A Core Elements Approach to Child Welfare In-Home Services

Developed by the National Resource Center for In-Home Services, a service of the Children's
Bureau and a member of the T/TA Network

The NRC for In-Home Services's review of published literature on family preservation, evidence-based program registries, and published and unpublished reports confirms what we already knew – there is no single "one-size-fits-all" evidence-based program model of child welfare in-home services. To provide information to the field, we drew upon findings from research, our knowledge of child welfare services including family support and family preservation programs, and an excellent review of family preservation services by Marianne Berry (2005), to identify what we believe are the "core elements" of promising child welfare in-home services.

Barth (2012) used a similar "common components" approach to evidence-based practice in parent training. In brief, the common elements approach uses meta-analyses to evaluate the effect sizes of various common components of a program type and, focusing on the strongest effects, develops a set of evidence-informed common components. The "common components" approach does not suggest that any single component is "essential" nor does it guarantee that the common components, used together, necessarily constitute an evidence-based model. Nevertheless, by looking across evidence-based programs for common components, one develops a sense of "evidence-informed" or best practice. Taking a straightforward life-of-the-case approach, we posited the following core elements of child welfare in-home services:

1. *Strengths-based, solution-focused, family-centered practice*: It is the nature of a family that its members are intensely connected emotionally, making the functioning of family members interdependent.   Practice that focuses on the entire family system rather than on identified individuals utilizes the power of family interactions, relationships, and supports to help the entire family system.   Family-centered practice that is strength-based creates a climate of trust, inquiry, and collaboration in which "strengths are emphasized and vulnerabilities are partnered" (Zero to Three). Using shared-decision making, there is a focus on goals, strengths, competencies, and resources of family members and their natural supports to generate solutions for the issues the family is facing. Solution-focused practice is "a system practice approach that uses strengths of the family, exceptions to a problem and intervening in a way that generates solutions, beginning with respect for the" family's courage in struggling with the problems of living." [i]

2. *Identify target population(s) for in-home services:* Identifying and clearly defining the target population for in-home programs is critical to matching program design, intensity and components to the needs, culture, and characteristics of families served.

3. *Safety assessment and management:* Safety is non-negotiable and when children remain in the home, it is critical to understand what needs to be different or done to assure safety. Careful safety planning and interventions for managing safety prevent further abuse and the unnecessary placement of children. Safety-planning and interventions not only assure that a child is protected but improve the protective capacity of the parent.

4. *Comprehensive assessments of family strengths and needs:* A thorough and comprehensive assessment is the foundation for a shared understanding of the family, is the basis for guiding effective intervention, utilizes the family's strengths and resources to mitigate risk, and is used in developing an action plan to prevent further maltreatment and improve family functioning.

5. *Emphasis on family engagement in all aspects of assessment, case planning, and decision-making:* Families are the best source of information about their strengths and resources, what situations have led to the child maltreatment, and what has worked in the past. Solutions generated by the family or collaboratively with the worker are more likely to succeed than those generated by the worker alone. Families involved in decision making are likely to have better case outcomes than are families who have decisions made for them.

6. *Quality worker-family relationships:* Building trust-based relationships is an essential first step in assuring effective, respectful practice – a true and full partnership with families. Qualities of the client-worker relationship that are associated with better outcomes include frequent contacts, open communication, nonjudgmental attitudes, flexibility, and a sense of equanimity (i.e., calmness) within the relationship.

7. *Voluntary services offered at the time of the investigation or assessment:* Unless safety cannot be otherwise maintained, families should be allowed a choice of whether they participate in services and what kind of services, and services should be made available to them before a formal finding or substantiation is made, which may take up to three weeks depending on state or county procedures. Services offered on a voluntary basis contribute to family ownership through active choice and shared-decision making, and a window of opportunity for engagement may be lost if the offer of service is delayed.   This is not to say that in-home services should be reserved for voluntary clients. Families which would prefer not to engage but can nonetheless provide safety to their children with services and supports can be court-ordered to participate in in-home services in order to avoid placement of the children. Targeted services matched to the appropriate level of need: Accessible and available services to respond in a timely way to child and family needs are necessary to keep children at home safely. In addition, an accessible and available service array is necessary to address the individual needs of families and to prevent further abuse and improve family functioning.

8. *Culturally competent models:* Culturally competent practice relies on the ability to understand, communicate with, and effectively interact with people across cultures; providing culturally relevant and effective services and interventions to a family within the context of their cultural beliefs, behaviors, and needs.

9. *Case management and case coordination:* Families involved with the child welfare system often have complex needs and involvement in other systems of care. Developing a plan for intervention strategies that are appropriately sequenced and coordinated are an important function of case

management. Partnering with the family and other service providers is critical to assure consistency and unity of efforts and interventions.

