



In-Home Service Use and Family Risk for Child Welfare Involved Families

Findings from Washington State

Ellen Kersten, PhD • Barbara Lucenko, PhD • David Marshall, PhD • Barbara E.M. Felver, MES, MPA

In collaboration with the Washington State Department of Children, Youth, and Families and the Administrative Office of the Courts, Washington State Center for Court Research.

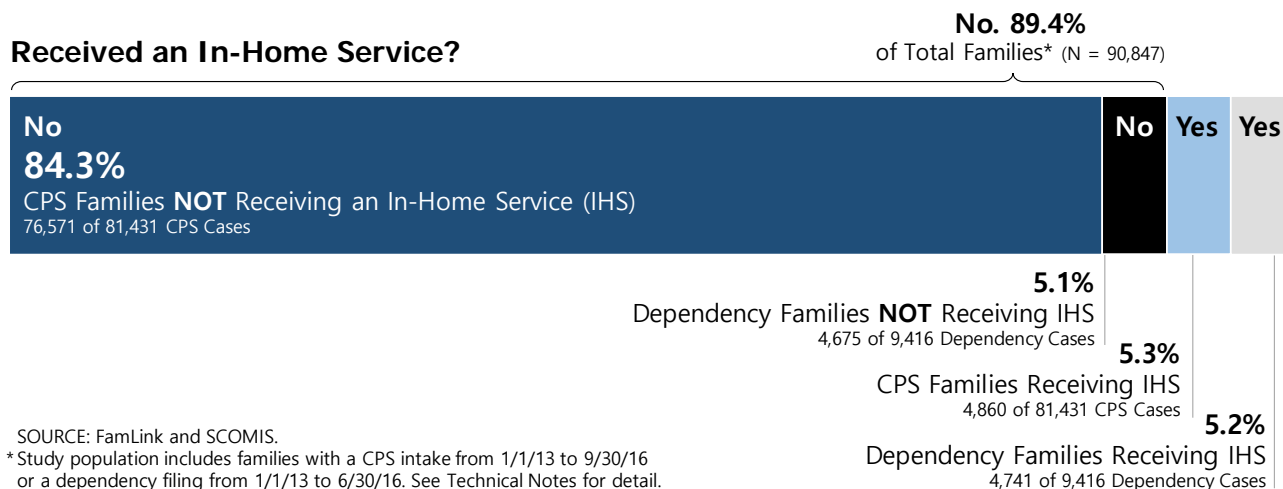
This project was funded by the Casey Family Programs (CFP grant number FY12-0008-07).

FAMILIES INVOLVED WITH THE CHILD WELFARE SYSTEM may receive in-home services to strengthen parenting capacity and support child safety. However, little is known about the families who receive these services and how they compare to families who do not receive services. This report describes in-home service utilization and family risk factors for families involved in the Washington State child welfare system. This analysis leverages integrated data from the Department of Children, Youth, and Families child welfare data system (FamLink), the Administrative Office of the Courts Superior Court Management Information System (SCOMIS), and the Department of Social and Health Services Research and Data Analysis Integrated Client Databases. Seven indicators of family risk were measured, including domestic violence, parent criminality, parent substance abuse, parent mental illness, economic stress, homelessness, and prior child welfare involvement. Results focus on two mutually exclusive groups of families: 1) families with an accepted Child Protective Services (CPS) intake and no immediate long-term out-of-home placements for any children, and 2) families with a legal dependency filing and at least one long-term out-of-home placement.

More than half of child welfare-involved families experienced multiple family risk factors, yet only 1 out of 10 families received an in-home service.

FIGURE 1

Rate of In-Home Service Use is Particularly Low for CPS Involved Families



SOURCE: FamLink and SCOMIS.

* Study population includes families with a CPS intake from 1/1/13 to 9/30/16 or a dependency filing from 1/1/13 to 6/30/16. See Technical Notes for detail.

