Crisis Respite: Evaluating Outcomes for Children and Families Receiving Crisis Nursery Services

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ARCH National Respite Network

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Executive Summary

The ARCH National Respite Network and Resource Center conducted the Crisis Nursery Program evaluation to examine relationships between crisis respite care and (1) incidents of reported child abuse and (2) days of involuntary out-of-home placements. The evaluation also explored the differences in outcomes between crisis respite used as a secondary prevention service and as a tertiary prevention service. Four crisis respite programs were studied, the programs each located in a different county in a western state, operate as a collaborative, and follow a common service delivery model. The evaluation was conducted over 25 months, from June 14, 2004 to July 31, 2006.

Crisis respite is defined as emergency care for children, available any time of the day or night, when families are facing a crisis and no other safe childcare options are available. Crisis respite services are offered in "crisis nurseries". Two groups of families were compared using data from Child Protective Services (CPS) administrative records. Families in all groups were matched prior to analysis. The comparison group, Group A, comprised families in counties without crisis respite but who would have been appropriate for services had they been available. The target group comprised families who received crisis respite. This group was further sub-divided into two groups: Group B, families with previous histories with CPS; and Group C, families who received crisis respite and had no prior CPS involvement.

The children who received care were at high risk for maltreatment when brought to the crisis respite facilities. Clearly, they were kept safe during their stay. The study provided evidence to suggest that families who receive crisis respite services are just as likely, if not more so, to be reported to CPS for child maltreatment as are the comparison families. However, the CPS reports on target families were significantly *less* likely to be substantiated than CPS reports on comparison families. Group A was approximately 50% more likely to experience substantiation than Group B and over three times more likely than Group C. Group B was more than twice as likely as Group C to experience substantiation. Additionally, target families in Group C experienced significantly fewer episodes of foster care than did the comparison families or the target families in Group B. The data on out-of-home placement (length of stay in foster care) were not sufficiently clear or systematic to permit conclusions to be drawn about their relationship to crisis respite.

Evaluation results indicate that parents who receive crisis respite services may have an increased number of CPS referrals than they might have otherwise. However, those reports are far less likely to be substantiated than reports on children in the comparison groups, suggesting that the children are less likely to have experienced

abuse or neglect than the children in the comparison group. Additional research is needed to explore these relationships more definitively and to determine whether crisis respite services are effective in reducing future incidents of involuntary out-of-home placements.

Introduction and Overview

Emergency or crisis respite for families at risk for abuse and neglect is a service that most would intuitively consider to be beneficial. Assuming that the respite care providers are competent, and the facilities are clean and safe, a crisis respite facility may be the best choice for parents dealing with a crisis that impairs their ability to adequately care for their children. When foster care is not an appropriate placement choice, a parent's voluntary use of crisis respite could prevent child maltreatment, at least in the short term—the period of time the child is receiving respite. This report is the culmination of a study that explored whether crisis respite has a relationship to future incidents of maltreatment and to involuntary out-of-home placements.

Only a small body of research exists on the efficacy of crisis nurseries as a prevention service. A few studies have linked emergency or crisis respite with reductions in child maltreatment and days in out-of-home placements (Cowen, 1998; Bruns & Burchard, 2000). Certainly, more is needed to fully understand crisis respite's contribution to child abuse prevention. This evaluation was designed to examine the relationships between crisis respite and incidents of abuse and neglect and out-of-home placements. The evaluation also examined differences between crisis respite as a secondary prevention service—offered to families when risk for maltreatment is present but has not occurred—or as a tertiary prevention service, after previously substantiated maltreatment.

The evaluation was based on this premise: if crisis respite does prevent child maltreatment and foster care placements, when used by families at risk for maltreatment, then it can be assumed that similar families without access to crisis respite would be more likely to experience child maltreatment and placement. Researchers hypothesized that families in counties without crisis respite services would have more substantiated child abuse and neglect referrals than similar families who lived in counties that have respite services (and who received those services), and that their children would spend more days in foster care than do children of similar families who receive crisis respite.

The evaluation had three primary goals:

Goal 1: Determine the relationship between crisis respite and the incidence of child abuse and neglect.

Goal 2: Determine the relationship between crisis respite and out-of-home placement (OHP).

Goal 3: Identify differences in outcomes between parents who use crisis respite as a tertiary prevention strategy and parents who use crisis respite as a secondary prevention strategy.