10. *Targeted services matched to the appropriate level of need:* Accessible and available services to respond in a timely way to child and family needs are necessary to keep children at home safely. In addition, an accessible and available service array is necessary to address the individual needs of families and to prevent further abuse and improve family functioning.

11. *Intensity and duration of services appropriate for family needs:* As important as the availability of services, is matching the intensity and duration of services to the individual needs of the family. Underpowered services or services that are of inadequate duration leave children unsafe and do not contribute to the success of improving family functioning. In addition, when the intensity and duration are not matched to the family needs, there is the risk that the selected practice model is blamed as ineffective. Implicit in the notion of duration is the need for criteria for safe case closure or timely "step-down" to family support services.

12. *Availability and use of problem-specific interventions as needed for parent, child and family issues:* Family needs are unique and, therefore, interventions should be individualized to meet the unique needs of the family in their own culture and community. The most common specialized interventions are substance abuse treatment, mental health services, and parent training/child behavior management interventions.

13. *Assistance to the family to improve child well-being:* The basic well-being needs of children who have experienced maltreatment are as important as safety and permanency. Well-being includes children's mental health, children's behavior, school performance, relationship with parents/caregivers, and relationship with peers. Adequate assessment, treatment, and supports for families to meet the child's well-being needs are critical to helping the child grow, learn, and develop. Assuring the well-being of children also includes services and supports to parent to meet the extraordinary demands of children with special needs.

14. *Services aimed at increasing family's social support:* Adequate social support systems are necessary for safe case closure and confidence that the long-term support needs of the family are met. For successful transition to independence from child welfare intervention, a family needs to develop and maintain a healthy social support system, which may include extended family, development of personal friendships, and both formal and informal community supports and services.

15. *Direct teaching and coaching:* Child rearing includes a complex set of skills. Building on parents' strengths, direct teaching and coaching can help parents acquire and demonstrate essential skills and behavioral patterns necessary for daily functioning in parenting activities and caregiving roles. This not only includes essential child care, (e.g., nutrition, hygiene, health, nurturing, development), but also discipline, supervision, household management, and problem solving skills. Teaching and coaching must be at a level commensurate with the parents' intellectual functioning and abilities.

16. *Teaching families how to access and use community resources*: Community resources, along with sustainable family social supports are critical to meet the long-term needs of families. Teaching families to access and use community resources allows them to independently meet their needs without the intervention of the child welfare system.

17. *Availability of concrete services*: To maintain situational stability for a family, there must be stability of basic necessities, including income, housing, utilities, transportation, health care, child care, and other essentials. Family crisis are often related to unmet concrete needs.

We constructed a matrix of these elements and began testing it through our technical assistance consultations and structured interviews, gathering feedback from states and tribes about how well these core elements matched with their existing program elements and reflected their clinical experience, and what the barriers were to providing the full complement of elements. A lack of funding for specific concrete services and poor access to adult mental health treatment were frequently identified.   Our customers reported finding the matrix very helpful, and asked that we make it even more useful by identifying the research base for each element, the programs which contained these elements, and references to states which were using these practices.   We undertook all of these inquiries as part of our assessment.

Core Elements of Child Welfare In-Home Services

Core Elements of In-home Services		Description of Element	Supported Outcomes	Evidence Base
1. Family-centered, strength-based case planning, including family decision-making		Practice that focuses on the entire family system rather than on identified individuals utilizes the power of family interactions, relationships, and supports to help the entire family system. Using shared-decision making, there is a focus on goals, strengths, competencies, and resources of family members and their natural supports to generate solutions for the issues the family is facing.	[A]Placement prevention [B]Maltreatment [C]Family functioning [D]Family cohesion	[A] Crea et al., 2008 [A B]MacLeod & Nelson, 2000 [A, C]Meezan & McCroskey, 1996 [D]Pennell & Burford, 2000
2. Identify target population(s) for in-home services		Identifying and clearly defining the target population for in-home programs is critical to matching program design, intensity and components to the needs, culture, and characteristics of families served.	[A] Placement prevention [B] Successful program completion [C]Re-entry [D,]Maltreatment [E] Family Well-being [F]Participation in services [G]Family Functioning	[A] Al et al., 2012 [B]Bagdarsyn, 2005 [A]Bitonti, 2002 [C]Courtney, 1995 [A]Kirk & Griffith, 2004 [F]Littell & Tajima, 2000 [D, E] MacLeod & Nelson, 2000 [G] Meezan & McCroskey, 1996 [-A,, A, -D, D]Westat, 2002, [A]WSIPP, 2006
3. Safety management/safety planning	Initial safety	Safety is non-negotiable and when children remain in the home, it is critical to understand what needs to be different or done to assure safety. Careful safety planning and interventions for managing safety prevent further abuse and the unnecessary placement of children. Safety planning and interventions not only assure that a child is protected but improve the protective	[A]Improved Safety	[A]Berry, 1992
	Ongoing Safety			