Key Findings

1. **The overall rate of in-home service use is low (10.6 percent), especially for families with children who remain at home.** Six percent of families received an in-home service during the CPS case period, defined as the time from CPS intake to investigation completion, Family Assessment Response (FAR) completion, or case closure. Families with children in a long-term out-of-home placement and legal dependency were more likely to receive an in-home service (50 percent).
2. **Families with prior child welfare involvement were more likely to receive an in-home service.** Nearly half (48 percent) of families in the sample had a prior CPS intake or placement. Of these families, 13 percent received an in-home service compared to 9 percent of families with no prior child welfare involvement. The difference in service use by prior child welfare involvement was most pronounced for CPS cases with a Family Assessment Response (FAR) intake (17 percent vs. 6 percent) and less pronounced for families with a dependency case (52 percent vs. 49 percent).
3. **Families with multiple risks were more likely to receive an in-home service, but many high-risk families did not receive an in-home service.** More than two thirds (67 percent) of families who received an in-home service had experienced five or more family risks, including domestic violence, parent criminality, parent substance abuse, parent mental illness, economic stress, homelessness, and/or prior child welfare involvement. Nearly half (46 percent) of families who did not receive an in-home service also experienced five or more family risks.

Study Population

In-home services are available to families at many different stages of their involvement in the child welfare system. To compare families with similar types of child welfare involvement, this study examines two mutually exclusive types of child welfare-involved families:

- 1) **CPS Families** (n=81,431): families with an intake accepted by CPS for investigation, Family Assessment Response (FAR)¹, or Risk Only² between January 1, 2013 and September 30, 2016.
- 2) **Dependency Families** (n=9,416): families with a legal dependency case opened between January 1, 2013 and June 30, 2016 and a long-term (≥90 days) out-of-home placement for any child.

Integrated administrative data was leveraged to 1) identify families that received an in-home service, 2) distinguish the stage of the family's child welfare case when in-home services were delivered, and 3) measure family-level risk factors that may affect child safety and well-being (Technical Notes).

In-Home Service Use

Definition. Nine distinct types of clinical in-home services are available to child welfare-involved families in Washington State (Technical Notes). All of the services are intended to strengthen parenting capacity and support child safety, but they can be offered to families at different stages of their involvement in the child welfare system, including before, during, and/or after the out-of-home placement of a child. To understand when and why families receive in-home services, this analysis uses distinct time periods to measure in-home service use for the CPS and Dependency family samples. For the CPS Family sample, the evaluated case period measures the use of in-home services for the purposes of family stabilization and placement prevention. For the Dependency Family sample, the evaluated case period measures the use of in-home services for the purposes of safely returning children to their home and a successful reunification (Technical Notes).

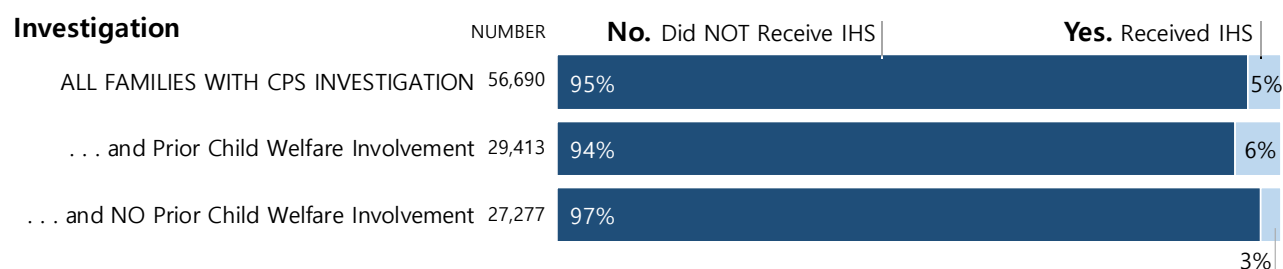
¹ Family Assessment Response (FAR) is Washington State's Title IV-E Waiver Demonstration Project; also referred to as a "differential" or "alternative" response approach for CPS intakes.

² Risk-only intakes indicate that a child is alleged to be at imminent risk of harm, but there is no allegation that meets the criteria for child abuse or neglect as defined in the Washington Administrative Code.