Crisis Respite, Defined

The commonly accepted definition of crisis respite is a program that offers care for children, any time of the day or night, when families are facing a crisis and no other safe childcare options are available. Generally, the care is available for 3 to 30 days and includes such auxiliary services as referrals, parenting classes, and access to other supports to minimize the likelihood of future crises. The name *crisis nursery* is often used interchangeably with *crisis respite* to describe both the service and the facility where the care is provided. *Emergency respite* and *crisis care* are two other common terms applied to programs offering this type of service.

The Model

This evaluation examined four crisis nursery programs, each providing crisis respite services in a different county. The counties are in very close proximity to each other. The nurseries are part of a collaborative organization and key staff from each nursery meet monthly for mutual support, to share training opportunities, and to assist each other in ongoing planning for financial sustainability. Each nursery follows the same basic model of service provision. Understanding their service model is critical to understanding outcomes. Therefore, this section and the following will describe the program model and the degree to which the nurseries maintained fidelity to the model. In this report, the counties with crisis nurseries will be referred to as County 6, County 7, County 8 and County 9. The two primary services offered by these nurseries are:

1) Crisis respite for children, age birth to five, whose families are in crisis situations that might place the children at risk for abuse or neglect. Trained childcare professionals in the crisis nurseries provide childcare 24 hours per day, seven days per week.

2) Family support services to mediate conditions that may lead to future crises. The support services are provided by case management staff, who, in partnership with the parents, explore the family's needs and identify resources that will assist the parents in creating and/or maintaining a safe, nurturing home for their children. The nursery also provides families with concrete supports such as clothing, food, diapers, and so on.

The crisis nursery facilities are similar in appearance to other homes in their neighborhoods. However, they are adapted to meet state community care licensing requirements and are furnished, decorated and equipped appropriately for the children they serve.

Philosophy/Underlying Theory of Treatment

Children from birth to five are believed to be at greatest risk of neglect and abuse (Limbos & Berkowitz, 1998; Fluke, Shusterman, Hollinshead, & Yuan, 2005; Agran Anderson, Winn, Trent, Walton-Haynes, & Thayer, 2003). During high stress or volatile situations, crisis nurseries can keep children safe and possibly prevent unnecessary foster care placements.

The nurseries studied embrace an ecological model that recognizes that both the family and the entire community play roles in preventing child maltreatment (Rogosch, Cicchetti, Shields, & Toth, 1995; Bethea, 1999), and that providing respite without addressing the family's greater needs is not sufficient if long-term safety for children and families is the ultimate goal. Therefore, while the children are in respite care, support services are available to the parents. In addition, the availability of crisis respite services, at no cost and with complete confidentiality, removes a barrier that families in crisis often face: finding safe and affordable emergency care for their children without relinquishing legal custody.

The nurseries using the model under investigation share the same program goals:

- increase the level of safety for children 0-5 years of age whose families are experiencing crises or very stressful times in their lives.
- increase the parenting skills of parents who are experiencing a crisis or whose children may be at risk for abuse or neglect.
- increase the ability of parents to provide safe, nurturing, and stable home environments for their children.

The nurseries target the same desired outcomes:

- Children ages 0-5 whose families are unable to provide safety due to a crisis related to domestic violence, homelessness, and other stressful situations will be kept safe until their families can resume their care.
- Children ages 0-5 will not be placed in foster care while their parents address a crisis related to domestic violence, homelessness, and other stressful situations but can otherwise provide a safe home for their children
- Parents will be able to maintain their children in safe, nurturing environments when their children return home from crisis respite care.

The model components include:

- Overnight care for children ages 0-5.
- Minimum 24-hour stay (before January 2005; see *Description of Services* for fuller explanation)
- Maximum stay of 30 days
- Volunteers who interact with the children and provide additional supervision (volunteers augment but are not in lieu of childcare workers; therefore, they are not counted for purposes of meeting required staff-to-child ratios).
- Parent support/case management services, including referrals to appropriate community resources (such as substance abuse treatment and mental health services) and access to concrete supports in time of need (food, clothing, diapers).
- Parent visitation; parents are required to visit children at least every other day and make daily phone contact, unless the nature of the crisis makes that impossible.

The nurseries examined in the evaluation share the same program components, with two exceptions: volunteers were not used in one of the nurseries during the evaluation but were used in the three other nurseries; and one of the nurseries did not always offer overnight care during the evaluation period. Both of these variations are discussed in the *Description of Services* and *Staffing* sections of this report. Also, while all of the nurseries provided case management services to their clients, the service delivery varied between nursery sites and between case managers. This variation is also discussed in the *Description of Services* section of this report.