Core Elements of In-home Services		Description of Element	Supported Outcomes	Evidence Base
		capacity of the parent.		
4. Comprehensive assessments of family strengths and needs		A thorough and comprehensive assessment is the foundation for a shared understanding of the family, is the basis for guiding effective intervention, utilizes the family's strengths and resources to mitigate risk, and is used in developing an action plan to prevent further abuse and improve family functioning.	[A]Living conditions/safety [B]Decision-making [C]Service Matching/Risk level	[A]Berry, 1992 [B]Johnson et al., 2008 [C]Meezan & McCroskey, 1996 [C]Thleman & Dail, 1992
5. Emphasis on family engagement		Engaging clients in early on in the life of the case and maintaining engagement in case planning and services is widely accepted as essential for achieving successful case outcomes. Engagement has been defined and measured in multiple ways in the research literature including participation in services, compliance with completing tasks and responsibilities, participation in developing goals and case plans, and the quality of the parent/worker relationship.	[A]Placement prevention [B]Family functioning [C]Recurrent maltreatment [D]Collaboration/compliance	[A, B]Berry, Cash, & Brook, 2000 [A]Bitonti, 2002 [C]Depanfilis & Zuravin, 2002 [D]Littell & Tajima, 2000 [A]MacLeod & Nelson, 2000
• Engagement of extended family			[D]Collaboration/compliance	[A]Littel & Tajima, 2000
6. High quality worker-client relationship		A high quality helping relationship is positively associated with client outcomes. Qualities of the client-worker relationship that are associated with better outcomes include frequent contacts, open communication, nonjudgmental attitudes, flexibility, and a sense of equanimity (i.e., calmness) within the relationship.	[A]Good/effective worker-client relationships [B]Parenting skills [C]Length of stay in child welfare [D]Reunification	[A]de Boer & Coady, 2007 [A]Drake, 1994 [B]Lee & Ayón, 2004 [A]Ribner & Knei-Paz, 2002 [C, D]Ryan et al., 2006

Core Elements of In-home Services	Description of Element	Supported Outcomes	Evidence Base
7. Voluntary services offered at time of investigation/assessment	A report of suspected child maltreatment often creates a crisis for a family, potentially creating a "window" for engagement. An early offer to help the family access appropriate services should be made prior to the close of the investigative/family assessment phase. Services offered on a voluntary basis contribute to family ownership through active choice and shared-decision making. Unless safety cannot be otherwise maintained, families should be allowed a choice of whether they participate in services and what kind of services.	[A]Engagement	[A]Kaplan & Rohm, 2010 [A]Loman & Siegal, 2004; 2006
8. Culturally competent models	Culturally competent practice relies on the ability to understand, communicate with, and effectively interact with people across cultures; providing culturally relevant and effective services and interventions to a family within the context of their cultural beliefs, behaviors, and needs.	[A]Racial disproportionality in placement	[A]Kirk & Griffith, 2004
9. Case coordination	Families involved with the child welfare system often have complex needs and involvement in other systems of care. Developing a plan for intervention strategies that are appropriately sequenced and coordinated are an important function of case management. Partnering with the family and other service providers is critical to assure consistency and unity of efforts and interventions.	[A]Subsequent referral [B]Child mental health [C]Engagement	[A]Antle et al., 2009 [B]Bia, Wells, & Hillemeier, 2009 [C]Dawson & Berry, 2002

Core Elements of In-home Services	Description of Element	Supported Outcomes	Evidence Base
10. Services[2] targeted/matched to appropriate population (level of risk/type of problem, etc.)* - service selection - service array	Accessible and available services to respond in a timely way to child and family needs are necessary to keep children at home safely. In addition, an accessible and available service array is necessary to address the individual needs of families and to prevent further abuse and improve family functioning.	[A]Family functioning [B]Placement prevention [C]Maltreatment	[A]Berry, 1992 [A]Berry, Cash, & Brook, 2003 [A]Meezan & McCroskey, 1996 [B, C]Ryan & Schuerman, 2004 [B, B, C, -C]Westat, 2002
11. Intensity/Duration of service appropriate for family needs	Adequate service intensity and duration are essential to ensure children are safe and contribute to the success of improving family functioning. In addition, when the intensity and duration are matched to the family needs and in keeping with fidelity to the practice model, the risk that the selected model is blamed as ineffective is reduced.	[A]Maltreatment [B]Placement prevention [C]Family care skills [D]Family functioning/child well-being [E]Foster care reentry [F]Worker-Client relationship	[-A]Al et al., 2012 [B]Bagdasaryan, 2005 [B, C]Berry, Cash, & Brook, 2000 [-B]Bitonti, 2002 [-A, -B]Chaffin, Bonner, & Hill, 2001 [D]Cash & Berry (2003) [E]Courtney, 1995 [B]Kirk & Griffith, 2004 [F]Lee & Ayón, 2004 [-A, -B]Littell & Schuerman, 2002 [-A]MacLeod & Nelson, 2000 [D]Rofuth & Connors, 2007 [-A, -B]Schuerman, Rzepnicki, & Littell, 1994 [A, -A, B, B, D]Westat, 2002
12. Availability and use of interventions aimed at specific parent/family/child issues (problem-specific services)	Evidence-based programs targeted to specific populations with specific safety or well-being related outcomes are important tools in the in-home toolkit (for example, use of Parent-Child Interaction Therapy as a treatment for disruptive behavior in children and for physically abusive parents)	[A]Family Functioning [B]Maltreatment [C]Placement prevention	[A]Berry 1997 [A]Berry, Cash, & Brook, 2000 [-A]Littell & Schuerman, 2002 [A]Meezan & McCroskey, 1996 [B, C]Ryan & Schuerman, 2004 [B, -B, C, -C]Westat, 2002