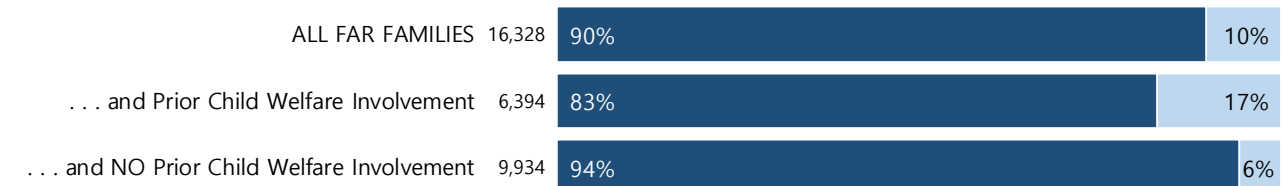
Results. The overall rate of in-home service use was low (10.6 percent, Figure 1). The number of families that received an in-home service for the purposes of placement prevention compared to reunification was similar (n=4,860 CPS Families; 4,675 Dependency Families). However, the rate of service use for CPS families was much lower. Six percent of CPS families and 50 percent of Dependency families received an in-home service. For CPS families, the rate of in-home service use varied by intake type (Figure 2). Fewer than 5 percent of families with an investigation for child abuse or neglect received an in-home service. The rate of in-home service use was higher for families with a FAR or Risk Only intake (10.3 percent, 6.5 percent, respectively). For all CPS intake sub-groups, the rate of in-home service use was more than double for families with a prior accepted CPS intake compared to families without a prior accepted CPS intake. This difference was especially pronounced for families with a FAR intake; 17.2 percent of families with a FAR intake and prior child welfare involvement received an in-home service, compared to 5.8 percent of families with a FAR intake and no prior child welfare involvement.

FIGURE 2
Rate of In-Home Service Use Varies by Case Type and Prior Child Welfare Involvement

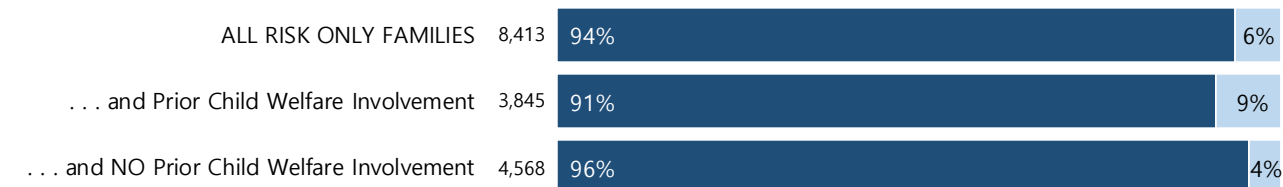
CPS Intake Type



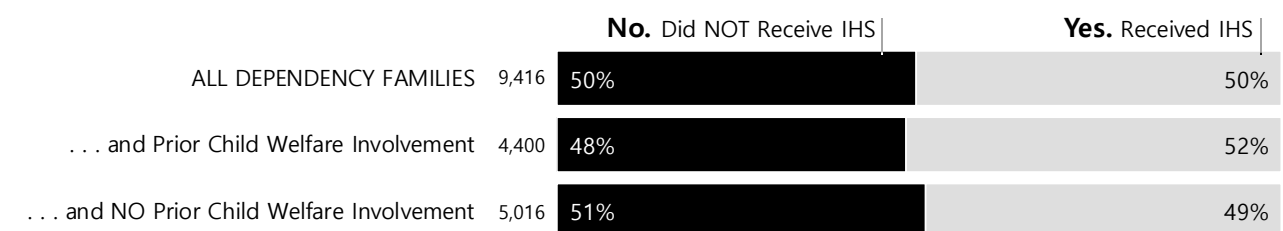
Family Assessment Response (FAR)



Risk Only



Dependency Families



Family Risk

Definition. Family risk was measured from a variety of administrative data sources (Technical Notes). This study includes separate measures for domestic violence, parent criminality, parent substance abuse, parent mental illness, economic stress, homelessness, and prior child welfare involvement, as well as a composite “high risk” measure for families with more than the median number of risks for the study population.

