In-Home Services in Child Welfare

In-home services play an important role in safety and permanence for the majority of families that receive a report of child maltreatment and for other families also at risk. This issue brief provides an overview of child welfare in-home services and examines issues related to service delivery, funding, and program evaluation. The brief is designed to provide child welfare administrators, policymakers, and related professionals with information about the types of child welfare in-home services that are being used in the field and what the evidence shows about them.

The majority of children who come to the attention of child welfare agencies because of possible abuse or neglect are not removed from their families but, instead, receive services in their homes and communities. Research shows that families whose children remain in the home after a maltreatment investigation often have significant service needs (U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation, 2013). In-home services can play an important role in supporting the safety, permanence, and well-being of children in child welfare. These services also can be provided to families whose children have been placed in out-of-home care, both to promote reunification and prevent future disruption and reentry into care (Sangmoo, Jonson-Reid, & Drake, 2012).

Child Welfare Information Gateway

Children's Bureau

The U.S. Department of Health and Human Services (HHS) reports that the number of children in foster care decreased by about 23 percent between Federal fiscal year (FFY) 2002, when the total number of children in care was around 523,000, and FFY 2011, when the number was around 401,000 (HHS, 2012a). This decline can partially be attributed to increasingly lower national child maltreatment rates (Finkelhor, Jones, & Shattuck, 2009). However, there has also been a growing emphasis on keeping children in their homes, whenever it is safe to do so, by providing support and services to strengthen families. Data indicate that 79 percent of children who came to the attention of a child welfare agency during FFY 2011 received in-home services (HHS, 2012b). Due to this increased emphasis on providing services geared toward maintaining children with their families, field professionals must have an understanding of how these programs and practices are being used.

What Are In-Home Services?

In-home services are provided to children and families who have been reported to child protective services (CPS) for possible child abuse or neglect and who are assessed as being able to benefit from services delivered in the home. These are generally families who have an "open case" with the child welfare agency and whose children remain at home or have returned home from out-of-home care. The services may be voluntary or court-ordered, and they encompass an array of interventions and supports provided directly by, or on behalf of, a child welfare agency to all children in a family to ensure their safety and promote well-being (HHS, 2009). In some cases, the allegations of child maltreatment have been substantiated, but the child is not in immediate danger. In other cases, allegations have not been substantiated, but services are offered to help the parents improve the home situation. Other cases involve children who return home after a stay in foster care; in these cases, the child welfare agency strives to ensure that parents can provide the safety and care that children need to live at home and prevent reentry of the children into care.

The term "in-home" refers to the location where the child and family are residing and not necessarily to the place where services are delivered; therefore, in-home services may be provided in the community, a relative's home, or such places as a counseling center or child welfare agency.

Home visiting programs can be included as part of an in-home services plan; however, it is important to distinguish them from in-home services. Home visiting is generally used as a preventative approach with high-risk populations, such as teen parents and families with infants and young children. Such programs do not necessarily focus on issues associated with child maltreatment. However, some home visiting programs do address the needs of families receiving in-home services and can be used or adapted for a child welfare population. (See Child Welfare Information Gateway's Home Visiting web section at https://www.childwelfare.gov/preventing/programs/types/homevisit.cfm for more information.)

Importance of In-Home Services

The primary goal of in-home services is to strengthen and support the family in order to maintain children with their families whenever it can be done safely. Providing such services also keeps children near their support system of friends, siblings, extended family, and school. Through in-home services, appropriate resources can help parents focus on addressing the issues that led—or could lead—to abuse or neglect.

Removing children from their families is disruptive and traumatic and can have long-lasting, negative effects. There are a number of stressors for a child that are associated with removal and can add to the initial trauma of maltreatment, including dealing with the substantiation of abuse and/or neglect findings and having to cope with parental loss (Schneider & Phares, 2005). One research study found that when children were assigned to CPS investigators with relatively high rates of removing children from home, they were more likely to be placed in foster care, and they eventually had higher delinquency and teen birth rates and lower

earnings than similar children assigned to investigators with low removal rates (Doyle, 2007). Another study, which examined posttraumatic stress symptoms among children referred to child welfare agencies for abuse and neglect investigations, found that there were higher rates of symptoms among children placed in out-of-home care than those who received in-home services (Kolko et al., 2010). Given the added trauma and poor outcomes associated with a child's removal from his or her family, it is important for the child welfare field to develop and deliver effective in-home services that can contribute to stabilizing and strengthening the family to prevent the need for out-of-home care whenever possible.