Population Served

The nurseries serve extremely vulnerable families and children, primarily single mothers (73% of the families) with young children at risk of abuse and neglect. Families using the crisis nurseries typically experienced chronic difficulties related to housing, employment, alcohol/drug use, mental health, parenting, domestic violence, medical needs, or legal problems. Parents generally contact a crisis nursery when they have no friends, relatives, or other resources to help when they are in crisis. Parents in the evaluation used the nursery on a strictly voluntary basis. More details on the demographics of the families are shared in the *Analysis and Results* section of this report.

Eligibility

The nurseries are open to most children from birth to 5 years of age whose primary caregivers are in a crisis situation. This includes families who have an open Child Protective Service (CPS) case, but only if the children are in the parents' custody. On occasion, children who have turned six are allowed to stay at the nursery when it is deemed in the family's best interest (e.g., to avoid separating siblings during crisis).

In addition, the nurseries also contract with the local Child Protective Service agencies to provide short-term care to children who have been placed in protective custody. The number of beds designated available for CPS placements varies by nursery. The families of the children in CPS custody were not included in this study.

All the nurseries share the same exclusion criteria. Specifically, children who have a communicable illness or an elevated fever are not accepted at any of the nurseries. Children who are believed to be a danger to themselves or others (i.e., sexually acting-out behavior, severe aggression) are also not accepted at any of the nurseries. Finally, children who have serious medical conditions that require shots, tube feedings, dialysis, or any other specialized care or staff training are excluded.

All nursery staff members are mandated reporters. Each of the nurseries accepts children with signs of neglect or abuse, but personnel are required to report their suspicions to their county CPS agency. Certainly, if issues placing a child at high risk for maltreatment are not effectively addressed prior to the child leaving the nursery, a CPS referral will be made.

Priority

In general, families are accepted on a first come, first served basis. When no beds are available, or when beds are limited, all of the nurseries give priority to the most

serious crisis situations. Stabilized respite families can be "bumped" or a stay can be shortened if another family in severe crisis needs the respite. Although the nurseries reportedly share the same criteria for crisis identification, determination of the severity of a crisis is fairly subjective; no rating scale or similar system is used to determine the level of crisis. Case managers rely on their training and experience to assess the intensity of crisis situations.

Description of Services

During the time the children are in the nurseries, the staff and volunteers provide their care and supervision. The day-to-day care and activities include, but are not limited to, bathing, feeding, nurturing, administering medications, and playing. The nurseries have structured daily schedules for the children, including specified times for meals, play, reading, naps, and other activities. Based on the observations of the evaluation project coordinator and on nursery staff reports, all of the nurseries appear to provide respite care in the same manner, with no notable variations.

During the child's stay at the nursery, parents are required to call the nursery daily and visit their child every other day, at a minimum. The nursery provides a clean, child-friendly environment with age-appropriate materials for the visits. During the visits, staff model positive, effective methods for guiding the children's behavior to support the parents to improve their parenting skills.

At the start of the evaluation, the program design required a minimum stay of 24 hours. This requirement was based primarily on state licensing parameters set forth in the state's Code of Regulations. However, as a result of United States Senate Bill 855, which was signed into law in September 2004 and took effect January 1, 2005, the nurseries became able to provide crisis care for periods of less than 24 hours, with some limitations. Among other benefits, this change allowed the nurseries to better address the needs of parents whose "crisis" was primarily related to needing safe, reliable day care when their regular care provider became unavailable without notice. Several of the nurseries also pursued and received additional licenses permitting them to provide "traditional" day care services. The dual license allowed for more flexibility with day care clients. "Traditional" day care families were not included in this study.

The maximum length of overnight care, specified by state regulation, is 30 consecutive days. In critical cases (for example, if the parent is in a 90-day drug treatment program) some nurseries reported that they discharged the child after 30 days and then conducted a new intake for the child after 24 hours, thus ensuring that state guidelines were met. Otherwise, the nurseries stuck to the 30-day maximum unless they received a waiver from the licensing agency.

While the children are in care, the parents are supposed to receive individual case management support from a case manager. Three of the nurseries have on-site case managers. One nursery partnered with an agency called “Resource and Referral” that provided much of the case management to their clients.