Results. On average, child welfare-involved families in this study experienced four out of the seven measured family risk factors (4.12 average risk factor sum by family; 1.87 standard deviation; 4 median). Family risk varied by type of child welfare involvement and in-home service use. The prevalence of each of the family risk factors was greater for Dependency families compared to CPS families (Figure 3).

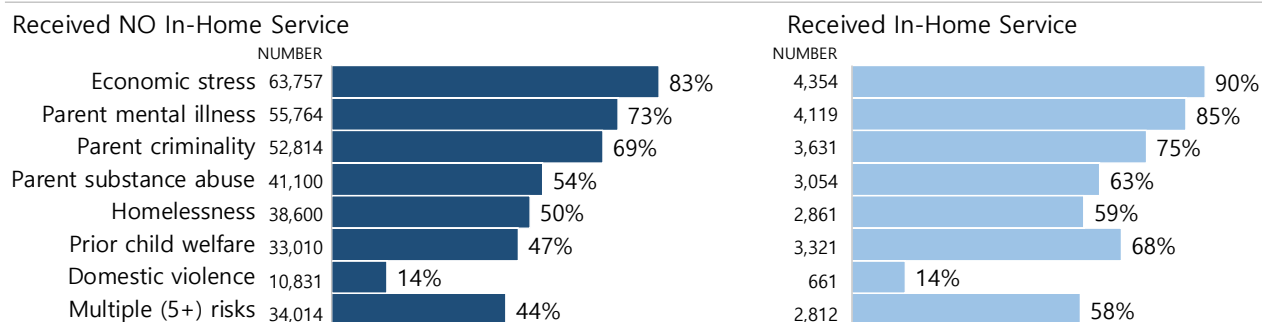
CPS families that received an in-home service were more likely to experience family risks, except domestic violence, compared to CPS families that did not receive an in-home service. The prevalence of domestic violence was the same for CPS families regardless of in-home service use. The family risk factor with the greatest variation by in-home service use for CPS families was prior child welfare involvement; 68 percent of CPS families that received an in-home service had a prior CPS intake compared to 47 percent of CPS families that did not receive an in-home service.

The family risk profile for Dependency families that received an in-home service was not considerably different compared to families that did not receive an in-home service. The family risk factor with the greatest variation by in-home service use for Dependency families was domestic violence; 49 percent of Dependency families that received an in-home service experienced domestic violence compared to 42 percent of Dependency families that did not receive an in-home service.

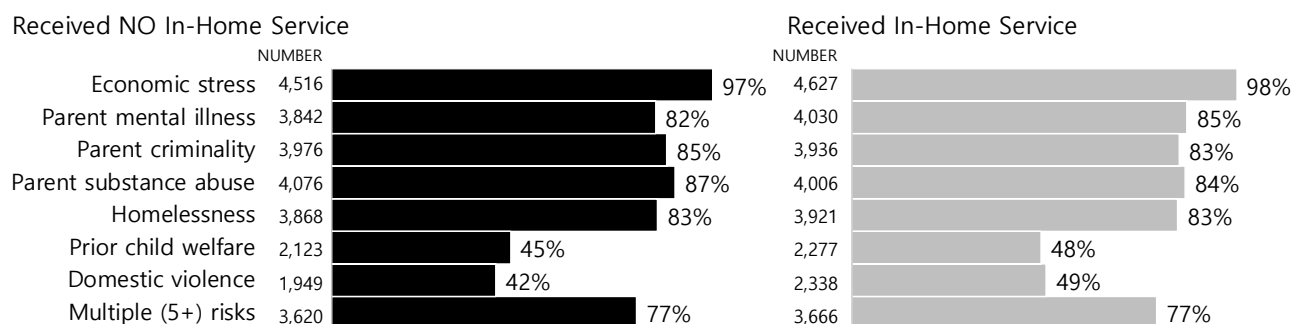
FIGURE 3

Family Risk Factors

CPS Families



Dependency Families



The rate of in-home service use did not vary greatly by any particular type of family risk factor. For CPS families, the highest rate of in-home service use (9 percent) was for families with prior child welfare involvement. The rate of in-home service use for CPS families with any of the other measured risk factors ranged from 6 to 7 percent. For Dependency families, the highest rate of in-home service use (55 percent) was for families who experienced domestic violence. The rate of in-home service use for Dependency families with any of the other measured risk factors ranged from 50 to 52 percent.

