

# Child Welfare and Early Childhood:

Cross-Systems Collaboration to  
Improve Outcomes for Young  
Children and their Families



## Introduction

Traditionally, the early childhood system (including early care and education, health and mental health, and all of the other child and family serving systems) and child welfare have operated in silos, with little alignment of programs, services, and even communications. A growing number of exemplary cross-systems programs demonstrate the importance of breaking down these silos, and the need to raise awareness about how cross-system collaboration can support positive outcomes for young children and their families.

To help states develop successful strategies to achieve those outcomes, the BUILD Initiative (BUILD), in conjunction with its Prenatal-to-Three Capacity Building Hub (Hub), offered a five-part webinar series on this issue. The webinars engaged more than 1,200 state and national leaders to raise awareness about the need for cross-systems collaboration; educate participants about the racial disparities at work in both systems; promote opportunities and strategies for prevention for families and communities; and provide examples of exemplary collaborative programs, policies, and services on behalf of young children and their families.

To understand which specific aspects of child welfare and early childhood cross-systems collaboration were of most interest to state leaders, in July 2021 BUILD conducted a brief survey of BUILD state team leads and Prenatal-to-Three Coalition leads. The results determined BUILD's learning community agenda for the five webinars:

- 1. Overview of the Issues**
- 2. Cross-Systems Engagement**
- 3. Prevention**
- 4. Head Start and Child Care for Children in Child Welfare**
- 5. Family First Prevention Services Act (FFPSA) Opportunities for Early Childhood Programs**

The webinars were held monthly from January through May 2022. They were facilitated by Dr. Cynthia L. Tate, of BUILD.

## Why is child welfare a critical issue for early childhood?



40 percent of victims of child maltreatment are ages 0-4.



Infants and toddlers are removed from their homes at a rate more than double that of children ages 4-17.



In 2019 more than 30,000 infants under age one were in foster care, as were more than 145,000 children between ages 1-5.



Children of color are disproportionately represented in foster care.

## Background

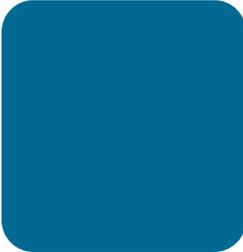
Child development science underscores the importance of both the child welfare and early childhood systems:

- Children's brains are built during their first years of life.
- Neurological development can be adversely affected by adversity, trauma, and toxic stress.
- Children develop through their relationships with others. The absence of consistent, responsive care can threaten early development.

The child welfare and early childhood systems are both pivotal in supporting early development, preventing or mitigating trauma, and creating positive, stable relationships.

And, both the child welfare and early childhood systems have deep, systemic challenges in common:

- These systems are broken – both are in desperate need of reform on many levels.
- Both systems are fighting for scarce resources and do not have adequate funding to meet the needs for their services.
- There is a cultural disconnect – the systems are not grounded in the communities they serve.
- Both systems are dealing with individuals and communities that may have experienced historic and current trauma that often goes unrecognized and unacknowledged.
- The systems are inequitable – high-quality programs and services are not allocated to assure access nor designed to assure responsiveness for Black, Indigenous, and other people of color and families who are vulnerable.
- Both systems have serious workforce issues that contribute to inequity – lack of representation by people of color, inadequate access to training and professional development, and inadequate compensation for professionals in the field.
- Both systems serve families that face broader challenges such as housing eviction, mental health challenges, and poverty.



# Child Welfare and Early Childhood: Cross-Systems Collaboration to Improve Outcomes for Young Children and Their Families

*Kick-off Webinar—January 19, 2022*

There are significant racial disparities in child welfare systems and outcomes, with Black, Latino, and Native American children and families being disproportionately negatively affected. Alignment of the early childhood and child welfare systems can help create more just systems that improve outcomes for these families.

## Overview and Key Takeaways: Building Equitable Systems

*Dr. Aisha Ray, Distinguished Fellow, BUILD Initiative*

Child welfare systems and early care and education systems are dealing with individuals and communities that have experienced historic and current trauma that often goes unrecognized and unacknowledged. It is critical to question the nature of the work of child welfare systems in the context of that trauma and of research on child development:

- Is state- and court-sanctioned removal of children birth to age three or five from their families an act of violence against children that causes developmental and psychological risks and injury, especially if the state cannot ensure developmentally appropriate care?
- If the state cannot guarantee a stable, safe, loving placement for every child, should it continue to remove children?
- What does a system of child support, nurturance, and family stability look like? What is the continuum of services and supports necessary for families, especially in poverty or trauma, in order for them to meet the needs of their children and themselves?