In-Home Services Delivery

There is significant variety in both the delivery and types of in-home services that a family may receive. In addition, a distinction should be made between in-home programs and services: Services may be provided through basic agency practice, while programs are often an enhancement for specific types of families. An agency may offer an in-home service or services without contracting for or providing specific programs.

When Are In-Home Services Initiated?

When a report of child maltreatment is filed with CPS, intake workers screen the report to determine if there is a valid safety concern, and, if so, recommend that the family receive either an investigation or a family assessment. In either case, a safety and risk assessment is done to determine how safe children are in their homes and the level of risk for future harm. These safety and risk assessments, often accompanied by a more comprehensive family assessment, are used to determine a family's needs for in-home services and to develop a case plan.

Some child welfare agencies use a differential or alternative response approach to child abuse reports, in which the agency conducts either a traditional investigation (investigation track) or an assessment alternative (assessment track) with families, depending on

a number of factors (Child Welfare Information Gateway, 2008). This is primarily determined by the severity of the allegation, with low- to moderate-risk cases being more likely to follow an assessment track. Research has found that children and families on assessment tracks are more likely to receive in-home services (Shusterman, Hollinshead, Fluke, & Yuan, 2005; Loman & Siegel, 2004a; Hernandez & Barrett, 1996), participate in a higher number of services (Loman & Siegel, 2004a; Loman & Siegel, 2004b), obtain services earlier (Siegel & Loman, 2000), and take advantage of community resources (Siegel & Loman, 2000; Loman & Siegel, 2004b; Hernandez & Barrett, 1996). In some States, families can be referred to in-home services without CPS involvement.

Who Delivers In-Home Services?

Caseworkers initiate service delivery by first engaging families and working with them to assess strengths, needs, and resources. This collaboration is intended to develop a plan that addresses the issues that have brought the family to the attention of CPS and to identify relevant services. In some instances, caseworkers may provide in-home services directly to families. Caseworkers can also facilitate contact between community-based service providers and families.

Who Receives In-Home Services?

As noted, in-home services are provided to children and families who have open cases with the child welfare agency and whose children remain at home or have returned home from out-of-home care. The majority receive some type of in-home services. *Child Maltreatment 2012* includes national and State statistics on children and families who received prevention services or postresponse services other than foster care (HHS, 2013). In 2012, 45 States reported that approximately 3.2 million children received prevention services. In addition, 46 States reported that 232,517 victims of child maltreatment (61.4 percent of all victims) received in-home services only, and 45 States reported that 709,377 nonvictims (87.5 percent of nonvictims) received in-home services only.

Research has indicated that there are racial and economic disparities for in-home service provision, such that some populations are more likely to receive in-home services and less likely to experience foster care, *when compared to other populations*. For example, compared to other racial groups, Asian and White families are more likely while African-American families are less likely to receive in-home services (U.S. Government Accountability Office, 2007). A Texas study showed that Hispanic children are less likely to receive in-home services than White children (Texas Health and Human Services Commission, 2006). Additionally, lower income families are less likely to receive services than families with higher incomes (Fluke, Chabot, Fallon, MacLaurin, & Blackstock, 2010).

What Types of Services Are Included?

In-home services are geared toward meeting the following goals:

- Ensuring children's safety
- Strengthening parental capacity
- Improving caretaking and coping skills
- Supporting healthy and nurturing relationships
- Fostering physical, mental, and educational well-being (HHS, 2009)
- Enhancing the potential for permanency

These goals may be achieved by targeting family-specific challenges, such as parental substance abuse, parental depression, supervision issues, negative parent-child interactions, poor physical conditions in the home, and economic challenges.