Overall, high-risk families, defined as those with five or more family risk factors, were more likely to receive an in-home service compared to families with fewer risk factors. Fifteen percent of all high-risk families in the sample received an in-home service, compared to 7 percent of lower-risk families. However, high-risk families did not have substantively different rates of in-home service use when measuring CPS and Dependency families separately. Eight percent of high-risk CPS families received an in-home service, compared to 5 percent of families with fewer than five risk factors. The rate of in-home service use for Dependency families was 50 percent for high- and lower risk families. In other words, 92 percent of high-risk CPS families and 50 percent of high-risk Dependency families did not receive an in-home service.

Discussion

By integrating data across multiple administrative data systems, this analysis provides a nuanced understanding of in-home service use and family risk factors for child welfare-involved families in Washington State. Results indicate that a vast majority (89.4 percent) of families did not receive an in-home service, and many of these unserved families experienced substantial risks.

The very low rate of in-home service use for CPS families, in combination with the high prevalence of family risk factors for unserved families, highlights a need to increase in-home service use for families with children who remain at home. Families with an intake that qualified for FAR, Washington State's differential response program, were more likely than other CPS families to receive an in-home service. Other research has also found a higher rate of in-home service use for FAR families (Miller, 2017), as well as an association with fewer out-of-home placements for children in FAR families compared to similar families (Miller, 2017; TriWest, 2018). Evaluating the extent to which in-home service use contributes to improvements in long-term family outcomes, such as lower rates of re-referrals or removals, is an important direction for future research.

In addition to expanding overall in-home service use, results indicate an opportunity to better measure family risks and align in-home service use with child welfare-involved families' needs. The prevalence rates for family risk factors in this study were higher than what has been reported in other studies of child welfare-involved families in Washington State (Miller, 2017) and nationally (Casanueva et al., 2014a). These other studies relied on caseworker reports, which often underestimate family risks (Casanueva et al., 2014b) and only capture the most immediate problems a family is experiencing. Research on Adverse Childhood Experiences (ACEs) suggests that early life experiences of adverse events, not just those in the recent past, can have detrimental effects on adult physical and mental health and parenting capacity (Dube et al., 2003; Metzler et al., 2017).

Measures of family risk reported in this study draw from multiple longitudinal administrative data sources. Linked administrative data can provide more reliable measures of sensitive or stigmatized risk factors for child welfare-involved families over extended periods of time (Brownell & Jutte, 2013). It is therefore useful to integrate data from multiple sources, including caseworker reports, family assessments of parent and child self-reported information, and administrative data, to more completely measure family risks and identify appropriate in-home services that can best address a particular set of interrelated needs.

STUDY POPULATION

To compare families with similar types of child welfare involvement, this study examines two mutually exclusive types of child welfare-involved families: 1) CPS Families (n=81,431) and 2) Dependency Families (n=9,416). CPS families had an intake accepted by CPS for investigation, Family Assessment Response (FAR), or Risk Only between January 1, 2013 and September 30, 2016, and no immediate long-term out-of-home placements for any children. Dependency Families had a legal dependency case opened between January 1, 2013 and June 30, 2016 and a long-term (≥90 days) out-of-home placement for any child.

For the purposes of analysis, several restrictions were imposed on the study population. The CPS Family sample excludes families with an out-of-home placement for any child that extended beyond the CPS case period (n=4,093 families) to avoid double counting a family in both the CPS and dependency groups. Families with only a short-term out-of-home placement in which the child returned home prior to the end of the CPS case period were retained in the sample (n=2,204 families). The CPS case period spans from the date of intake to the earlier of the investigation end date, case closure date, or data extraction date (4/1/17). If a family had multiple intakes during the study period, only the first intake was included for measurement of in-home service use.

