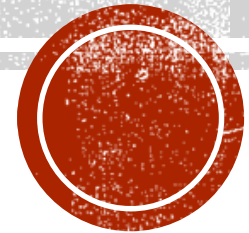


BUILDING STRONGER PARTNERSHIPS BETWEEN CHILD WELFARE AND EARLY CHILD CARE EDUCATION: A RESILIENCY STRATEGY FOR PROTECTING THE MOST VULNERABLE CHILDREN

David Bard¹, Ph.D., Lana Beasley^{1,2}, Ph.D., Geneva Marshall¹, MHR, Andrew Peters¹, M.S.

¹The Center on Child Abuse and Neglect, University of Oklahoma HSC

²Department of Human Development and Family Science, Oklahoma State University



ADMINISTRATION FOR CHILDREN & FAMILIES / CHILDREN'S BUREAU GRANT

- This work was funded by ACF/Children's Bureau Grant#90CO1092 as part of the Early Education Partnerships Program.
- Early Childhood & Child Welfare (ECCW) Partnerships
- Motivation

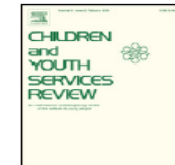
Children and Youth Services Review 34 (2012) 882–890



Contents lists available at [SciVerse ScienceDirect](#)

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/chilyouth



Rethinking the role of early care and education in foster care

Mary Elizabeth Meloy*, Deborah A. Phillips



- This work Education
- Early Chi
- Motivatic



Rethinkin
Mary Elizab

Table 1
Linking the needs of foster parents and foster children to the functions of ECE.

Needs of foster parents ↔ Functions of High Quality ECE ↔ Predicted Benefits		
Employment support	Care for children during work hours	Increased employment and income for foster families
Respite	Break from rigors of fostering	Increased foster parent retention
Parenting education and training	Support and access to information	Improved stability in foster care placements
		Improved foster parent-child relationship quality
Needs of foster children ↔ Functions of High Quality ECE ↔ Predicted Benefits		
Needs related to impoverished backgrounds	Cognitive stimulation and early education	Increased school readiness
Attachment disorders	Stable, sensitive care giving relationship	Decreased school failure
Special educational needs	Early detection of special needs	Improved social-emotional functioning
	Provision of early intervention services	Fewer unmet special educational needs



ADMINISTRATION FOR CHILDREN & FAMILIES / CHILDREN'S BUREAU GRANT

- This work was funded by ACF/Children's Bureau Grant#90CO1092 as part of the Early Education Partnerships Program.
- Early Childhood & Child Welfare (ECCW) Partnerships
- Motivation



Rethinking the role of early care and education in foster care
Mary Elizabeth Meloy*, Deborah A. Phillips

- Research on benefits of ECE
 - “The Center on the Developing Child at Harvard University recently listed child care and child welfare under public health in its list of eight national policy levers for improving the health and well-being of not only young children but citizens of all ages.” (James Bell Associates, 2011)
- 2nd ECCW Cohort funding announced late 2012
 - Smart Start Oklahoma among those awarded; CCAN named as grantee evaluators



GRANT FUNDED TRAININGS: IMPETUS

- Previous work on Child Welfare collaborations with ECE highlight the importance of enhanced training for CW and ECE professionals (e.g., Cutler Institute for Child and Family Policy & Oldham Innovative Research , 2009; Lee et al., 2015)
 - Significant correlation between CW training ECE benefits and reported child development knowledge, knowledge of ECE programs, and levels of ECE enrollments.
 - Unfortunately, best understanding and knowledge seemed to come from those who have minimal contact with children (i.e., administrators).
 - Caseworkers and foster parents expressed the need for more child development training, in particular, the effects of trauma on development and the positive impact of EI and ECE on development.
 - Caseworker and foster parents less likely to recognize ECE as an intervention for addressing child development needs.