In order to adequately support both systems, racial equity issues must be addressed. Addressing them requires a focus on:

- Enhancing cross-systems leadership, alignment, and coordination.
- Creating and strengthening family, community, and tribal partnerships to ensure there is “nothing about us without us.”
- Compensating the workforce fairly.
- Supporting professional development of the workforce.
- Addressing systemic challenges that families face, such as housing eviction and mental health challenges.
- Creating cross-system assessments regarding the workforce, families, children, and systems coordination.



**We need to continually ask ourselves: Do we have systems of child welfare—or child harm? Of family support—or family regulation?**

---

## Program Example: Minnesota Indian Child Welfare

*Yvonne Goodsky, Deputy Director of Prevention and Operations, Department of Human Services, Minnesota, Indian Child Welfare Act (ICWA) and Reanna Jacob, ICWA Supervisor, Department of Human Services, Minnesota*

In Minnesota, American Indian children are 4.7 times more likely to be involved in maltreatment assessments than White children, and 16.8 times more likely to experience out-of-home placement. American Indian infants and toddlers are especially affected. Minnesota's history of governmental oppression has caused intergenerational trauma, and removal of Indian children for placement in child welfare is viewed by some as a continuation of governmental oppression.

This history led to the Indian Child Welfare Act and the Minnesota Indian Family Preservation Act, which support the preservation of Indian families and their tribal identities. The Tribal State Agreement determines how tribes and counties work together to implement the legislation.

There are several lessons from Minnesota's effort to better support American Indian children and families:

- History matters – educate yourself and understand the historical context.
- Understand that American Indians have a unique political status.
- Understand that each tribal community is distinct.
- Recognize that American Indian children in child welfare are part of multiple worlds.
- Recognize your biases in how you portray Indian children and families.
- Learn about tribal approaches to child welfare and prevention.

## Program Example: Racial Justice in the Child Welfare System - Leadership Learning into California's Core Practice Model and Confronting Equity and Inclusion as a System

*Dr. Renee Boothroyd, Implementation Specialist, University of North Carolina, Frank Porter Graham Child Development Institute*

California Child Welfare's Core Practice Model (CPM) is a project focused on confronting equity and inclusion by changing leadership behaviors to create environments for change. The Core Practice Model supports leadership by strengthening the structures, processes, policies, and resources in the organization, and offering strategies for listening and providing feedback, problem solving and improvement, community partnership, and cross-systems work.

California Child Welfare created a Leadership Institute to support embedding race, equity, and inclusion in the Core Practice Model through learning about the history and context of racism within the child welfare system, strategies from other counties and states, and how to leverage CPM behaviors to address racial justice within participants' organizations.

The project has also identified action steps for leadership to take:

- Share foundational knowledge of racial injustice at organizational and system levels affecting different populations.
- Monitor and use data disaggregated by race in an ongoing manner.
- Build the resources and abilities of people to be able to do so.
- Engage with youth, families, agencies, and other system partners and incorporate perspectives and feedback into next steps.
- Connect leaders at multiple levels on a regular basis for ongoing networking and learning about racial justice.

## Reflections and Key Takeaways

- Partnership is critical – with parents, tribes, and programs. If you want to go fast, go alone. If you want to go far, go together.
- Create space to learn from experts, especially families and children who have lived experience. This piece is often missing from higher education.
- Work to understand cultural differences and community traditions, in order to better understand behaviors.
- Learn about the impact that policies and laws have had on communities, children, and families.
- Use data to understand and improve practices around racial equity, child developmental needs, and understanding differences in communities.
- Equip leaders to create change.

**Equity is not whether everyone has shoes but whether everyone has shoes that fit.**

---

## Cross-System Engagement

*Webinar 2—February 16, 2022*

Collaboration between the early childhood and child welfare systems is essential to reimagining how they support children and families. Research on current policies and practices, along with examples of innovative programs currently underway, can inform new cross-systems approaches. This webinar shared recommendations being developed to create a more collaborative child welfare system, and looks at promising approaches currently underway.

## ZERO TO THREE Policy Framework and Recommendations

*Torey Silloway, Director, Policy and Financing National Infant-Toddler Court Program (ITCP)*

ZERO TO THREE's Safe Babies Court Team (SBCT) approach applies the science of early childhood development to strengthen the families of and improve practices supporting infants and toddlers, with a focus on children birth to three years, under the court's jurisdiction and who are in foster care or at risk for removal. The program is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS).

Two surveys conducted by Child Trends and supported by ZERO TO THREE in 2013 and 2019 provide insights into state child welfare policy. Key survey findings include:

- State policies and practices for maltreated infants and toddlers and their families did not change significantly between the 2013 and 2019 surveys.
- State child welfare policies and practices could better address the unique developmental needs of infants and toddlers – services are not usually differentiated by age.
- Despite areas of strength, fewer states have implemented policies or practices to support candidates for foster care as compared to children in care. More states offer services to parents after children have been removed for care. More preventive services could be offered.

