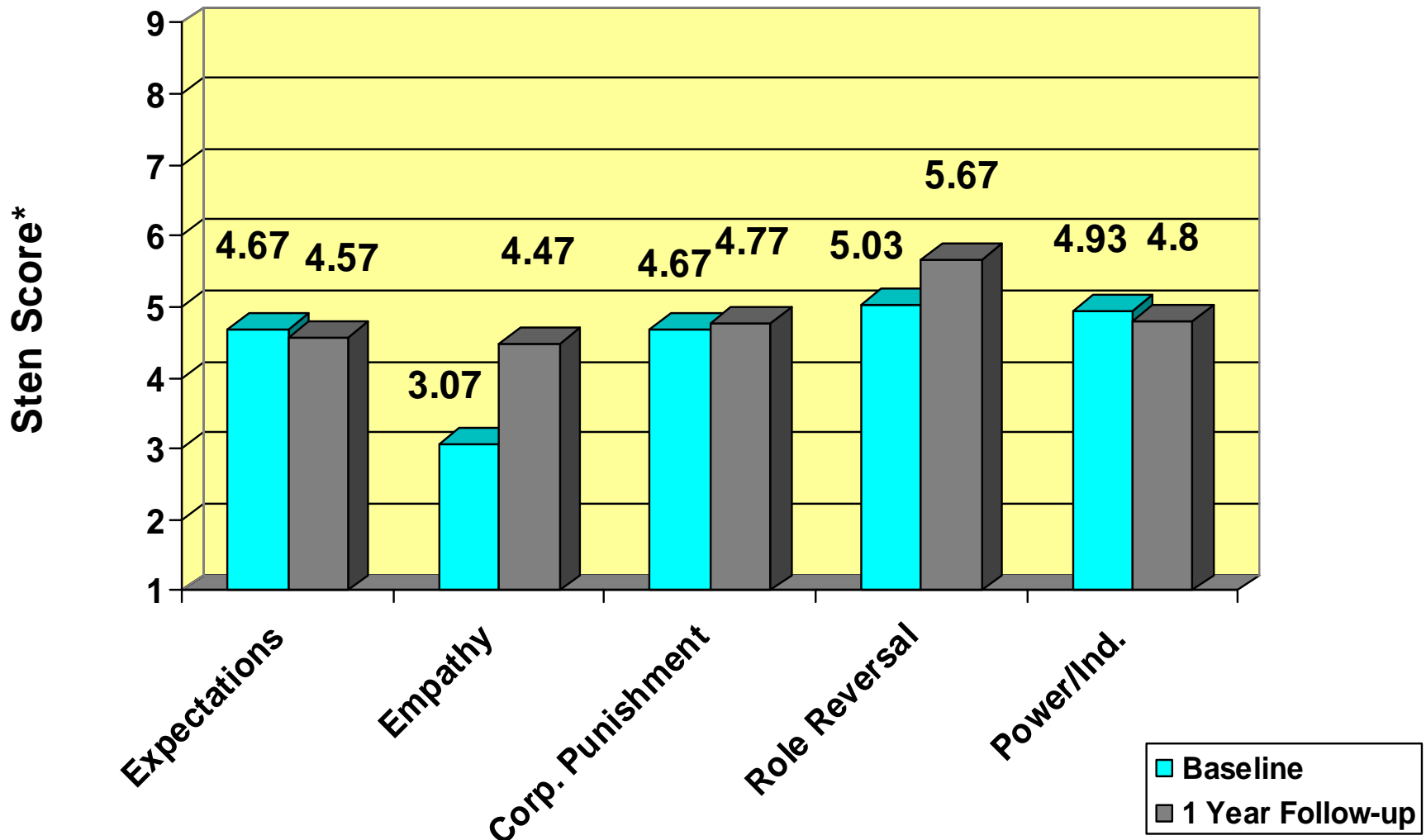


*A higher score means better outcomes (i.e., better home environment).

Exhibit IV-6

Average Sten Scores by AAPI-2 Subscale at Baseline and Follow-up

N = 28 caregivers across 3 grantees



*A higher score means better outcomes.

System-Level Outcomes

- **Improved Family Case Coordination (Terre Haute):**
 - Information provided by EHS was useful to CWS in case planning and case management decisions.
 - CWS influenced EHS service planning and choice of activities.

 - **Improved Inter-Agency Knowledge:**
 - **Springfield:** EHS staff gained new knowledge re: child welfare practices and procedures.
 - **Terre Haute:** CWS staff reported increased knowledge of services available through EHS. EHS staff reported improved understanding of process for investigating maltreatment allegations.
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Summary of Outcome Findings

As of June 2005:

- All grantees (24) have reported collecting baseline data on site-specific outcomes.
 - More than half of grantees (15) have reported collecting follow-up data on site-specific outcomes.
 - Some common outcome measures identified across a majority of grantees:
 - Parenting knowledge and skills (24 grantees)
 - Safety of the home (16 grantees)
 - Parental stress (13 grantees)
 - More than half of grantees (14) have reported positive findings from baseline to follow-up on one or more outcomes.
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Questions and Discussion

James Bell Associates
Tel. 703-528-3230

James DeSantis, Ph.D.
Director
desantis@jbassoc.com

Elliott Graham, Ph.D.
Senior Research Associate
graham@jbassoc.com