ADVERSE CHILDHOOD EXPERIENCES

ACEs = ADVERSE CHILDHOOD EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



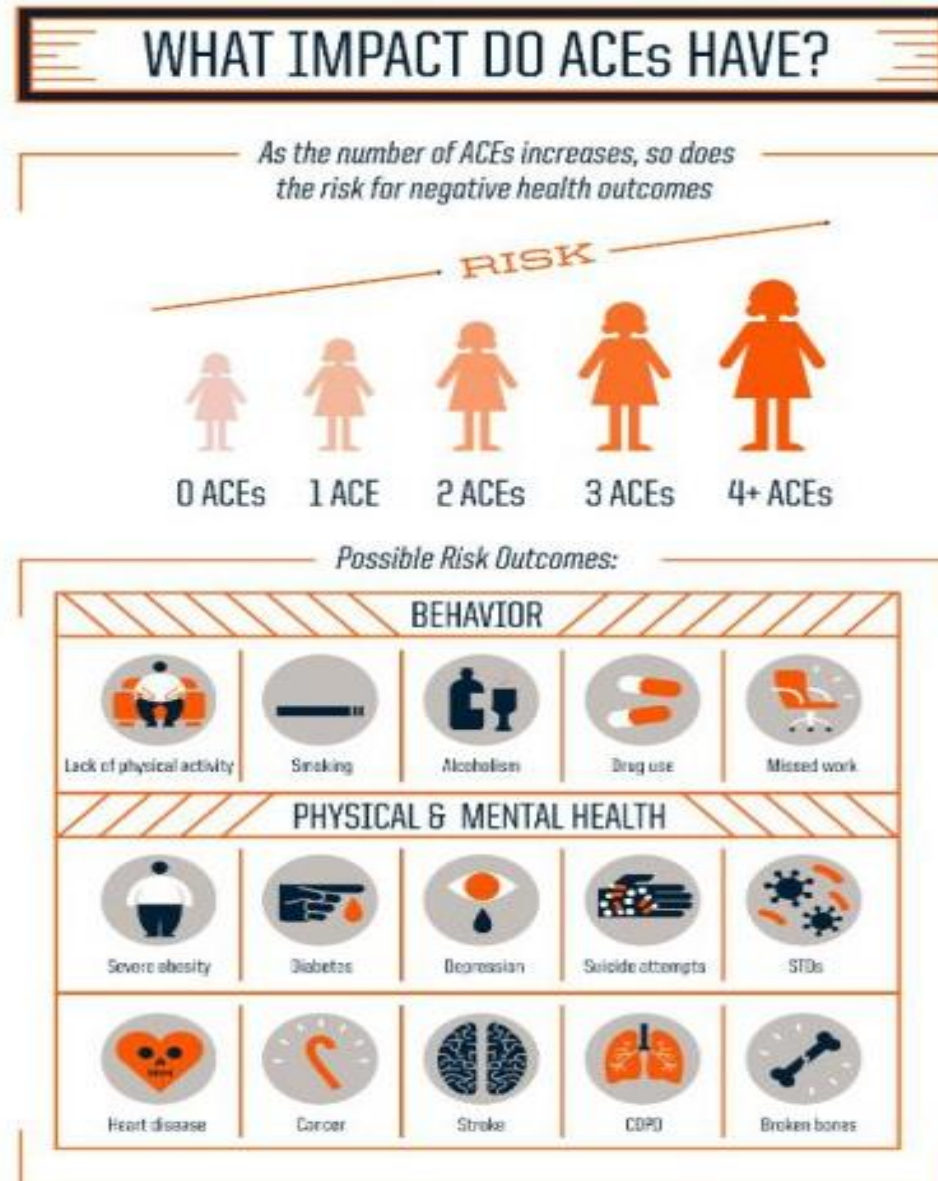
Incarcerated Relative



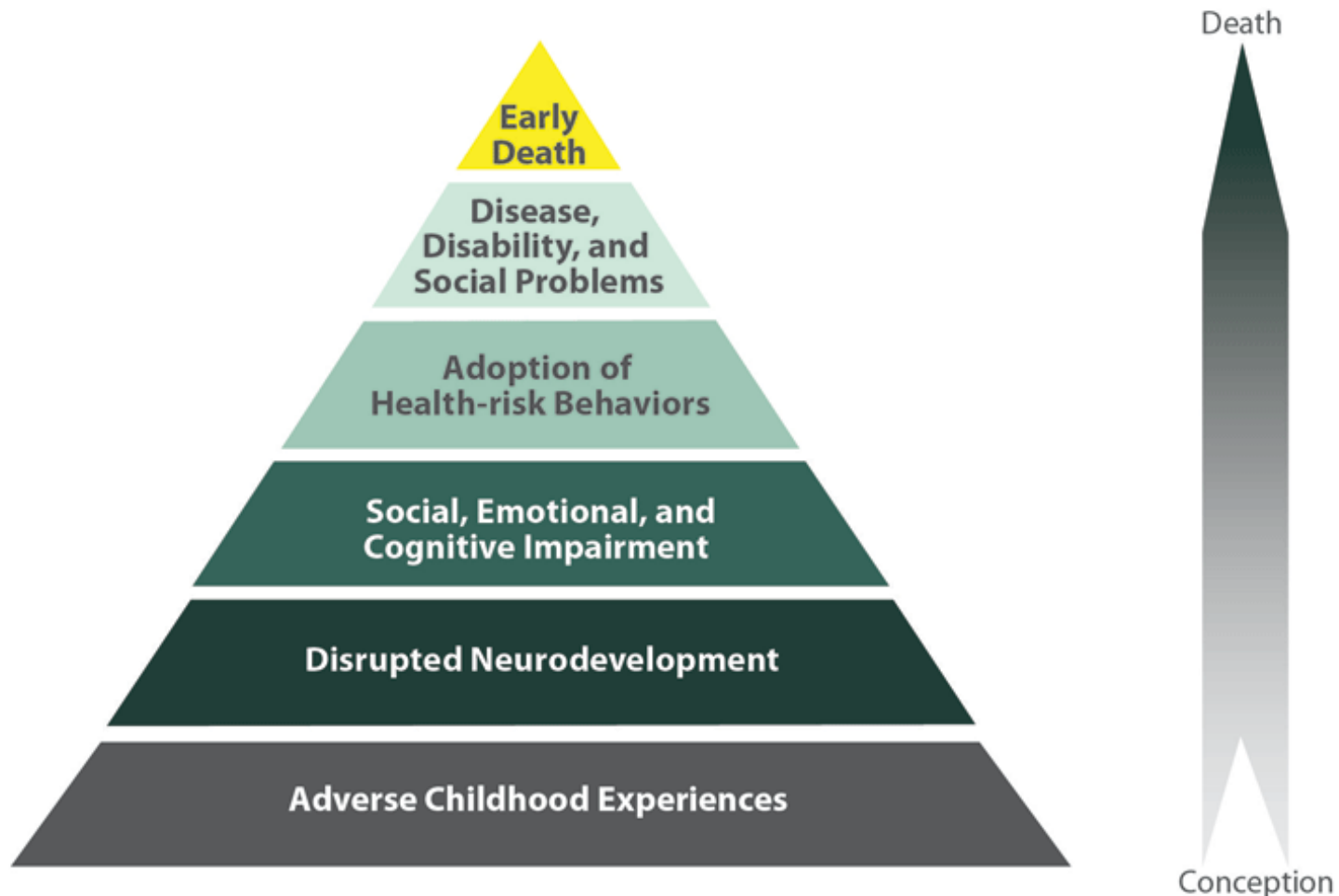
Substance Abuse



ADVERSE CHILDHOOD EXPERIENCES



ADVERSE CHILDHOOD EXPERIENCES



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



THE ACE IMPACT IN OKLAHOMA

- In a recent national study, Oklahomans were among those at greatest risk for ACEs (Sacks et al., 2014)
 - At least 10% of Oklahoma children experience 4+ ACEs
 - Oklahoma was the only state that fell in the highest prevalence quartile for eight of the most commonly assessed ACEs.
- Perhaps not coincidentally, Oklahoma ranks among the worst in the nation on health conditions associated with high levels of ACEs
 - These conditions are now targeted by a conservative Oklahoma legislature for major health policy reforms (Cosgrove, 2015)



ACES HIGHER AMONG IMPOVERISHED FAMILIES

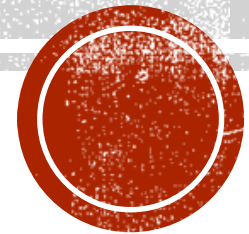
A study of “at-risk” families in Oklahoma
(families eligible for some form of government assistance with at least one child
age 0-36 months)
(Bard, et.al. 2015)

ACE Score	CDC-Kaiser (N = 17,337)	MIECHV At-Risk Parents Baseline (N=1,229)
0	36.1%	28.7%
1	26.0%	10.0%
2	15.9%	15.7%
3	9.5%	24.2%
4+	12.5%	21.3%

22% CDC-K vs 45.5% “at-risk” Okies
Experience 3+ ACEs!!!



AN EXPOSÉ OF ECE-CW COLLABORATION IN OKLAHOMA



OKLAHOMA'S CHILDREN IN FOSTER CARE

- Data are not consistently collected for Early Childcare and Education (ECE) services for children in foster care, so it is currently impossible to paint a complete picture regarding the frequency of utilization in this population. However, a review of Head Start/Early Head Start enrollment shows a puzzling disproportionate underrepresentation of foster children.