## Additional Survey Findings

- Most children in child welfare have a parent with an alcohol or other substance use disorder. Not all states require screenings for parents of children in foster care or candidates for foster care, but screenings and referrals are routinely offered. When they are offered, parents routinely participate in them.
- More frequently offered supports for families include: supervised visitation (though the quality of visitation was not shared); legal, housing, and food supports; parental skills support; and mentoring support. More of these supports are offered to parents of children in foster care than parents of children who are candidates for care.
- Less frequently offered supports include: assessments of the parent-child relationship; parent-child relationship interventions; assessments of the child's social-emotional well-being; and mentoring, peer support, and information on coping strategies for managing stress.
- Frontline child welfare workers and child welfare supervisors were more likely to receive training on developmentally appropriate practices for infants and toddlers in or at risk of coming into the foster care system. Others, such as health care providers, attorneys, judges, court staff, and mental health and substance use disorder providers, were not.
- Many linkages to entities serving infants/toddlers and families were reported. Most frequently mentioned were law enforcement agencies, Medicaid/CHIP programs, public assistance programs, substance abuse disorder programs, and family court.

ZERO TO THREE has been working on a new policy framework and recommendations to improve the child welfare system.

### Step 1: Create a child and family well-being system that helps all families thrive.

#### CHALLENGES

- Families may not receive services until a crisis occurs, and services often do not meet the underlying unmet needs that negatively affect child and family health.
- Most children removed from homes are removed due to neglect – yet poverty is often mistaken for neglect. Systemic racism and implicit bias also lead to unnecessary removals.
- Systems don't support families in navigating and accessing the array of supports they need to be strong nurturers of their children until they enter the system or a crisis occurs.

#### OPPORTUNITIES

- Provide a continuum of services to all children and families to support good health, including affordable health care, comprehensive health and well-being assessments, and nutritious food. Strategies include: providing access to health insurance by expanding Medicaid, a central medical home, and universal screenings of infants and toddlers; and increasing access to infant and early childhood mental health services.
- Ensure families have access to affordable, high-quality services and supports that meet their basic needs, including safe and stable housing and economic supports. Strategies include: coordinated enrollment across public programs; co-locating services and expanding eligibility; policies recommending family-oriented workplace policies like paid leave, paid sick days, and fair work schedules; creating a continuum of parent supports like home visiting and child development specialists in pediatric settings and family resource centers; and expanding economic programs like EITC and child tax credits.
- Strengthen early learning experiences, including access to high-quality child care. Strategies include: ensuring access to safe, stable, quality, affordable care by increasing investments in infant/toddler care

to reach more families, improving quality, and expanding early detection and early intervention services to meet developmental needs.

- Build community-level systems that provide a comprehensive continuum of support to families through enhanced coordination and access to resources and services for families. Strategies include: providing navigation and case management; partnering with parents, including fathers and caregivers when designing and implementing programs; providing community-based central access points; and creating targeted outreach efforts to increase participation in transportation services, child care services, and health services.

## Step 2: Infuse family strengthening, child development, and parent voice into child welfare systems.

### CHALLENGES

- Case workers, attorneys, judges, and some early childhood service providers are not trained in key issues related to early childhood development, child trauma, and other critical issues that require additional training and expertise.
- There is a lack of timely screening, assessment, and linkage to services to address needs. There is often a disconnect between screenings and services.
- Parents are frequently sidelined in their children's case planning/decision-making, with limited opportunities to improve the relationship with their children.

### OPPORTUNITIES

- Adopt early childhood development principles into all child welfare and dependency court and family treatment court practices.
- Provide infants and toddlers with an open child welfare case and their parents with regular screenings, comprehensive assessment of needs, and timely referral and connection to appropriate services.
- Require frequent, high-quality family time (visitation) for infants and toddlers in out-of-home care and their parents and siblings.
- Create a network of family support partners or mentors to help parents successfully navigate the child welfare and court processes. Parents often feel isolated and confused; family navigators can help families move through the system.

## Program Example: National Infant-Toddler Court Program, ZERO TO THREE

*Darneshia Allen, Director of Practice and Field Operations, National Infant-Toddler Court Program*

This family-led, family empowered program works to create a court that is informed, supportive, and non-adversarial, where all parties, especially families, feel included and that operates with an understanding of the effects of trauma on very young children and their families. Cross-system collaboration is key to addressing needs at both family and community levels. Active community teams work to reduce isolated communications and enhance community capacity in mental health, early childhood education, and work on substance use disorders.

The program has had positive outcomes – maltreatment recurrence within twelve months is far below national standard and children in the program exit foster care ten months earlier and reach permanency two times faster than traditional child welfare. Furthermore, there are no differences in outcomes by race or ethnicity.