The in-home services to address these challenges may include information or referrals for tangible and intangible support, such as the following:

- Support with parenting, including parent training, coaching, or skill-building
- Individual and/or family therapy
- Referral for substance abuse treatment and skill-building to enhance coping/replacement behaviors

- Referral for mental or behavioral health treatment and support in applying treatment gains to family management and child safety
- Information and referral for job training
- Assistance with child care, transportation, budgeting, etc.
- Concrete assistance, such as food, clothing, furniture, or housing

Services can be delivered in the home or in another environment that is familiar and comfortable for the family.

Voluntary vs. Court-Ordered In-Home Services

In-home services can be delivered either on a voluntary basis—meaning that family members have agreed to participate of their own accord—or as the result of a court order—meaning that a judge has mandated a family's participation. When services are mandated by a court order and parents refuse to cooperate, the result is usually the removal of the child or children from the home and placement into out-of-home care. Policies regarding whether services can be delivered on a voluntary and/or court-ordered basis vary by State.

Research indicates that service utilization and engagement can be influenced by whether participation is voluntary or court-ordered. Caseworkers may encounter difficulties when attempting to engage families in voluntary services because potential participants may view the services as either intrusive or unlikely to provide useful benefits (Daro, McCurdy, & Nelson, 2005). On the other hand, research has found that caregivers receiving mandated services express feeling a lack of empowerment regarding their abilities to influence the service plan and that case plans with service receipt mandates are not designed to take into account systemic family issues or the unique stressors faced by individual parents (Fuino, Coulter, VandeWeerd, Armstrong, & Gorski, 2012). However, research has shown that case outcomes do not differ solely based on whether services

are voluntary or court-ordered (Jones, Becker, & Falk, 1999; Jones & Becker, 2000).

In-Home Services Funding

Currently, funding is more available for out-of-home services than in-home services, despite the cost savings that can result from in-home services.

Funding Sources for In-Home Services

Most States use multiple Federal funding sources to support in-home services. Federal programs that provide funding for in-home services include Medicaid, Temporary Assistance for Needy Families (TANF), the Child Abuse Prevention and Treatment Act (CAPTA) Community-Based Child Abuse Prevention (CBCAP) program, the Promoting Safe and Stable Families sub-program of title IV-B, and the title V Maternal and Child Health Services Block Grant (NGA Center for Best Practices, 2002).

In 1994, Congress authorized the Department of Health and Human Services to approve waivers to title IV-E funds, which had previously only been allocated for use for foster care placement and maintenance and adoption funding. Waivers allow States to use title IV-E foster care funds as needed. Some States are opting to use IV-E funding for preventive in-home services.

Some in-home services may be reimbursable under a family's personal health insurance plan, and that possibility may be explored before State, county, or local dollars are used. Insurance-covered services are primarily focused on reunification and crisis stabilization (before or after residential placement) but may also be used for intensive in-home services with a strong therapeutic component targeted at preventing placement of children outside the home. Most agencies that provide in-home services have been working to increase staff licensure in order to build their pool of reimbursable practitioners.

Costs

A large proportion of Federal funding for child welfare programs goes toward maintaining children in foster care. In 2012, $4.3 billion of Federal funding went to States for foster care, while $900 million was provided to States through the Social Services Block Grant (SSBG) for States to use for a range of social services, including prevention and in-home services. These SSBG funds also needed to cover daycare, housing, adoption, Independent Living services, and much more for vulnerable families. Another $2.2 billion of Federal funds went to States for other social services, including family preservation and support, juvenile justice, child welfare services and training, and a variety of other children and family services program (Isaacs, Edelstein, Hahn, Toran, & Steuerle, 2013). Because so much of the Federal funding goes to maintaining children in foster care, States often provide much of their own funding for in-home services. For instance, in 2011, Arizona spent $11.5 million on contracted in-home services; 91 percent of that amount came from State general funds, while only 9 percent came from Federal funds (Office of the Auditor General, State of Arizona, 2012).

Investing more money in foster care prevention services may alleviate the financial burdens of funding out-of-home care (Casey Family Programs, 2009). One cost-savings analysis of an evidence-based parenting education program in Louisiana showed that statewide implementation led to cost neutrality in a short period of time, meaning that the child welfare department should be able to absorb all costs through reductions in repeat maltreatment, which would lead to greater savings in the long run (Maher, Corwin, Hodnett, & Faulk, 2012).

