Rates of enrollment and outcomes of home visiting for mothers with and without a history of foster care

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Women emancipating from foster care face increased vulnerability in adulthood

- Employed
- Independent housing
- Mental health concerns
- Past year substance use
- Partnered
- Parenthood
- Pregnancy

Midwest Study, 2011
Objective

Understand enrollment rates and barriers to home visiting for women with a history of being in foster care

Aim 1: Compare rates of live birth, referral, and enrollment among women with a foster care history and matched peers never in foster care.

Aim 2: Describe home visiting participation rates among enrolled women with and without a foster care history
Statewide Administrative Child Welfare Information System (SACWIS)
- Identified children in custody between 2012 and 2017
  - Child welfare status

Electronic Health Record (EHR)
- Patient demographics for anyone seen for health care between 2012 and 2017

Ohio Department of Health Vital Birth Record
- All live births in the state between 2012 and 2018
  - Motherhood Status

Every Child Succeeds
- All referrals, enrollment data between 2012 and 2018
  - Timing of referral
  - Enrollment status
  - Enrollment duration
  - Visits completed
  - Family characteristics (depression, developmental delay, environment)

16 matching algorithms
2 data sharing agreements
3 IRB protocols
Manual audit of matches
Methods

Existing Data Sources
- Child Welfare Record (2012-17)
- Electronic Health Record (2012-17)
- Vital Birth Record (2012-17)

Established Child Welfare and Comparison Cohorts
- Child Welfare Cohort (n=1375)
- Matched Peer Cohort (n=1375)

Link to Every Child Succeeds Home Visiting Records
- Child Welfare Cohort (n=377)
- Matched Peer Cohort (n=188)
## Descriptive Statistics of Participants

<table>
<thead>
<tr>
<th></th>
<th>Child Welfare</th>
<th></th>
<th>Matched Peers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Initial Cohort (N = 1375)</td>
<td>Live Birth (n = 337)</td>
<td>Initial Cohort (N = 1375)</td>
<td>Live Birth (n = 188)</td>
</tr>
<tr>
<td>Current age</td>
<td>17.73 (4.03)</td>
<td>21.69 (2.13)</td>
<td>17.63 (4.03)</td>
<td>22.44 (1.86)</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>33%</td>
<td>25%</td>
<td>33%</td>
<td>21%</td>
</tr>
<tr>
<td>Black non-Hispanic</td>
<td>57%</td>
<td>66%</td>
<td>57%</td>
<td>72%</td>
</tr>
<tr>
<td>Other race non-Hispanic</td>
<td>9%</td>
<td>9%</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>Hispanic (any race)</td>
<td>1%</td>
<td>0%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Age of entry into motherhood</td>
<td>--</td>
<td>18.22 (3.35)</td>
<td>--</td>
<td>19.55 (2.02)</td>
</tr>
</tbody>
</table>
History of foster care and enrollment in home visiting

- Motherhood (%): $\chi^2 (1) = 36.68, p < .001$
- Referral to ECS (%): $\chi^2 (1) = 6.65, p < .01$
- Enrolled to ECS among referred (%): $\chi^2 (1) = 0.57, p = .45$
- Days from referral to enrollment (M): $t = -1.30, p = .19$

Matched Peers  Child Welfare
Within home visiting, women with a history of foster care are like their peers

- No significant differences in maternal/child characteristics
  - Depressive symptoms (total, subscales; ps > .10)
  - Developmental delay (ASQ total, subscale scores, ps > .10)
  - Home environment (HOME total, subscale scores, ps > .10)
Women with a history of foster care are enrolled in home visiting longer than peers.

For the number of home visits completed, the difference between Matched Peers and Child Welfare is not significant ($B = -0.01$, $SE = 0.03$, $p = .79$).

For the length of enrollment (months), there is a significant difference between Matched Peers and Child Welfare ($B = 0.17$, $SE = 0.01$, $p < .01$).

The completion rate is similar for both groups ($\chi^2 (1) = 0.32$, $p = .57$).
Meaningful subgroups and child welfare

• Foster care history may indicate a meaningful subgroup
  – Need for systematic identification
• Impact to referral, enrollment, time in program
• May also impact engagement, other outcomes
  – Attachment, compliance, follow-through
  – Involvement with child welfare (e.g., open investigations)
  – Domestic violence, partnering instability, etc.
“Active ingredients” for women with a foster care history?

• Higher referral rates indicate recognition of need
• Equivalent enrollment rates suggest challenges may occur post-referral
  – Unique strategies to promote engagement?
• Longer duration in home visiting for equal visits, completion rates may also indicate transiency, challenge
Understand vulnerability and risk for those never referred, never enrolled

• Better understand whether this subgroup is meaningful
  – Compare mothers who were and were not referred/enrolled on child welfare and foster care history, substance use, mental health, and sexual risk-taking
  – Examine reasons for not enrolling, sources of referrals
  – Identify barriers to participation, adjust home visiting delivery methods to address unique needs