**“The stakes are high. Every seven minutes a baby or toddler is removed from their parents in the US due to neglect or abuse and sent to live in a foster home.”**

Five strategic, research-based areas comprise the core components of the Safe Babies Court Team approach:

- 1. Interdisciplinary, collaborative, and proactive teamwork** – Bringing key people around the table including committed judicial and child welfare leadership, a local community coordinator, and an active community team on the ground to mobilize the work.
- 2. Enhanced oversight and collaborative problem solving** – Holding pre/post removal conferences to bring down the adversarial process and family team meetings that focus on the lens of the child.
- 3. Expedited, appropriate and effective services** – Working with the community on the continuum of services offered, helping with quality and capacity issues.
- 4. Trauma-responsive support** – Helping families on their journey toward recovery, nurturing parents' relationships and building supports in the community.
- 5. Continuous quality improvement** – Taking a close look at practices to identify what is replicable, what can improve, and how to use data effectively to get to solutions.

**Fostering resilience in children means investing in the adults who support them.**

## Program Example: Child Welfare Early Learning Navigator Project, Washington

*Erinn Havig, MSW, Primary and Community Prevention Lead, Strengthening Families WA/Family Support Programs Division and Minette Mason, Child Welfare – Early Learning Project Lead, Washington Department of Children, Youth, and Families*

Washington's Child Welfare Early Learning Navigator Project is a pilot that aims to improve prevention by linking child welfare and early learning functions, increase engagement in early learning and family support services among CPS-involved families, and prevent subsequent maltreatment and prepare vulnerable children for academic success. It is operated by the Department of Children, Youth and Families, a cabinet-level agency in the state.

Currently, there are four navigators working out of ten child welfare field offices across various communities representing both resource-poor and resource-rich areas. As a result of the pilot, there has been a significant rise in the number of families assessed for early learning needs and, as a result, provided referrals for early learning supports, including child care, early intervention, Early Childhood Education and Assistance Program, Head Start, home visiting, mental health services, and public health services.

**As a CPS investigator, my focus was on the investigation and assessing for child abuse and neglect. The Navigator was able to be a positive connection to the family, no matter the outcome of the investigation.**

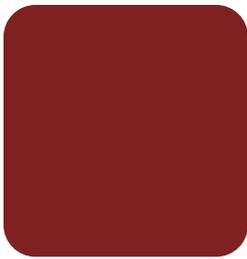
Statewide systems-level solutions identified by the navigator team include:

- Improved eligibility reports to flag families eligible for early learning programs.
- Adding a question in the assessment checklist to nudge workers to consider families' early learning needs.
- Creating a conversation guide and hands-on training to help caseworkers educate families on early learning programs.
- Simplifying the early learning referral process to decrease the amount of time caseworkers spend on the process.
- Enabling better tracking to uncover barriers that prevent families from acting on referrals.

Much of the project's success is attributed to the Navigators' connections with the community, caseworkers, and families. They get to know the providers and create an understanding of services that are available, determine the gaps, and clarify what needs to happen. And, because positions are housed in multiple parts of the organization, the navigators have additional flexibility and access to all the agency has to offer.

## Reflections and Key Takeaways

- Consider the stories we tell ourselves about the families we work with, specifically the stigmas that exist about families and about child welfare caseworkers.
- Cultural humility needs to be part of the work to engage families.
- Think about opportunities to deliver supports when families are ready, to capture momentum and make programs truly family centered.
- Think about how to create partnerships across the systems that families have to work with, and approaches to help families navigate the bureaucracy.
- No single person or organization has the solutions – we all have a part to do. Ask: Who are we talking to? How can I partner?



## Prevention

*Webinar 3—March 16, 2022*

Prevention systems focus on supporting families and helping to meet their needs, with the goal of reducing maltreatment. Promising and effective prevention approaches take an integrated, science- and community-based approach, working to create equitable systems that are grounded in the communities they serve.

## State, Intermediary, and Local Partnerships Supporting Equity-Focused Child and Family Systems

*Robert H. (Robin) Jenkins, Ph.D., Associate Director and Senior Implementation Specialist with the Impact Center at Frank Porter Graham Child Development Institute, University of North Carolina, Chapel Hill*

Prevention systems should be grounded in evidence that captures community and historical voice and experience, and should adopt strategies and methods from across support systems to create an integrated public health model.