The National Resource Center for In-Home Services

The National Resource Center (NRC) for In-Home Services is a service of the Children's Bureau and a member of the Bureau's national Training and Technical Assistance (T&TA) Network. The NRC serves as a central repository for up-to-date information on in-home services. It also provides free, onsite technical assistance and training to States and Tribes to assist them in building systemic capacity to provide effective family preservation and post-reunification services, through the implementation of evidence-based practices and by strengthening systems of care. In addition to offering ongoing technical assistance to States and Tribes, the NRC for In-Home Services develops new resources on pertinent in-home services issues and continues to facilitate peer-to-peer networking and knowledge exchange. More information on the NRC for In-Home Services can be found on the center's website:
http://nrcinhome.socialwork.uiowa.edu/

Three other NRCs in the T&TA Network also offer relevant training and support:

- The NRC for Child Protective Services provides T&TA to help public child welfare agencies improve child protection practice (see http://nrccps.org).
- The FRIENDS NRC for Community-Based Child Abuse Prevention (CBCAP) provides T&TA to CBCAP organizations and serves as a resource to the child abuse prevention community (see http://friendsnrc.org/).
- The NRC for Permanency and Family Connections offers T&TA to build capacity in child welfare systems to enhance child and family outcomes pertinent to permanency achievement, placement stability, and a wide range of other foster care and well-being issues (see http://www.nrcpfc.org).

Evaluation

Evaluation of in-home services has proven to be challenging because these services generally include a number of practices and programs provided "in milieu"—in the context of an overall child welfare services effort. In addition, in comparison to out-of-home services such as foster care, there has been less information gathered about in-home services delivery; less consensus about in-home definitions, terminology, and measures; and fewer reporting requirements, resulting in a mixed picture of in-home services provision at State and local levels.

Researchers have had greater success in evaluating specific in-home services programs. Evidence-based programs are those that have been evaluated for effectiveness and shown to produce positive outcomes. Programs can be evaluated in controlled settings but also must lead to positive results when implemented on a larger scale, across multiple communities. While real-world program evaluation is essential, it presents challenges because it occurs in a more complex, less controlled, and less resource-rich environment (Matone et al., 2013).

Supporting Effective In-Home Services

Results from Round Two of the Child and Family Services Reviews (CFSRs)[1] indicated that, overall, States are performing poorly with regard to the provision of in-home services. More specifically, an aggregate report of Round Two findings showed that foster care cases were more likely than in-home services cases to substantially achieve positive outcomes and to be rated as a "strength" on measured items (HHS, 2011). These results have spurred initiatives in the field aimed at improving the overall approach that child welfare agencies use to provide in-home support to families.

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[1]   The CFSRs are periodic Federal reviews of State child welfare systems to (1) ensure conformity with Federal child welfare requirements, (2) determine what is actually happening to children and families engaged in child welfare services, and (3) assist States in helping children and families achieve positive outcomes. See http://www.acf.hhs.gov/programs/cb/monitoring/child-family-services-reviews.

In-home services must be implemented within an effective child welfare system in order to increase the likelihood that they will lead to positive results for children and families. In order to form a strong foundation for delivering effective in-home services, agencies need to provide high-quality social work practice and supervision, a well-trained and supported workforce, an array of strong and diverse services, and good community partnerships.

Quality in-home social work practice should be family-centered, engaging children and families as active partners in strengths-based assessments and shared decision-making. Engagement through family team meetings allows caseworkers to better understand specific needs, connect families to appropriate services, and utilize interpersonal and community supports. Once in-home services are implemented, caseworkers should monitor and track progress so that they can work with families to adjust case plans to maximize service effectiveness.

A diverse service array is necessary in order for child welfare agencies to meet the unique needs of the children and families that they serve. Being able to provide an array of family support, family preservation, and post-reunification services enables agencies to provide individualized treatment so that children can remain safely in their homes. A diverse service array includes programs that can address physical, emotional, social, mental, developmental, and educational needs of children, youth, and families while taking into account key systemic factors, such as individual, family, and community circumstances that affect service delivery.