The case management model is primarily directed at stabilizing the presenting crisis. Specifically, a case manger works with the family to identify the factors that led the family to a state of crisis (both obvious and latent issues). The case manager then seeks to connect the parent to community resources to help manage the current crisis and prevent future ones. Once referrals have been made, the case manger is expected to routinely check in on the parent’s progress by phone and face-to-face, and provide encouragement and additional referrals as needed.

Some level of case management support was provided to all nursery families. At the start of services, each parent received an intake assessment, primarily conducted by the case managers. Exit interviews were usually, but not always, conducted with the parent, as well. Aside from the intake and exit process, the delivery of case management services appeared to differ somewhat from one nursery to the next, and from one case manager to another. Inconsistencies in the provision of services were often due to the difficulties associated with scheduling meetings with families whose schedules are often unpredictable.

The case management model specifies the use of an *Action Plan*, which is to be completed jointly by the parent and the case manager. The plan outlines the three most critical tasks the parent needs to accomplish to resolve the presenting crisis and/or prevent future crises. The tasks listed in the Action Plan may include the case manager’s recommendations for action and any related referrals. While all the nurseries intended to use an Action Plan, how it was used and the frequency of its use varied. For example, one case manager reported using the Action Plan regularly as described above. Another case manager reported that she did not regularly use a plan in her service delivery but was trying to do so more often. Another case manager reported that “there are no set ways or numbers for our Action Plan.” She had a tendency to be more specific than her predecessors with the items in the plan, she reported, and typically included timelines. Although use of the Action Plan varied within each nursery, there was more uniformity within nurseries than among them.

Among the nurseries, the level of case management support was determined based on clients’ individual needs. The frequency and amount of time a parent spent with the case manager varied from nursery to nursery, and from one case manager to the next. For example, one case manger reported that she tried to schedule a

private, face-to-face meeting, of 15 to 30 minutes, with each parent at least once a week. Another case manager reported that she did not have a set plan or goal for either the frequency or length of her meetings with parents. Much of her contact with parents was in passing, she reported, and face-to-face meetings to review progress were rare.

The case management model specifies that support continue as long as the parents' children are in the nursery. However, during follow-up interviews with evaluation participants, those who reported that they were experiencing difficulties received caseworker support that they otherwise would not have had. For example, if a participant reported having problems to the case manager during the interview, the case manager would likely make recommendations and referrals as appropriate. At least two nursery sites plan to continue contacting parents, similar to the evaluation follow-up interviews. The ongoing contact with target families that was required for this evaluation may have contributed to the outcomes. This will be discussed in the *Findings* section of this report.

Staffing

Since the program model is residential, staff coverage is generally 24 hours, although one nursery discontinued overnight care for approximately seven months prior to eventually closing. Each of the nurseries has the same minimum staffing structure as required by state regulations. Staff includes a case manager who is a masters-level social worker, an administrator, and childcare workers. The minimum staffing ratio for direct-care staff is 1 staff person for 3 children. During the evaluation volunteers were used at all but one nursery, although that site intends eventually to use volunteers. Volunteers serve as backup and increase the amount of individual attention the children receive. They report progress to childcare workers and generally do not discipline. However, a few volunteers went through the childcare workers' training and were given more responsibilities. The minimum requirements for nursery staff are: must be 18 years of age, have criminal record clearance, and first aid certification.

Additional Support Services

Besides caring for children and providing support services to parents, the nurseries offer additional support services to the entire family. These can be both hard, or *tangible*, services and soft, or *intangible*, services. Tangible services vary between nurseries. At one, the children receive handmade coats; at another they receive backpacks; at a third, new shoes and a handmade quilt; and at a fourth, new shoes and socks. The nurseries also pass on to families donations they receive, such as clothing, food, diapers, cups, shoes, toys, car seats, furniture, and books.

Two nurseries, which both have vans, offer their clients transportation as needed, most often for intake, visits with the children, doctor's appointments, and school. They also provide bus passes when appropriate. The other two nurseries did not have agency vehicles but provided transportation periodically.

Intangible services are provided through referral and case management. Three nurseries used in-house case managers; the fourth contracted with an outside service for case management. The nurseries each have cooperative relationships with other helping organizations in their communities. For example, one nursery relies heavily on its relationship with a medical clinic for health care for the children as well as with a recovery program for treatment or counseling for parents. The quality and availability of resources vary in each county, with housing, day care, and mental health services most often identified by nursery staff as insufficient for meeting their families' needs.