Important factors in developing equity-focused prevention systems include:

- Design with scalability and sustainability as goals, to better plan for infrastructure needs and develop feedback loops between communities, agencies, and policymakers.
- Design interventions with the whole system in mind, focusing on how to support implementation at the governance, delivery, and support levels.
- Address systemic causes of trauma, disadvantage, and lack of opportunity. This means “whole-child” and “whole-family” multi-generational approaches; cultural, racial/ethnic, economic, social, and traditional lenses; addressing systems, interconnections, and people; and de-siloing funding and governance of delivery systems to support local implementation success.

**“Prevention rearranges the typical child welfare “equation” from “safety, permanency, and well-being” to “well-being, safety, and permanency.”**

Since 2018, California has been working on a prevention system “reboot,” which has included:

- Convening child welfare leaders and state policy leaders.
- January 2019 Inaugural California Child Abuse Prevention Summit.
- Child and Family Enrichment Cabinet formed in 2019.
- Ongoing FFPSA readiness building.
- Legislation mandating local system of care (SOC) for youth in custody/foster care (AB2083).
- Development of local technical assistance resources.
- Next phase Prevention Summits in 2020, 2021, and 2022.
- Rollout of Core and Integrated Core Practice Models that focus on family, child, and community engagement.

California’s Child Maltreatment Prevention System focuses on local data, voice, and planning as key success drivers. It builds state, intermediary, and local capacity, and is extremely sensitive to trauma and tribal, race/ethnicity, cultural, and community contexts. The system leverages policies at multiple levels, including federal (FFPSA), state (AB2083 and several other initiatives including local Family Resource Centers), and OCAP prevention strategic planning.

California is taking a multi-level approach to implementation. Work will include:

- Infrastructure and connection building to ensure effective feedback and communications.
- Defining and authorizing roles and responsibilities at each level in the support system.
- Building data management and using infrastructure/capacity.
- “Pacing” implementation based on feasibility, acceptability, usability, and adaptability of new policies, procedures, technologies, and practices – including centering community voice and adopting “business unusual” practices to engage non-traditional supports and stakeholders.

## Program Example: What We’re Learning – Child Welfare Prevention Strategies in Minnesota

*Nikki Kovan, Minnesota Department of Education, Early Learning Director and Megan Waltz, Minnesota DHS, Supervisor, Promotion and Prevention Unit, Child Safety and Permanency*

Poverty and economic instability lead to a number of negative outcomes for children and families, including involvement in child protective services, particularly for neglect. In Minnesota, Black and American Indian children are 5.4 and 6.4 times more likely to live in poverty than White children – and also much more likely to be reported to child welfare (4 times more likely for American Indian children and 2 times more likely for Black children).

**“If we pay attention to Maslow’s hierarchy, we know that basic needs are the first level of well-being for a family. If those basic needs are not met, it is very hard for parents to parent and families to family.”**

It’s critical to have supports at multiple levels. Minnesota is using the Preschool Development Grant to, among other things, fund 13 Community Resource Hubs that are working at each level of a prevention continuum:

- Early Intervention (Family Level): Navigators work one to one with families to ensure they are referred to and receive the right service at the right time.
- Prevention (Community Level): PDG Hubs are located within existing community-based organizations that work to create feedback loops with state agencies.
- Promotion (Population Level): Feedback loops with PDG Hubs and local communities provide meaningful input for policy and practice change.

The hubs have many models, including community action organizations, tribal organizations, counties, community child care centers, and more. They all offer navigation, as well as supports and services such as financial assistance and benefits, child care needs and access, food, housing, and health care. The community resource hubs support training on multiple tools such as Help Me Connect, Bridge to Benefits and Minnesota Benefits. They hold monthly Communities of Practice, semi-monthly trauma-informed reflective consultation, quarterly networking meetings, and office hours.

### **MINNESOTA'S DRAFT CONTINUUM TO PROMOTE FAMILY WELL-BEING:**

- **Population level: Promotion** – enabling populations to improve health and well-being through universal policies and systems.
- **Community level: Prevention** – preventing disease and harm before it occurs.
- **Family level: Early Intervention** – intervening to promote strengths and mitigate early risk.

## **Washington Plan of Safe Care Program**

*Sarah Holdener, Washington DCYF, Plan of Safe Care Program, and Alyssa Copeland, Child Welfare Programs Division, WA DCYF*

Recent legislation in Washington broadened the population of infants requiring a Plan of Safe Care to include those born with and affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder, not just illegal substances. This means that many families who require safe care will not require child welfare intervention. Washington has adopted a public health approach to supporting these infants and their families.

There are now two pathways for a Plan of Safe Care – a community pathway and a child welfare pathway. When there are safety and risk concerns, a report is required and families go through the typical child welfare process. When there is exposure but no safety concerns (including in instances of prescribed opioids, other prescriptions with abuse potential, and marijuana exposure), a notification is required and families receive support in the community,

The process for the Plan of Safe Care community-based pathway is:

- A referral is submitted by the birthing hospital and it is determined whether a notification or report is required.
- Notifications are sent to Help Me Grow. Help Me Grow receives the Plan of Safe Care through an online portal, an important innovation that is used to collect required data, support the birthing hospital, and provide a streamlined way to access Help Me Grow.
- Help Me Grow connects families to any resources they need.