Finally, active community partnerships are important for effective in-home services delivery, as families often can benefit from support and assistance of multiple community providers working together to provide the needed services.

Examples of Promising Programs and Practices

While a solid agency framework is necessary for quality in-home services delivery, certain programs and casework practice approaches fit well within the above-outlined framework and have shown to be effective for producing positive outcomes in children and families. This section provides some examples of in-home services practices and programs being used by States in order to keep children safely with their families.

[Ratings from the California Evidence-Based Clearinghouse (CEBC) are provided *where available*. The CEBC evaluates child welfare programs and assigns them a score on a scientific rating scale of 1 (well supported by research evidence) to 5 (a concerning practice). See http://www.cebc4cw.org/ratings/scientific-rating-scale.]

Solution-Based Casework is an approach to assessment, case planning, and ongoing casework that encompasses many of the tenets of high-quality practice. This approach combines problem-focused relapse prevention with solution-focused techniques to address everyday events in the life of a family that present difficulties. This integration of approaches can foster partnerships between families, caseworkers, and service providers, and these relationships can address each family's unique needs. In a retrospective case review of 4,559 public child welfare cases, researchers found that cases that showed high fidelity to the Solutions-Based Casework model also had significantly better outcomes in safety, permanency, and well-being—even exceeding Federal standards—compared to cases that showed low fidelity to the model (Antle, Christensen, van Zyl, & Barbee, 2012).

[The CEBC gives Solution-Based Casework a rating of 3 (promising research evidence).]

Motivational Interviewing is targeted toward caregivers of children who have been referred to the child welfare system. The program uses a directive, client-centered method aimed at enhancing caregiver's intrinsic motivation for behavior change. Research has shown

Motivational Interviewing to be effective at improving caregiver substance abuse outcomes, and it has been found to be especially effective when used prior to other treatments as a means of motivating clients to participate in other programs. In a meta-analysis of 119 studies of Motivational Interviewing—most aimed at addressing addictive behaviors—researchers found that it brought about "small but significant effects" and significantly increased clients' engagement in treatment and their intention to change (Lundahl, Kunz, Brownell, Tollefson, & Burke, 2010).

[The CEBC gives Motivational Interviewing a rating of 1 (well supported by research evidence).]

Signs of Safety is a strengths-based, safety-focused practice approach that provides a framework for workers to engage professionals, families, and children, with a primary goal of child safety. Signs of Safety expands the investigation of risk to encompass family strengths that can be built on to stabilize and improve the child's and family's situation. A one-page Signs of Safety assessment protocol is used to guide comprehensive risk assessment—assessing for both danger and strengths/safety. Recent research from two Minnesota counties suggests that Signs of Safety may be related to a reduction in out-of-home placements for new cases, fewer children reentering care after being reunified with their families, and fewer cases reopening for services within 6 months of case closure (Rothe, Nelson-Dusek, & Skrypek, 2013). In Carver County, MN, which began to use a Signs of Safety framework in 2004, numbers of out-of-home placements and children in long-term care decreased, with new placements in 2008 less than half the 2005 rate, while recidivism rates trended downward as well (Turnell, 2013).

SafeCare is an in-home parenting skills training program teaching child behavior management, planned activities training, home safety training, and child health-care skills training. The program was developed for parents who are at risk for child abuse and/or neglect and those families with a history of abuse and/or neglect. The goal of the

program is to prevent child maltreatment. In a statewide trial of SafeCare in Oklahoma, 2,175 parents who had been reported for maltreatment were enrolled in SafeCare or services as usual and followed for approximately 6 years. Two hundred and nineteen home visitors provided SafeCare services. Results showed a significantly lower recidivism rate for those enrolled in SafeCare compared to those who received services as usual (Chaffin, Hecht, Bard, Silovsky, & Beasley, 2012).

[The CEBC gives SafeCare a rating of 2 (supported by research evidence) in the category of Prevention of Child Abuse and Neglect (secondary) and a rating of 3 (promising research evidence) in the category of Home Visiting for Child Well-Being.]