- At the end of 2013:
 - Approximately 30% of impoverished Oklahoman children age 0-5 were enrolled in HS/EHS
 - Only 582 (12.5%) of foster children in the same age range were enrolled in Head Start/Early Head Start (HS/EHS).



PROJECT GOALS

- ❖ Why aren't more foster children enrolled in ECE?
- ❖ What barriers, whether concrete or motivational, affect utilization of ECE?
 - ❖ Motivational
 - ❖ Systemic barriers
 - ❖ Familial barriers/lack of supports
 - ❖ Child welfare
- ❖ What policies could be changed to support increasing enrollment for the most vulnerable children?
- ❖ Increase provider and caregiver knowledge, skills, and attitudes toward ECE

Evaluation Data Sources

- Quantitative (Surveys)
- Qualitative (Focus groups & Individual interviews)
- Policy Review (policy, statutes, press releases from OKDHS, OSDH, Courts, etc.)
- Child Development Trainings (3-part series for CW & ECE pros & foster parents)
- Archival Analysis of Child Care Subsidy Use (Foster Care Children and Preventive Services Children)



RESEARCH STUDY: QUANTITATIVE DATA

Parent Survey

Target:

- Caregivers of children in or at-risk* of entering foster care
 - At-risk defined as families eligible for supportive services, specifically evidenced-based home visiting (EBHV) programs.
- 5 counties in Oklahoma

Measures:

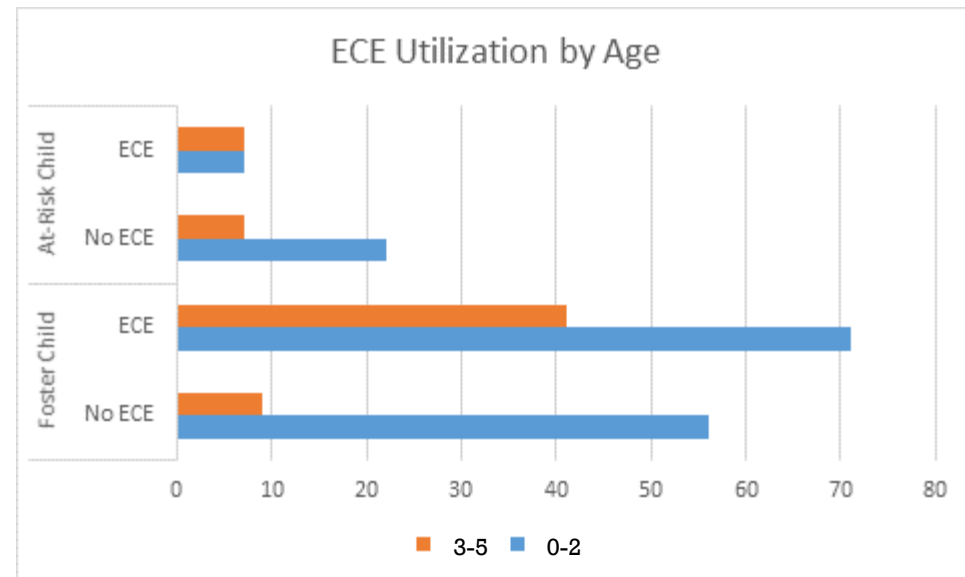
- Parenting Stress Inventory-Short Form (PSI-SF)
- Basic demographics
- Health Belief Model (adapted for ECE enrollment)