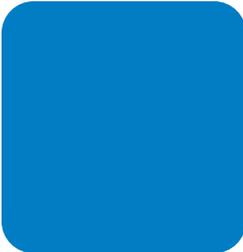
Implementation of this program has been coordinated by DCYF and includes cross-sector stakeholders. The work began with two pilot sites in 2021, and is currently expanding to additional sites with statewide implementation coming soon. Significant infrastructure work has been completed, including developing the online portal, establishing Help Me Grow's Mental and Behavioral Team, gathering over 1,100 resources across 39 counties, and exploring statewide and community referral partnerships.

Learnings from the work in Washington include:

- Intentionally bring in cross-sector partners to develop definitions and design the Plan of Safe Care system in your state.
- Develop a relationship with your state hospital association.
- Meet the community where they are – bring together existing community collaborations, identify aligned work in each community, and provide tailored support.
- Be flexible during a pandemic.

## Reflections and Key Takeaways

- Building effective prevention systems requires intentionality in considering and bringing in implementation science to inform interventions.
- It is critical to engage the community to design programs that do not create or perpetuate racial disparities, and then to build a continual feedback loop so that community voice is an ongoing part of implementation.
- Partnerships are built community by community. We should not go into communities, build a plan, then walk away. We need to build continual feedback loops so that there is continual community voice.



## Head Start and Child Care for Children in Child Welfare

*Webinar 4—April 20, 2022*

Child care is an important component of successful placement of children in foster care, and Head Start's whole-child and family approach can benefit families who are part of the child welfare system. This webinar explored the impact of and opportunities for Head Start within the child welfare system, as well as looks at a program that has improved access to child care for children in foster care and increased the capacity of child care programs to serve these children.

### Head Start for Children in Child Welfare

*Tommy Sheridan, Deputy Director, National Head Start Association, Scylar Jones, Head Start Parent, and Courtney Tomes, Head Start Parent*

Head Start is a strong partner to child welfare. Its model is based on supporting the whole child, the family, and the community. The focus is not only on what happens in the Head Start classroom, but also providing a range of family and child supports, like financial resource trainings, helping with access to health care, and providing information about nutrition. All children in foster care are eligible for Head Start – and Head Start's impact on child welfare is positive:

- Head Start and Early Head Start programs provide opportunities for children to receive developmental, health, and nutrition screenings. Approximately 50 percent of all young children in foster care exhibit developmental delays—as much as five times the rate seen in children in the general population.
- Early Head Start children (0-3) have significantly fewer child welfare encounters during their elementary school years.
- Head Start children are 93 percent less likely to be removed from their homes and placed in foster care than those with no early childhood education.
- Head Start provides parent training opportunities, improves parent involvement and relationships, and decreases caretaker distress.

Head Start organizations served 35,000 children in foster care in 2019 – but that number went down during the pandemic. The National Head Start Association is working to encourage programs to serve children in foster care and is focused on continuing to improve how it meets child welfare needs in order to increase access and serve even more children and families.

This means building alignment at the community level. Head Start has identified key questions to improve its support of child welfare:

- How can we better identify and support children in informal kinship care arrangements?
- What changes to Head Start eligibility will allow for better services? What changes to child welfare referrals would help with prevention?
- How can child welfare agencies better gather information on what programs are serving children and directly connect/refer them to Head Start?
- How can Head Start better align and connect with Family First?

**“Having a program that comes to my home every week, that knows me and knows my daughter, makes it easy for them to recognize [when I am] not okay.... She sat on the couch with me and said, “Let’s talk to your doctor about this.” Just to have someone to sit on the couch with me and listen to me cry has been life changing for me.... They know my daughter is autistic and has ADHD and they referred us to programs that really help. We take a cooking class together. At the beginning my daughter was shy and wouldn’t even lift her head. Now, she is going table to table to make sure everyone has the supplies that they need. There is always someone who is there to help us be better parents. It has impacted everyone in our family.”**

**- SCYLAR JONES, HEAD START PARENT**

**“I had my son on Thanksgiving in 2019. I had problems with depression. I always feel comfortable with the home visitors coming no matter what I look like. My daughter also went to Head Start. It really helped her. It will help my son, too, with social skills.”**

**- COURTNEY TOMES, HEAD START PARENT**

## California Emergency Child Care Bridge Evaluation

*Susan Savage, Ph.D., Research Director, and Andria Zaverl, Research Manager, Child Care Resource Center, California*

Children aged 0-5 are difficult to place in foster care because most require 12-month, full-time care, many need care during non-traditional hours, and many child care programs have limited enrollment time periods or waitlists. The California Emergency Child Care Bridge program, which began as a pilot in 2017 and has since been adopted into the state budget, aims to more easily place young children in foster care by providing three important components: emergency child care vouchers to help pay for child care, child care navigators to help navigate the child care and child welfare systems and find services, and trauma-informed care training and coaching for child care programs.