Evaluation Methodology

The evaluation was a two-group design and compared the outcomes of families who received crisis respite services (Target Group) to matched families in demographically similar counties that did not have access to crisis respite services (Comparison Group). The groups were tracked for 12 months to measure differences in 1) number and duration of out-of-home placements (OHPs), and 2) number of substantiated reports of abuse and neglect. The evaluation also included intra-group comparisons of the target group on the above variables, as well as some qualitative variables related to post-respite experiences.

Thus, the target and comparison groups were made up of three sets of families identified as Groups A, B, and C.

Group A: The comparison group; family selection was based on information from comparison county CPS agencies

Group B: Target families who were first-time crisis nursery clients and either were referred to one of the four participating crisis nurseries by a CPS agency or had prior CPS involvement; to participate, families gave informed consent. Although the evaluation's goal was 125 families for Group B, the actual count was 96 families.

Group C: Target group of consenting families who self-referred to any of the participating crisis nurseries but had no prior history with CPS. These families also were first-time users of the service. The evaluation's goal was also 125 families for Group C; the actual count was 58 families.

Creation of Comparison Data

Each of the four counties with crisis nurseries was paired with demographically similar counties (and sometimes partial counties). In addition, children were matched on the basis of substantiation, gender, ethnicity, date of referral, and age in months. Matching was iterative and continued until all cases from crisis nursery counties were matched or until all reasonable matching combinations were exhausted. Typical matches include:

- Match 1 - exact match on substantiated allegation, gender, *and* ethnicity; referral within +/- 6 months; child age at time of referral within +/- 3 months.
- Match 2 - exact match on substantiated allegation, gender *or* ethnicity; referral within +/- 6 months; child age at time of referral within +/- 3 months.
- Match 3 - exact match on substantiated allegation; referral within +/- 6 months; child age at time of referral within +/- 3 months.
- Match 4 – exact match on gender and ethnicity; referral within +/- 6 months; child age at time of referral within +/- 3 months.
- Match 5 - exact match on gender or ethnicity; referral within +/- 9 months; child age at time of referral within +/- 6 months.

Final Sample

The final sample (target families and comparison families) was divided into the three previously defined groups. Group A came to the attention of CPS between June 15, 2004 and February 28, 2006; Group B had a history with CPS but first used a crisis nursery between June 15, 2004 and February 28, 2006; Group C also first used a crisis nursery between June 15, 2004 and February 28, 2006 but had no history with CPS.

The evaluation counted all CPS referrals for each family and all foster care placement episodes for each child that occurred between June 15, 2004 and July 31, 2006, the end of follow-up.

Final Sample Size and Distribution

Group	Count	Overall Percentage	Percent of target
Group A	468	75.2%	NA
Group B	96	15.4%	67% of target
Group C	58	9.3%	38% of target
Group B & C combined	154		
Overall Total	**622**	**100**	**NA**

Data collection, procedures, and instruments

Families for Groups B and C began entering the study on June 15, 2004. In the initial data collection process, evaluators obtained signed, informed consent from nursery clients, gathered CPS data on participants, and conducted the ARCH CR1 survey with participants when they picked up their children from the nurseries at the end of their crisis respite care.

Once target families consented to participate, evaluators provided identifying information from the consent forms to the appropriate CPS office. The CPS agencies then provided data identifying which target families had earlier CPS referrals (which would place them in Group B) and which had no prior referrals (placing them in Group C). Target families were added to the evaluation through February 28, 2006.

CPS tracked the target families for 12 months from their start date, or until the data collection period ended on July 31, 2006, and provided project staff with information on abuse or neglect referrals received by CPS, including the dates and dispositions of the referrals, as well as dates, if any, when children were placed in foster care.

When parents in Groups B and C picked up their children from the nurseries, each was to complete the *Crisis Respite 1* (CR1) survey form developed by ARCH National Respite Network (see Appendix 1). The form asks parents to report on such issues as levels of stress, the presenting reasons they sought crisis respite, the extent to which they were able to resolve the issues that led them to need crisis respite, and their alternatives to crisis respite, had a program not been available. Although most parents completed the survey, some did not, for a variety of reasons (for example, someone else may have

picked up the child; the parent may have refused to complete it; the children may have been placed in protective custody rather than released to the parent, and so on).