RESEARCH: QUANTITATIVE

Demographics breakdown

- Total completed surveys (n = 235)
- Breakdown by type of participant:
 - “At-risk” (EBHV eligible) (n = 56)
 - Foster families (n = 179)
 - Females (n = 201)
 - Approx 59% employed (45% full-time)
 - 53% reported 3+ kids in home



HEALTH BELIEF MODEL

- Psychological model – how perceptions and beliefs affect short- and long-term health behaviors
- Six subscales evaluating six key factors affecting the likelihood an individual will take action on a recommended health behavior (adapted for use with ECE enrollment)
 - **Susceptibility** –belief that the risk of not acting can affect the individual
 - Risks of developmental delays
 - **Severity** – belief that the consequences of not acting are not worth avoiding
 - Belief that ECE will not help
 - **Benefits** – belief that the recommended action would protect against negative consequences
 - Improvements in family relations, child development, stress reduction, etc.
 - **Barriers** – perceived barriers that prevent the individual from taking action
 - Examples: transportation, lack of quality care in area, cost, schedule, etc.
 - **Cues to Action** – conscious reminders to take the action
 - Individuals social influences that think enrollment is positive
 - **Self-Efficacy** – confidence in taking the action independently
 - Motivation and empowerment to enroll

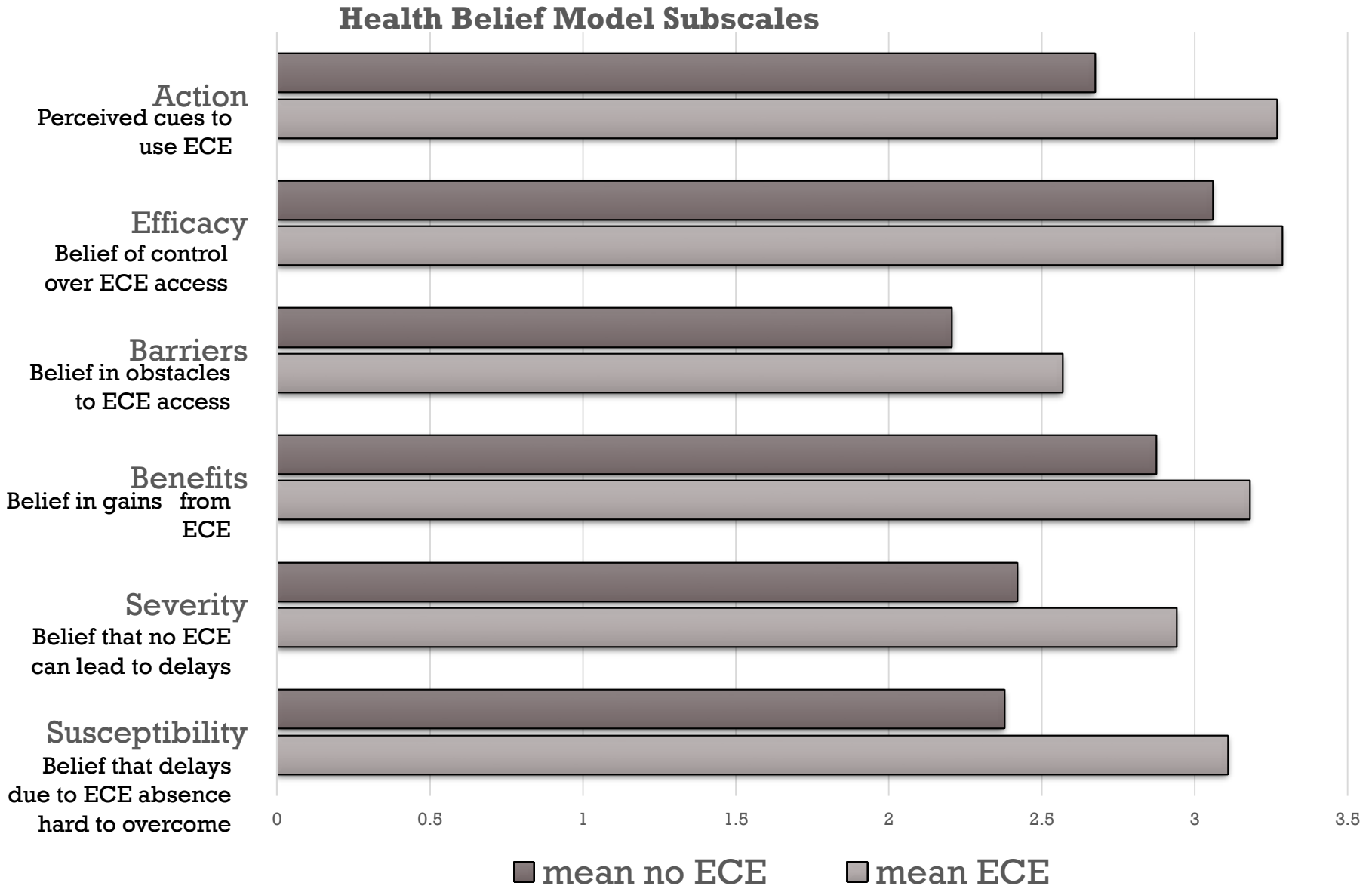


Survey Analysis for Health Belief Model:

Significant differences in each of the six HBM subscales for those utilizing versus those not utilizing ECE.