Core Elements of In-home Services	Description of Element	Supported Outcomes	Evidence Base
13. Assistance to the family to improve child well-being	Adequate assessment, treatment, and supports for families to meet their children's well-being needs are critical to helping children grow, learn, and develop, as well as to assuring safety and permanency. Well-being includes children's mental health, children's behavior, school performance, relationship with parents/caregivers, and relationship with peers.	[A]Maltreatment [B]Re-entry to child welfare [C]Parenting skills	[A]Chaffin et. al., 2004 [B]Chaffin, et al., in press [B]Chaffin et al., 2012 [B]Gershater-Molko, et al., 2002 [C]Gershater-Molko et al., 2003
14. Direct teaching/coaching	Child rearing includes a complex set of skills. Building on parents' strengths, direct teaching and coaching can help parents acquire and demonstrate essential skills and behavioral patterns necessary for daily functioning in parenting activities and caregiving roles. This not only includes essential child care, (e.g., nutrition, hygiene, health, nurturing, development), but also discipline, supervision, and household management. Teaching and coaching must be at a level commensurate with the parents' intellectual functioning and abilities.	[A]Family functioning [B]Placement prevention [C]Maltreatment	[A]Berry, 1992 [A]Berry, Cash, & Brook, 2000 [C]Chaffin, Bonner, & Hill, 2001 (mentoring) [B]Hanssen & Epstein, 2007
15. Assisting families with problem solving skills		[A]Family functioning [B]Placement prevention [C]Maltreatment	[A]Berry, 1992 [A]Berry, Cash, & Brook, 2000 [C]Chaffin, Bonner, & Hill, 2001 (mentoring) [B]Hanssen & Epstein, 2007
16. Teaching families how to access and use community resources	Community resources, along with sustainable family social supports, are critical to meet the long-term needs of families. Teaching families to access and use community resources allows them to independently meet their needs without the intervention of the child welfare system.	[A]Family functioning [B]Collaboration [C]Placement prevention	[A]Berry, 1992 [A]Berry, Cash, & Brook, 2000 [B]Littell & Tajima, 2000 [C]MacLeod & Nelson, 2000

Core Elements of In-home Services	Description of Element	Supported Outcomes	Evidence Base
17. Availability of concrete services (e. g., cash assistance, housing, emergency needs, recreation, respite)*	To maintain situational stability for a family, there must be stability of basic necessities, including income, housing, utilities, transportation, health care, child care, and other essentials. Family crises are often related to unmet concrete needs.	[A]Family functioning [B]Placement prevention [C]Maltreatment [D]Collaboration	[A]Berry, 1992 [A]Berry, Cash, & Brook, 2000 [B, C]Chaffin, Bonner, & Hill, 2001 [-B, -C]Littell & Schuerman, 2002 [D]Littell & Tajima, 2000 [A]Meezan & McCroskey, 1996 [B, C]Ryan & Schuerman, 2004 [-B, -C]Schuerman, Rzepnicki, & Littell, 1994 [B, C]Westat, 2002
18. Services aimed at increasing family's social support	Adequate social support systems are necessary for safe case closure and confidence that the long-term support needs of the family are met. For successful transition to independence from child welfare intervention, a family needs to develop and maintain a healthy social support system, which may include extended family, development of personal friendships, and both formal and informal community supports and services.	[A]Collaboration [B]Placement prevention	[A]Littel & Tajima, 2000 [B]MacLeod & Nelson, 2000

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For more information and citations to all of the studies cited here, please contact the NRC for In-Home Services, www.nrc-ihs.org or Lisa D'Aunno, Project Director, 319-335-4932, lisa-daunno@uiowa.edu