In addition to completing the CR1 form, parents in Groups B and C were scheduled for follow-up interviews at one, three, and six months following their first use of crisis respite. The interviews included such topics as children's exposure to violence, parents' resolution of issues related to their need for crisis respite, the most important nursery service as perceived by parents, how the services could be improved, parents' perceived level of stress, and their use of formal and informal support systems. (See appendix 2 for the interview format.)

Attrition

Because evaluation participants were extremely mobile and faced issues that impacted their ongoing ability to participate in the study, the evaluation team expected an attrition rate of 25%-50%, determined by the number of participants who completed follow-up interviews. The actual attrition rates varied widely among nurseries. One nursery, for example had an attrition rate of 24% at the one-month interval, 44% at the three-month interval, and 37% at the six-month interval. Attrition rates at another nursery were 50% at the one-month interval, 54% at the three-month interval, and 61% at the six-month interval. In addition to client mobility, nursery staff turnover also played a roll in the reduced number of completed interviews.

To minimize attrition, parents in Groups B and C received gift cards for participating in the follow-up interviews: a $20.00 gift card after the first interview, a $30.00 gift card after the three-month interview, and a $35.00 gift card after the six-month interview. At each interview, families were given a stamped postcard addressed to the project coordinator with the date of the next interview and space for the participant to give their contact information if they relocate. Some nurseries also sent parents refrigerator magnets with interview due dates as reminders.

The evaluation questions were measured using CPS administrative records, parent reports from the CR1 parent survey, and follow-up interviews with target families at one-, three-, and six-month intervals.

To put the findings from the CPS administrative data into perspective, findings from the parent survey and interviews are reported first.

Findings from the CR1 Parent Survey

At the onset of the evaluation, the researchers' objective was to obtain 125 families for each of the two target groups (B & C). This would comfortably allow for the inevitable attrition among a very mobile target population. Researchers expected that the total

number of participants in the combined target group (B & C) would be 175 at the close of the evaluation.

Sixty-two percent (62%) of the target families had prior CPS involvement and thus were assigned to Group B. The remaining 38% of the families had no documented CPS involvement prior to the evaluation and were assigned to Group C.

The 153 evaluation families included 244 children. Ninety-eight percent of the caregivers were birth parents; the remaining 2% were grandparents. The demographics show that a very high-risk population uses crisis nursery services. Seventy-four families were headed by a single parent. Nearly half the families, 49%, were either in transitional living arrangements (in shelters or living temporarily with friends or family) or were homeless. The parents' education spanned the full range of options, from not having finished high school to having a college degree. The following table presents additional demographic information on the families.

Table 1. Family Demographics

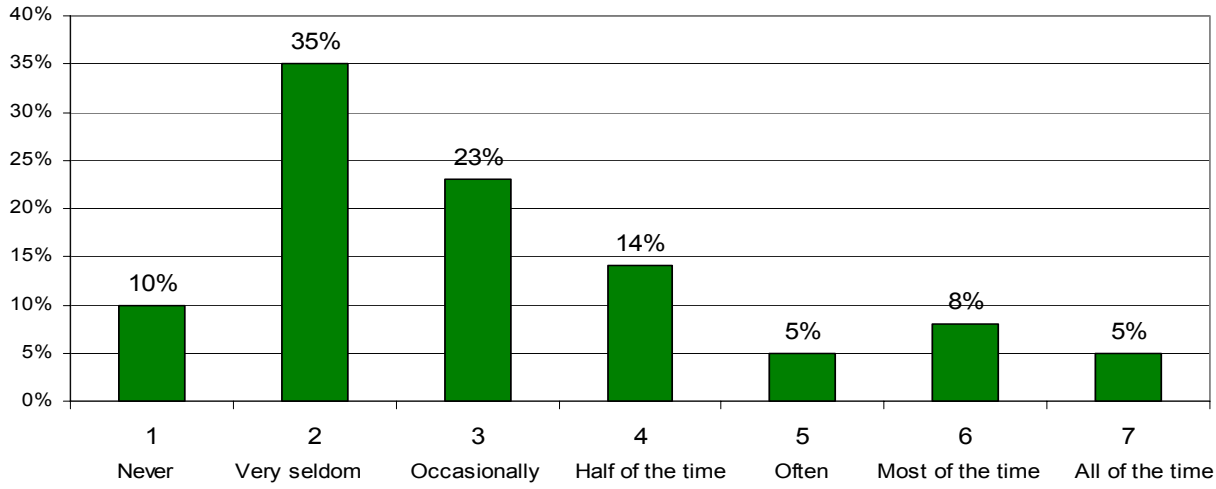
Caregiver Marital Status N=137				
Married	Single	Divorced	Widowed	Separated
25%	45%	18%	3%	9%
Family Housing Situation N=136				
Own	Rent	Transitional	Homeless	
7%	44%	29%	20%	
Caregiver Education Level N=136				
No HS/GED	HS or GED	Some college	4 yr degree	
29%	34%	32%	5%	
Family Income level N=133				
$0-10K	$10-20K	$20-30K	$30-40K	$40-50K
63%	25%	8%	2%	2%