The strongest differences in opinions were in susceptibility and action

Response Scale:
0 = Strongly Disagree
1 = Disagree
2 = Neutral
3 = Agree
4 = Strongly Agree



OPEN-ENDED SURVEY RESPONSES FROM FOSTER PARENTS

"DHS Case Workers discuss this topic only for the information of setting up the Day Care Payment Authorization in the system. They have had no opinion or suggestions on the process."

"I have been told that because we have a full time homemaker in the house, DHS would not pay for or allow us to leave our child in care or put her in a program. I would do it in a heartbeat if it was allowed and paid for and it would drastically improve life in our household and probably open our house up for additional placements."

"In my experience, finding early education programs to address needs for kiddos under 5 years old are very difficult to find or get in to. The issue is the availability since a lot of the programs provided are swamped already. Most daycares are happy to help with allowing providers to come in and work with kids one on one, but as a (foster) parent finding programs to establish meeting the needs is difficult. "

"The paperwork and knowledge required for enrolling foster kids in Head Start was daunting. If it were not for my determination I might have given up."



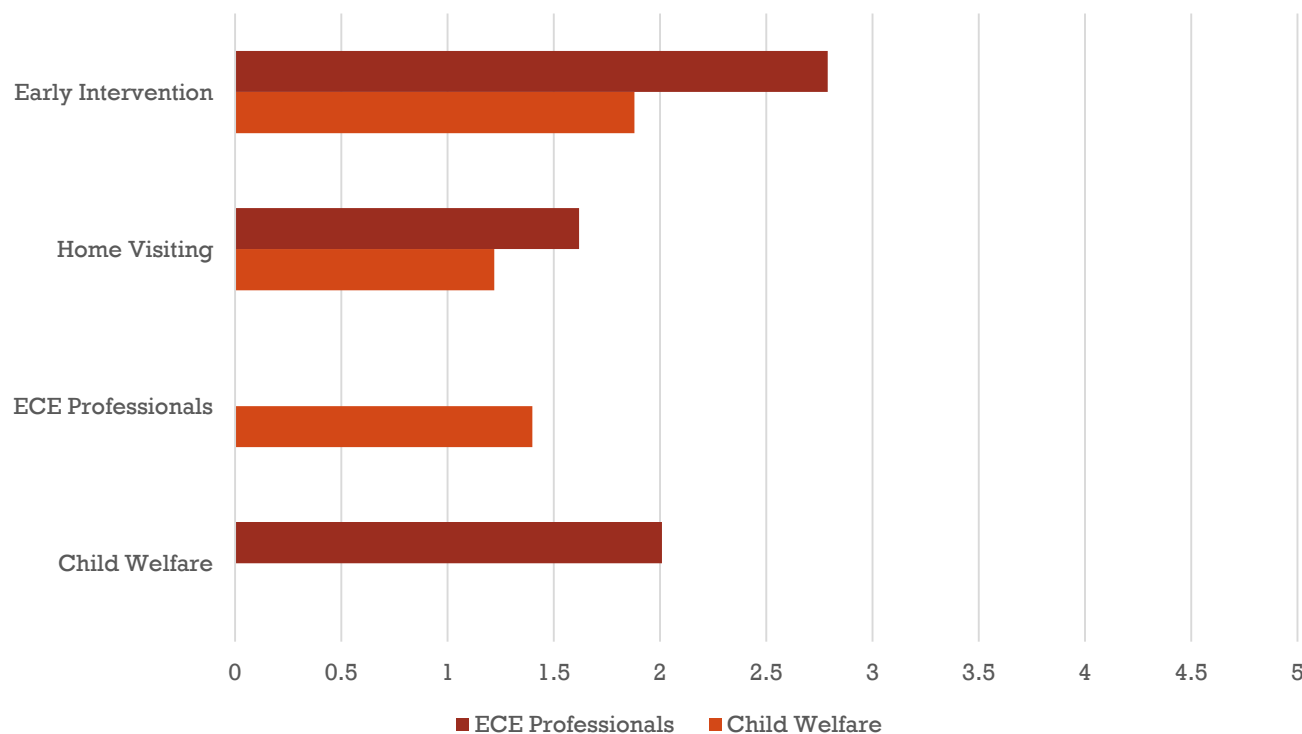
REBUT CAREGIVER-BOND CONCERNS

- U.S. parents much less certain about the benefits of ECE for infants and toddlers relative to primary school for older children (Ehrle, Adams, & Tout, 2001)
 - "I have had several children that did not attend pre-k and benefited from staying home with me..."
 - "I feel Like a parent can teach younger children under the age of 4 just as well as an teacher in an early education program..."
- Research in this area has been unable to establish a link between number of non-parental care hours and developmental outcomes associated with strong parent-child attachments (Jaffee, van Hulle, & Rodgers, 2011)
- Early Head Start research suggests ECE not only effective at reducing maltreatment risk and recurrence (Green et al., 2014) but also facilitates growth and development (Lee et al., 2015)
- One study even found use of child care subsidy was positively associated with greater foster parent retention (Meloy & Phillips, 2012).