An evaluation of the program in 2019 found that:

- Caregivers need the help provided by the program; 40 percent would not have accepted the foster child without the Bridge program.
- Bridge relieved caregivers’ economic and emotional stress.
- Caregivers and child care providers noticed positive changes in the child such as maintaining a consistent routine, building strong bonds with their child care provider, and positive changes in well-being. Children thrived socially, cognitively, and physically.
- Child care navigators were key to family success. They arranged timely placement, reduced stress level, provided quality child care referrals, and facilitated easy enrollment in Bridge.
- Trauma-informed care training and coaching improved both the provider capacity to care for children

- and their willingness to accept a foster child into their care.
- The most valuable traits when building relationships and partnerships for the Bridge program were established relationships with partner agencies and external agencies, open communication, mutual understanding of goals, and clearly defined roles.

The following recommendations were developed for the Bridge program:

- Extend the voucher timeframe (beyond six months; out of county; at reunification/adoption).
- Increase funding to allow for expanded eligibility (e.g., more age groups, child care provider types, sibling sets, out-of-county placements).
- Fund administrative support needed to ensure a strong Child Welfare-ECE collaborative relationship.
- Increase resources for the navigator and trauma-informed care components.
- Provide additional support in marketing, outreach, and advertising for trauma-informed care training and coaching.
- Provide Bridge program training for CCNs, social workers, and child care providers to increase awareness.
- Create a statewide tracking system or database.

In addition, the success of the program has implications for Head Start:

- Child welfare and Head Start relationship building is essential.
- Champions on both sides are needed.
- Full-day hours and summer care are needed for children in foster care.

## Reflections and Key Takeaways

- Data about where children in child welfare are, and what types of services they are receiving, would benefit the whole system, and specifically help Head Start identify how to do a better job of interacting and ensuring that kids aren't left behind.
- Collaboration is the name of the game. For both Head Start and Bridge, programs that have relationships with partner agencies are able to be more successful. Yet, collaboration isn't often financially supported by any system and so needs to be advocated for.
- Formal partnerships can be very effective. It is always good to be explicit about expectations and clear about processes and procedures. For Head Start, local MOUs with school districts and other agencies are critical to make sure everyone is on the same page.



## Family First Prevention Services Act (FFPSA) Opportunities for Early Childhood Programs

*Webinar 5—May 18, 2022*

The Family First Prevention Services Act presents the opportunity to redesign the front end of child welfare – and it is catalyzing innovative thinking that aims to prevent child abuse and neglect and entry in foster care, including home visiting and community pathways.

# Family First and Home Visiting – Emerging Considerations in Early Implementation

Clare Anderson, MSW, Senior Policy Fellow, Chapin Hall

As state and tribal community FFPSA plans have been submitted and are being approved, two inter-related redesign strategies are emerging, both with a focus on prevention:

- Home visiting as central to state Family First approaches.
- Community pathways as a structural redesign of child welfare.

**Home visiting:** The scale-up and expansion of home visiting proposed in Family First plans represents a seismic change in how child welfare services are delivered, making home visiting a core strategy for preventing involvement with child welfare. It will require collective, collaborative work across systems to realize this scale.

**Community pathways:** Community pathways are being developed to ensure families are getting services earlier and on platforms that are non-traditional for the delivery of child welfare services. They will focus on connecting with families where they have trusting relationships and where they are more often inclined to seek services and supports. States are also interested in the flexibility provided by contracting out administrative functions in addition to services.

**It is thrilling to think of the potential deployment of home visiting – a voluntary service, focused on family strengthening and meeting family needs early – to prevent involvement with child welfare.**

---

These new approaches are starting to change how states approach child welfare. Typically, families enter the child welfare system as a call from the family or a mandated reporter or to a hotline. The family is either diverted to a service or investigated. The process may involve administrative work such as prevention plan development, safety and risk monitoring, and case management. Eventually, there will be a referral or a partnership with a family resource center or private agency or public agency for home visiting and a set of services will be provided or a set of referrals out are made.

Some states are beginning to think of this another way: the potential candidate could be identified by the family resource center, community provider, private agency or sister public agency and referred to child welfare, which would make the determination if a child is a candidate for foster care. The service delivery and administrative services would occur together off the child welfare platform with an interface to child welfare.