About 75% are single, divorced, widowed, or separated and therefore most likely parenting alone. Only 25% percent of the caregivers were married at the time that they sought respite. Sixty-three percent (63%) of the caregivers had only a high school level education or less. Most of the families reported incomes below the federal poverty threshold.

The CR1 survey provided considerable insight into the realities of the target population. Responses to some of the CR1 survey questions are below.

Parents had few resources for emergency childcare. Parents were asked, “Without services from this program, are you able to access safe and reliable childcare in an emergency?” Nearly half answered either “never” or “very seldom” on a 7-point Likert scale.

Figure 1. How often parents reported being able to access reliable childcare in an emergency. N=91(Mean 3.11, Standard Deviation, 1.61)



Close to a third of the parents have less than a high school education; 63% support families on less than $10,000 annually; nearly half (49%) were homeless or living in transitional housing; and 75% were single parents. Clearly, the nurseries are serving a high-risk population. Moreover, as Figure 1 shows, most parents have few, and sometimes no, reliable caregivers for their children when an emergency arises.

Parents were asked to identify the main reasons they sought respite services. Most respondents indicated they needed respite so they could address multiple issues. The most commonly reported areas of concern were housing, employment, and self-care, although nursery staff suggested that underreporting was likely for the categories of alcohol/drug use, mental health, and domestic violence.

Table 2. Reasons Caregivers Sought Respite

Education	3%	Caregiver medical needs	16%
Risk of abuse or neglect	4%	Housing	37%
Alcohol/drug	7%	Employment	29%
Legal	10%	Self care	26%
Domestic Violence	13%	Other	20%
Mental Health	14%	Parenting difficulties	16%

The following tables indirectly examine the possibility of foster care placements in the absence of respite services. In Table 2, parents' responses illustrate the poor options these families had available to them, and suggest that the nursery services may have protected the children from abuse and neglect situations.

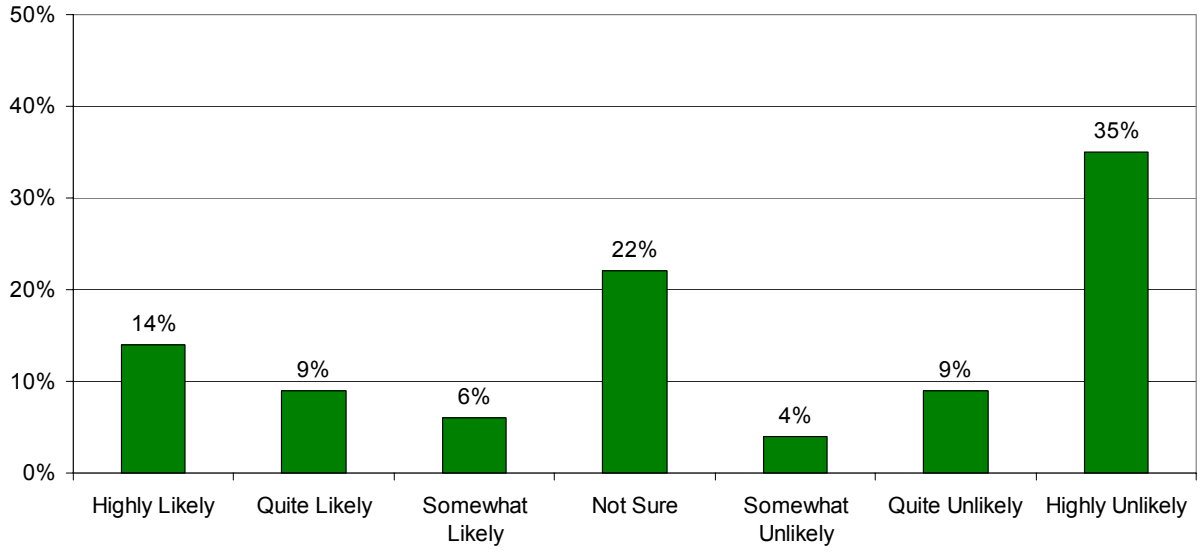
Table 3. Parents' alternative childcare if crisis nursery had not been available. N=120