The Dependency Family sample was limited to families with a child who remained in out-of-home care for at least 90 days to ensure comparable measures of family risk factors within the sample. The dependency case period spans from the date of child removal to the earlier of the placement episode end date or data extraction date (4/1/17). If a family had multiple qualifying dependency cases opened during the study period, the first qualifying case was used to determine the dependency case period for measurement of in-home service use. If a family had multiple qualifying dependency cases opened on the same day (i.e. for multiple children), the dependency case period with the longest duration was measured. The population is further limited to families with matched SCOMIS and FamLink records; approximately 5 percent of families could not be matched across the two sources.

After applying the above selection criteria, the total number of CPS and Dependency families included in this analysis that received an in-home service (n=9,601) represents 51% of all families that received an in-home service during the study period (1/1/13 to 9/30/16; N=18,726). Families that did not receive an in-home service during the measured time period for this study may have received an in-home service during another stage of their involvement in the child welfare system (e.g. after an investigation completed but before a dependency was filed or after a subsequent intake). Other families that received a service were excluded based on the selection criteria (e.g. families with a long-term placement but no dependency filing or a dependency filing but an out-of-home placement that lasted fewer than 90 days). Additional analysis is needed to evaluate rates of in-home service use for families during other stages of involvement with the child welfare system.

DATA SOURCES AND MEASURES

With the exception of prior child welfare involvement, all family risk factor measures combine data from DCYF FamLink and DSHS Integrated Client Databases. The prior child welfare involvement measure uses just FamLink data and was defined for CPS families as any prior CPS accepted intake; for Dependency families, it is any prior out-of-home removal episode. The FamLink data sources used for the other family risk measures include safety assessments, safety threats, Structured Decision Making (SDM) risk assessments, family assessments, investigative assessments, and removal records associated with current and prior openings for the case.

The DSHS Integrated Client Databases measures and sources are detailed below. For CPS families, the family population includes all non-collateral case participants who were household members. For dependency families, the family population includes any children with a dependency filing and the primary caregiver prior to removal.

- **Economic stress:** receipt of State Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), Diversion Cash Assistance, Basic Food Program, or Consolidated Emergency Assistance Program identified through the Automated Client Eligibility System (ACES).
- **Domestic violence:** any domestic violence-related charges from Washington State Patrol (WSP).

- **Homelessness:** any indicator for living in a battered spouse shelter, emergency housing shelter, homeless with housing, homeless without housing, or inappropriate living situation in ACES.
- **Parent criminality:** any arrest, conviction, or incarceration at a state juvenile or adult facility.
- **Parent mental illness:** mental health diagnosis, outpatient or inpatient service, procedures, or prescribed psychotropic medications recorded in medical claims or publicly funded mental health records.
- **Parent substance abuse:** alcohol or drug-related diagnosis or outpatient or inpatient service recorded in medical claims or publicly funded mental health records; any substance-related arrests from WSP.

Economic stress indicators start in July 2001; all other DSHS Integrated Client Databases indicators start in July 1997.

IN-HOME SERVICES

This study defines in-home services as those that are provided by trained clinical professionals for the purposes of strengthening parental capacity and supporting child safety. Clinical in-home services do not include concrete goods, such as beds, child care, transportation, or other economic supports. Direct payments or services to children in out-of-home care are also not included. The types of clinical in-home services available to child welfare-involved families in Washington include:

Crisis Family Intervention (CFI): A brief, voluntary service designed to safely preserve, strengthen and reconcile families or caregivers in conflict. CFI is not an evidence-based service.³

Family Preservation Services (FPS): Services focus on empowering the family to solve problems, become self-sufficient and strengthen their relationships with a variety of community resources. FPS is not an evidence-based service.³

Functional Family Therapy (FFT): An evidence-based service for families with youth 11-18 years old who struggle with conduct disorder, violent acting-out, and/or substance abuse .