APPROACH AND DATA COLLECTION: QUANTITATIVE FROM PROFESSIONALS

LEVELS OF COLLABORATION



ECE and Child Welfare Professionals were given a survey rating their perception of collaboration with stakeholders.

Both groups of respondents reported very low levels of collaboration

Response Scale Anchors:
0 = No Interaction
5 = Collaboration



APPROACH AND DATA COLLECTION: QUALITATIVE FROM PROFESSIONALS

**Call back to qualitative findings from interviews with Child Welfare Administrators, ECE providers, ECE administrators, and foster parents*

Child Welfare Workers:

Barriers to Connecting Children to Services

- Lack of knowledge**
- Programs at capacity**
- Limited caregiver time**

Barriers for Enrolling Children in Services

- Lack of knowledge**
- Programs at capacity**
- Transportation**

Barriers in Keeping Children in Services

- Change in placement**
- Distance of services**
- Transportation**



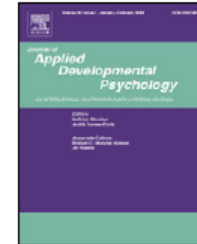
ARCHIVAL ANALYSES OF ECE ASSISTANCE

Journal of Applied Developmental Psychology 33 (2012) 252–259



Contents lists available at [SciVerse ScienceDirect](#)

Journal of Applied Developmental Psychology



Foster children and placement stability: The role of child care assistance

Mary Elizabeth Meloy*, Deborah A. Phillips

Georgetown University, Department of Psychology, White Gravenor Hall, 3700 O St. NW, Washington, DC 20057, USA



ILLINOIS RISK OF PLACEMENT DISRUPTION BY ECE RECEIPT

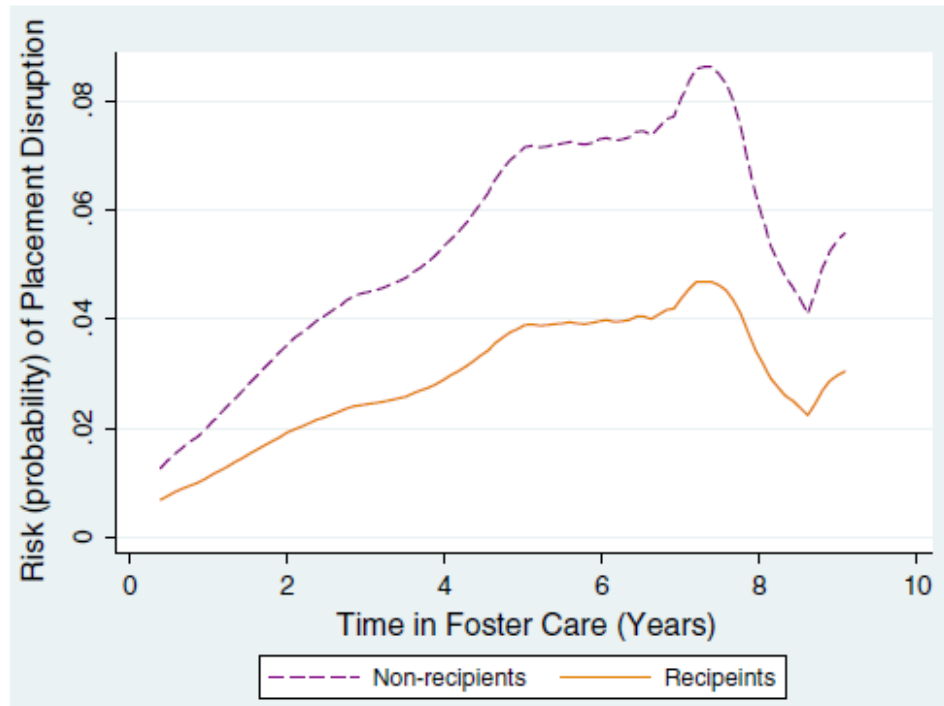


Fig. 1. Hazard estimates of placement disruption over time, by CCA status.