Family Connections is a multifaceted, community-based program designed to reduce occurrences of child emotional and physical neglect in at-risk families. Interventions are tailored to family needs and comprise emergency assistance services, home-based service delivery, coordination of services targeting both risk and protective factors, and multifamily supportive recreational activities. In a study of 154 inner-city families who met risk criteria for child neglect and were assigned to 3 or 9 months of Family Connections in-home services, research showed that the program increased and enhanced protective factors (e.g., parenting competence), diminished risk factors (e.g., parent depression), improved child safety, and improved child behaviors (DePanfilis & Dubowitz, 2005).

[The CEBC gives Family Connections a rating of 3 (promising research evidence).]

Project Connect provides home-based counseling, substance abuse monitoring, nursing, and service referral to families affected by parental substance abuse and involved in the child welfare system. The goal of the program is to maintain children safely in their homes; however, it can also be used to facilitate reunification. In an evaluation of the program that involved 66 parents with substance use problems who were also involved with child

welfare, researchers found a number of improvements in measured outcomes in those that received Project Connect services. Outcomes associated with Project Connect included increased habitability of homes, improved caretaker mental health, increased knowledge of child care, lowered substance abuse risk, higher rates of reunification, and a shorter length of stay in out-of-home care (Olsen, 1995).

[The CEBC gives Project Connect a rating of 3 (promising research evidence).]

Homebuilders is a family preservation program geared toward preventing the unnecessary placement of children in out-of-home care. The program focuses on building family relationships, skills training, and addressing concrete needs, all in a family's natural home environment. Examples of relevant case activities might include improving the condition of the home, improving parental supervision, decreasing parental depression and/or alcohol and substance abuse, or helping families to access community resources. In a study that compared Homebuilders programs with other Intensive Family Preservation Services (IFPS) programs in Washington State, researchers found that the four programs that showed fidelity to Homebuilders had a significant reduction in out-of-home placements of about 31 percent as well as a significant reduction in subsequent reports of child maltreatment. The 10 IFPS programs that did not show fidelity to Homebuilders showed no effects on out-of-home placement numbers or recidivism (Washington State Institute for Public Policy, 2006).

[The CEBC gives Homebuilders a rating of 2 (supported by research evidence).]

Parent-Child Interaction Therapy (PCIT) is a program developed to prevent physical child abuse among families with a history of child abuse or neglect. The program treats parents and children together in therapy sessions that focus on enhancing parent-child relationships by appropriately dealing with negative behaviors and reinforcing positive parent-child interactions. Researchers

studied the effects of PCIT compared to community services (group parent training) among 110 parent-child dyads in which the parent had physically abused the child. Evaluation showed that PCIT was effective in reducing the likelihood of physical abuse recurrence (19 percent of PCIT parents and 49 percent of community services parents were reported for subsequent abuse). A third group, parents who received PCIT plus other services, showed a recidivism rate of 36 percent (Chaffin et al., 2004). The program has also been shown to reduce parental depression and negative parenting behaviors (Chaffin et al., 2003). Initial evidence suggests that the program may be equally effective when delivered in the home as when done in a more controlled environment (Ware, McNeil, Masse, & Stevens, 2008). More information on the use of PCIT with at-risk families can be found in Child Welfare Information Gateway's issue brief (Child Welfare Information Gateway, 2013): https://www.childwelfare.gov/pubs/f_interactbulletin/f_interactbulletin.pdf

[The CEBC gives PCIT a rating of 1 (well supported by research evidence).]

Conclusion

The development and delivery of high quality in-home services is becoming increasingly important as States continue initiatives to decrease the number of children entering foster care. While it is important to keep children with their families, this can only be safely accomplished when agencies provide children and families with the supports and services necessary to address their unique needs. In order to prevent foster care entry, agencies must have strong practice foundations in which to implement effective in-home services and employ evidence-based programs that are culturally consistent with the families served. Finally, additional work is needed to develop commonly agreed upon terms and data measures, in order to better document the variety of in-home services provided and to evaluate the relative effectiveness of various approaches.

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