This requires a redesign of the family user experience. Benefits and opportunities of this approach include:

- Increased investment in community and home visiting capacity to serve families.
- Prevention services provided to families through trusted community entities and home visiting.
- Family prevention service experience outside of the traditional child welfare paradigm.
- Flexibility in how community pathways can be conceptualized and implemented, working toward a reduction in the Child Protective Services footprint in families' lives.
- Stronger partnerships between child welfare agencies, community entities, and providers of evidence-based services like home visiting.

But there are also challenges and tensions. This approach will require:

- Optimizing flexibility within the Family First legislative framework.
- Increasing access to home visiting as a voluntary program.
- Increasing access to prevention services without increasing surveillance or facilitating unnecessary

child welfare system involvement.

- Balancing data reporting requirements and family consent and privacy.
- Maximizing community agency while maintaining required functions of the state title IV-E agency.
- Building community infrastructure and capacity to perform required care, coordination, and data functions.

## Program Example: Erikson Institute DCFS Early Childhood Project

*Andria Goss, Associate Vice President, Clinical and Community Services, Pfeffer Eisin, Director, Erikson/DCFS Early Childhood Program, and Thay Giurgius, Manager, Erikson/DCFS Home Visiting Program*

Since 1998, Erikson Institute has partnered with Illinois' DCFS to identify young children in foster care in need of early intervention services and linking them to those services through a collaborative and relationship-based approach. With the FFPSA, it is now building on that to bring home visiting into the child welfare system. DCYS recognizes that early childhood home visiting improves both child and maternal health outcomes and complements the short-term nature of Intact Family Services. Home visiting can stay with the family for years and continue to provide support in a trusted relationship.

The project:

- Receives notice of all young children birth to three in new Intact Family Services cases.
- Offers individual outreach to case managers for all young children birth to three.
- Collaborates with case managers to assure developmental assessment and/or direct linkage for early intervention.
- Offers relationship-based referrals to early childhood home visiting programs across the state, which then provide home visits, parent support groups, links to resources, and developmental screenings.

**We work hard to help families understand that services are not necessarily punishment in child welfare; they are supportive services that can help families do the things they think are important for their family.**

Relationships are critical to the program's success, and case managers are key to effective relationships. However, there have been challenges in getting the buy-in of home visitors and DCFS case workers. For home visitors, serving a family in crisis can be difficult and frustrating. Questions and concerns expressed by home visiting programs have included:

- What's our mission? Is this moving home visiting from prevention to intervention?
- Training gaps – we aren't equipped to serve these families.
- We don't receive enough funding to be asked to do this.
- Relationships with case workers are difficult to develop and maintain.
- Expectations of what home visitors will do and role clarity.
- Families involved with child welfare are too high risk.
- Staff resistance/past disappointing experiences.
- It's too much for families to manage having a home visitor and a case worker involved.

For DCFS workers it can feel very different to think about prevention rather than stabilizing risk. Questions and concerns expressed by DCFS workers have included:

- It is hard to think about prevention rather than intervention. Shouldn't a child be assessed before deciding on a service? If there aren't any concerns, we don't need to make a referral.
- What does home visiting do? How is this different from a parenting class?

- If this is voluntary, what do we do when a parent declines home visiting?
- Can home visiting fit with the family's service plan? Is there proof of completion?
- How do we consider parenting support when we also have to figure out so many other risk factors and interventions for the parents?
- We need to make a referral to home visiting when the Intact case is closing to monitor the child's well-being.

For families, the goal has been to make the pitch very simple: Do you have a child who is under three, and are you interested in a free, voluntary long-term supportive program? The program identified 691 families in 2021 that led to 242 referrals. Factors that affect enrollment include that families evaluate home visiting in the context of other needs and interventions, it is voluntary, and there are enrollment challenges, especially for families in crisis. However, more than two-thirds of families who enroll stay engaged.

## Reflections and Key Takeaways

- Buy-in is extremely important and begins at the top of the agency and trickles down. It takes commitment and energy to make a change.
- Family voice, and families' experiences and needs, must be part of the work. There are often a lot of barriers and checks to make sure families are eligible for services. To be family centered, you have to be able to give families what they need.
- There is a need to resource communities of color to deliver services that are appropriate for the people who live in them, and to create workforces that can address root causes and give families the resources they need.
- There is a need to support case workers and home visitors and provide time for them to reflect and work on their biases.
- There must be a mind-set shift away from child welfare being the hub through which families enter the system, and toward home visiting, family resource centers, or other community organizations serving as a hub.
- Families need time to build a relationship with a home visitor. Slowing the process down and giving them time to build trust is important.
- It is essential to normalize the need to reach out and get help – without stigma. Ambassadors could help.