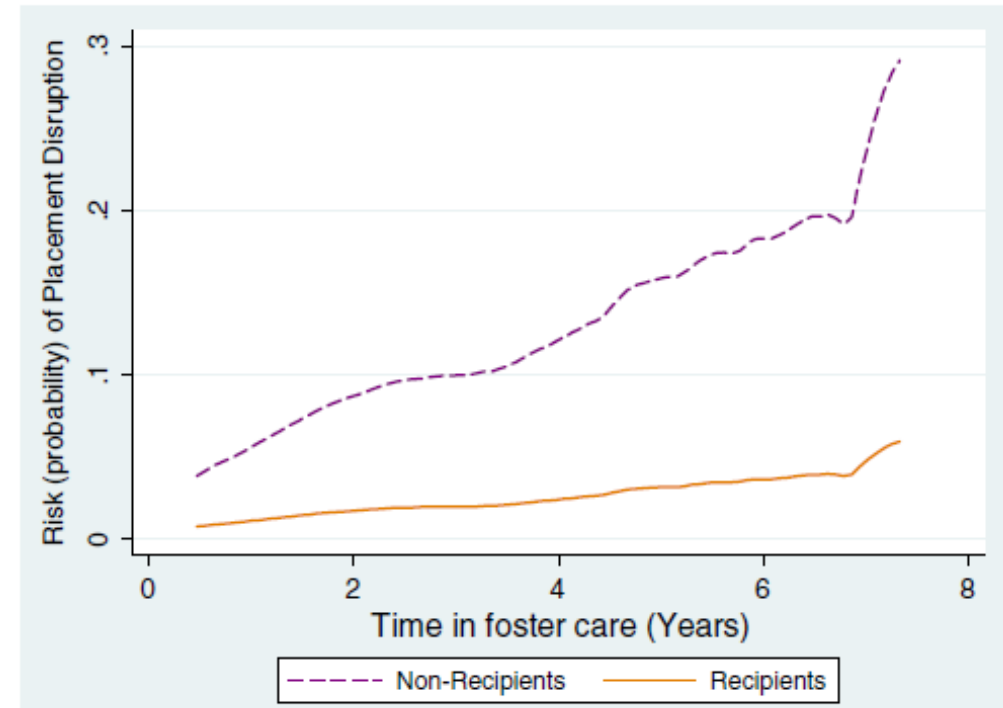


Fig. 2. Hazard estimates of preschooler placement disruption over time, by CCA status.



OKLAHOMA ARCHIVAL ANALYSIS OF PLACEMENT STABILITY

- Administrative data
 - OK SACWIS data (KIDS) from Jan 2009 to Apr 2016
 - Children under age 6 in foster care (N = 16,929)
 - Excluded intervals of home based child care subsidy use
- Outcome
 - Foster Care Placement *Disruption*
- Event History Predictors
 - Primary: center-based ECE subsidy use (time-dependent = td)
 - Secondary: *Reaching For the Stars* – OK's ECE quality rating system
 - Tertiary: Child age (td), child gender, race/ethnicity, child disability
- Research Questions
 - Does center-based subsidy use predict longer placement durations (before disruption)?
 - Does effect of subsidy depend on care quality and child age?



SUMMARY OF FINDINGS

- Effectiveness of subsidy use depends on both child age and care quality
 - Benefit seems to be concentrated among highest quality (3-Star) facilities
 - Greater impact of high quality ECE as child gets older
 - Statistically significant differences start to appear at age 2
 - For a 5-year old foster child, risk of disruption is 27% lower
- Limitations of Findings
 - Self-selection bias of ECE use
 - Restricted to center-based care (for now)
 - Benefits may exist beyond childhood



POLICY REVIEW: FINDINGS

- Currently no consistent mention or promotion of ECE services specific to foster children and/or at-risk children in OK policy
- Non-compulsory educational enrollment not specifically mentioned
- No training specific to address these issues
- (This has since been amended) An inconsistency previously existed between allowing foster families to access child care subsidy while in training/education
- Primary focus is on health and safety, well-being is a lesser priority

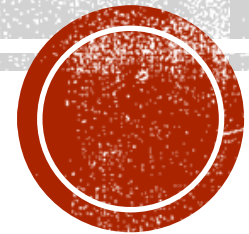


POLICY REVIEW: FINDINGS

- There is limited differentiation in services between toddlers and children, and there are no policies in place specifically to meet the developmental needs of toddlers
- Sooner Start is mandated early intervention for all children in foster care, but only for children 0-36 months
- Data are not linked between all ECE programs
- There are insufficient resources to place all children who need services in high-quality ECE (wait lists for Head Start, etc.)
- Oklahoma Early Learning Guidelines Developed for 0-36 months and 36-60 months, but not mandatory for dissemination or use



RECOMMENDATIONS FOR OUR ECE-CW SYSTEMS



RECOMMENDATION 1

Increase public awareness of ECE and its benefits

- Include information regarding the benefits of ECE in materials distributed to foster families during trainings, as well as through mailers, emails, and occasional texts
- Public service campaign where information about the benefits of ECE is provided on a mass scale (e.g. TV commercials, radio announcements)



RECOMMENDATION 2

Increase focus on ECE in current child welfare policy and practice

- Require caseworkers and/or families to provide justification in the case file when a foster child age 3-4 is not enrolled in ECE
 - This ensures ECE is consciously addressed in each case, while not forcing families to utilize this service. Texas has a policy similar to this
- Caseworkers should provide a similar level of effort to keep children ages 0-5 in educational placement stability as they do with older children



RECOMMENDATION 3

Better inform and equip CW to address developmental needs of children ages 0-5

- Provide training to all caseworkers and foster parents addressing early childhood development, including cognitive, physical, and socio-emotional development, as well as the impact of trauma on development. In these trainings, emphasize the benefits of ECE to the child and caregiver.
- Collect and publicly provide an easily navigable and comprehensive list of ECE providers, as well as resources to help caseworkers and families connect to services.
 - One of the greatest reported barriers to enrollment is a lack of knowledge about local programs. Families indicate the best ways to reach them are through websites and flyers.
- Disseminate existing literature regarding appropriate developmental practices (Oklahoma Early Learning Guidelines) to ECE providers.



RECOMMENDATION 4

Make child care universally available in some capacity to foster children, regardless of the employment status of the parent.

- Provide DHS subsidy for children in care regardless of the employment/training status of the parent to aid in social development and school readiness. This could be similar to the enrichment subsidy SSI recipient children receive for ECE.
- Create a daily subsidy rate for children in foster care not dependent on the number of hours present.
 - Interviews with ECE providers indicate the current policy schema may be a deterrent to enrolling foster children.
- Increase subsidy rate for foster children to increase incentive for child care centers to give priority.
- Dispel the myth that we are paying for foster parents to be the sole child care provider for the child.