Homebuilders® (HB-IFPS): An evidence-based program for families with children 0-18 years old at imminent risk of placement due to abuse or neglect or to support reunification. In Washington, Homebuilders® is the program used to provide Intensive Family Preservation Services (IFPS).

Incredible Years (IY): An evidence-based, parenting skills education program for families with young children (<8 years old). It may be delivered in group sessions or in the family home.

Parent-Child Interaction Therapy (PCIT): An evidence-based program for families with young children (2-7 years old) that places emphasis on improving the quality of the parent-child relationship.

Promoting First Relationships (PFR): An evidence-based program for families with children 0-3 years old designed to promote sensitive and secure relationships between the child and caregiver.

SafeCare®: An evidence-based program for families with children 0-5 years old that provides at-risk parents with direct skill training to prevent child maltreatment.

Triple P – Positive Parenting Program® (Triple P): An evidence-based program for families with children 2-16 years old designed to promote positive parenting and caring relationships between parents and children. In Washington State, the delivery of this service includes the provision of Standard (Level 4), Teen, and Pathways Triple P.

³ The term "evidence-based" refers to services that have a rating of 1-3 on the California Evidence-Based Clearinghouse for Child Welfare Scientific Rating Scale (<http://www.cebc4cw.org/>). Crisis Family Intervention and Family Preservation Services have not been evaluated for EBP status.

REFERENCES

- Brownell, M. D., & Jutte, D. P. (2013). Administrative data linkage as a tool for child maltreatment research. *Child Abuse & Neglect*, 37(2-3), 120-124. doi: [10.1016/j.chiabu.2012.09.013](https://doi.org/10.1016/j.chiabu.2012.09.013)
- Casanueva, C., Tueller, S., Smith, K., Dolan, M., Ringeisen (2014a). NSCAW II Wave 3 Tables. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, Washington, DC. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/nscaw_wave_3_tables_june_2014_clean.pdf
- Casanueva, C., Ringeisen, H., Smith, K., & Dolan, M. (2014b). NSCAW Child Well-Being Spotlight: Despite a Small Decline in Domestic Violence, Mothers of Children Reported for Maltreatment Report no Improvement in Service Access. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, Washington, DC. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/domestic_violence_10_update_for_posting_needs_report_number_2.pdf
- Dube. S. R., Felitti. V. J., Dona. M., Giles. W. H., & Anda. R. F. (2003). The impact of adverse childhood experiences on health problems: evidence from four birth cohorts dating back to 1900. *Preventive Medicine*, 37(3), 268-277. doi: [10.1016/S0091-7435\(03\)00123-3](https://doi.org/10.1016/S0091-7435(03)00123-3)
- Metzler. M., Merrick. M. T., Klevens. J., Ports. K. A., & Ford. D. C. (2017). Adverse childhood experiences and life opportunities: shifting the narrative. *Children and Youth Services Review*, 72, 141-149. doi: [10.1016/j.chilyouth.2016.10.021](https://doi.org/10.1016/j.chilyouth.2016.10.021)
- Miller, M., & Goodvin, R. (2017). Family Assessment Response in Washington's Child Protective Services: Effects on child safety and out-of-home placement. Washington State Institute for Public Policy, Olympia, WA. Retrieved from https://www.wsipp.wa.gov/ReportFile/1675/Wsipp_Family-Assessment-Response-in-Washington-s-Child-Protective-Services-Effects-on-Child-Safety-and-Out-of-Home-Placement_Report.pdf
- TriWest. (2018, July 1). Washington State IV-E Waiver Demonstration Project: Family Assessment Response Interim Evaluation Report. Report Revision & Update. TriWest. Boulder, CO. Retrieved from <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FARInterimEvalReport2018-F.pdf>



REPORT CONTACT: Alice Huber, PhD, 360.902.0707

VISIT US AT: <https://www.dshs.wa.gov/rda>

ACKNOWLEDGEMENT

We want to acknowledge the work of our colleagues throughout the research and data analysis division and our partner programs for all the work they do in serving Washington's vulnerable populations.