RECOMMENDATION 5

Shift focus in current legislation and policy to address well-being as an equal priority to safety and permanency

- Create improvement measures to increase enrollment and accessibility of ECE programs, particularly for children in or at-risk of entering foster care



HELP US BREAK DOWN BARRIERS

- Recommendation 1: Increase public awareness
 - What is the narrative that engages our population? What real story features do we highlight?
- Recommendation 2: Influence CW policy and practice
 - How to initiate and sustain culture change?
 - How to secure and sustain funding for change?
- Recommendation 3: Better address developmental needs of children 0 - 5
 - We want to start with training of CW providers (hence the 1st half of today's presentation).
 - Call back to yesterday's ECCW talk and the LA County referral system



HELP US BREAK DOWN BARRIERS CONTINUED

- Recommendation 4: Make ECE universally available for CW children
 - Where do we start- Capacity, cost, transportation, etc.?
- Recommendation 5: Equal Prioritization of Child Well-Being
 - How to educate the public and legislature on well-being importance?
 - How do you add another priority to the CW worker's plate?



BIBLIOGRAPHY

- Bard, D.E., et. al. (2015). University of Oklahoma Health Sciences Center – Center on Child Abuse and Neglect. *Maternal, Infant, and Early Childhood Home Visitation Community Survey*. Unpublished raw data.
- Belfield, C. R., & Kelly, I. R. (2013). Early education and health outcomes of a 2001 US Birth Cohort. *Economics & Human Biology*, 11(3), 310-325.
- Campbell, F. A., Pungello, E. P., Burchinal, M., Kainz, K., Pan, Y., Wasik, B. H., ... & Ramey, C. T. (2012). Adult outcomes as a function of an early childhood educational program: an Abecedarian Project follow-up. *Developmental psychology*, 48(4), 1033.
- Campbell, F. A., & Pungello, E. P. (2014). *The Abecedarian Project*. John Wiley & Sons, Inc..
- Clements, M. A., Reynolds, A. J., & Hickey, E. (2004). Site-level predictors of children's school and social competence in the Chicago Child-Parent Centers. *Early Childhood Research Quarterly*, 19(2), 273-296.
- Dube, S. R., Anda, R. F., Felitti, V. J., Edwards, V. J., & Croft, J. B. (2002). Adverse childhood experiences and personal alcohol abuse as an adult. *Addictive behaviors*, 27(5), 713-725.
- Klein, S. (2011). The availability of neighborhood early care and education resources and the maltreatment of young children. *Child maltreatment*, 1077559511428801.
- Klein, S., Merritt, D. H., & Snyder, S. M. (2016). Child welfare supervised children's participation in center-based early care and education. *Children and Youth Services Review*, 68, 80-91.
- Lee, S. Y., Benson, S. M., Klein, S. M., & Franke, T. M. (2015). Accessing quality early care and education for children in child welfare: Stakeholders' perspectives on barriers and opportunities for interagency collaboration. *Children and Youth Services Review*, 55, 170-181.
- Lipscomb, S. T., Lewis, K. M., Masyn, K. E., & Meloy, M. E. (2012). Child care assistance for families involved in the child welfare system: Predicting child care subsidy use and stability. *Children and Youth Services Review*, 34(12), 2454-2463.



BIBLIOGRAPHY

- Meloy, M. E., & Phillips, D. A. (2012). Foster children and placement stability: The role of child care assistance. *Journal of Applied Developmental Psychology*, 33(5), 252-259.
- Meloy, M. E., & Phillips, D. A. (2012). Rethinking the role of early care and education in foster care. *Children and Youth Services Review*, 34(5), 882-890.
- Phillips, D. A., & Meloy, M. E. (2012). High-quality school-based pre-K can boost early learning for children with special needs. *Exceptional Children*, 78(4), 471-490.
- Reynolds, A. J., & Robertson, D. L. (2003). School-based early intervention and later child maltreatment in the Chicago longitudinal study. *Child development*, 74(1), 3-26.
- Tucker-Drob, E. M., & Harden, K. P. (2013). Gene-by-preschool interaction on the development of early externalizing problems. *Journal of Child Psychology and Psychiatry*, 54(1), 77-85.
- Schweinhart, L. J. (1993). *Significant Benefits: The High/Scope Perry Preschool Study through Age 27. Monographs of the High/Scope Educational Research Foundation, No. Ten.* High/Scope Educational Research Foundation, 600 North River Street, Ypsilanti, MI 48198-2898.
- Shipman, K., & Taussig, H. (2009). Mental health treatment of child abuse and neglect: the promise of evidence-based practice. *Pediatric Clinics of North America*, 56(2), 417-428.
- Votruba-Drzal, E., Coley, R. L., Maldonado-Carreño, C., Li-Grining, C. P., & Chase-Lansdale, P. L. (2010). Child care and the development of behavior problems among economically disadvantaged children in middle childhood. *Child development*, 81(5), 1460-1474.
- Zhai, F., Waldfogel, J., & Brooks-Gunn, J. (2013). Estimating the effects of Head Start on parenting and child maltreatment. *Children and youth services review*, 35(7), 1119-1129.



THANK YOU



Grant funding information

ACF/Children's Bureau Grant#90CO1092 (2nd ECCW Cohort)