A	Missed school, work or job interview/opportunity.	9%
B	Delay attending to my own or other family member's medical.	7%
C	Kept child with me in a situation that may have been inappropriate for a child.	27%
D	Left child with someone that I did not feel comfortable with as a caregiver to my children.	18%
E	Kept the child with me in an environment where he/she may have been exposed to danger.	15%
F	Left child in the care of another child.	1%
G	Left child unattended.	0%
H	Requested a foster care placement.	10%
I	Other.	18%
J	I would prefer not to answer.	7%

While only 10% of parents said they would choose H (requested a foster care placement), fully 67% would have chosen categories B, C, D, or E, suggesting that without crisis respite, children may have been at risk of maltreatment or endangerment. Furthermore, parents' reports regarding foster care placement are quite revealing (see Figure 2). Over a quarter of the families thought it was likely that their children might have been placed in foster care had the nurseries not been available. An additional 22% of the families reported that they were unsure about the likelihood of foster placements. Thus, nearly half the parents responding acknowledged the risk of voluntary or involuntary placement of their children into foster care.

There is a possibility of under-reporting in an area as sensitive as the risk or likelihood of a foster care placement. In fact, based on CPS administrative data, 19.5% of the target families (22 families in Group B and 5 in Group C) actually did have at least one child placed in foster care over the course of this study.

Figure 2. Parent assessment of the likelihood of foster care placement had services not been available, N=113 (Mean 3.38, Standard Deviation 2.21)



As with the CR1 survey, each of the 153 parent participants was to complete a follow-up interview during the first, third, and sixth month following their use of the nursery, to track their status after receiving services. Some of the interview questions were geared towards assessing how well the family was coping following respite, and the degree to which parents had followed up on any referrals they were given.

The most common referrals made by case managers, in order of frequency, were for housing, day care, parenting assistance, mental health services, and employment services. According to the responses on the one- and three-month interviews, parents pursued over 75% of the housing referrals and over 70% of the employment referrals, which effectively resolved the targeted issues. However, parents pursued less than 40% of the mental health and parenting referrals to the point of resolving the targeted issue. Interestingly, parents pursued approximately 89% of the day care referrals, but apparently the referrals did not adequately address the issue. Over 65% percent of the parents who reported that they had followed up on the day care referrals also reported that day care was still an issue. This suggests deficiencies in day care assistance services in the target counties.

Resolution of Problems Leading to the Need for Crisis Respite

Other interview questions were directed at determining how much progress parents had made on tasks outlined in their Action Plan. While not all participants had three tasks on their Action Plan, most had a plan with at least one task. The tables below show parents' assessment of their progress on their number 1 task.

Table 4. Progress on action plan, 1 month interview

Progress on action plan, 1 month Interview

Progress	Plan 1, N=74
Resolved/No longer an issue	42%
Partially Addressed/No longer an Issue	14%
Partially Addressed/Still an Issue	39%
Not addressed/Still an Issue	5%
Not Addressed/no longer an issue	0%

At the three-month interview, 74% of the families reported that the issue was no longer a problem.

Table 5. Progress on action plan, 3 month interview

Progress on action plan, 3 month Interview

Progress on action plan	Plan 1, N=65
Resolved/No longer an issue	63%
Partially Addressed/No longer an Issue	9%
Partially Addressed/Still an Issue	25%
Not addressed/Still an Issue	2%
Not Addressed/no longer an issue	2%

It is possible that the majority of the parents were able to resolve the issues on their Action Plans because they followed through with the recommendation and referrals provided by the nursery case mangers. However, the interview did not look at other reasons for resolution.

Somewhat contraindicated by the parents' report on problem resolution was their report as to the likelihood that they would need nursery services in the future (see Table 5). At the three-month interview, 73% reported that the main problem that led them to first use the nursery had been resolved, but 84% reported that it was likely or highly likely that they would need services in the future. Possibly, the parents anticipated future crises that they would not have the necessary outside supports to overcome.

Table 6. Parent report on likelihood that they would need nursery services in the future.

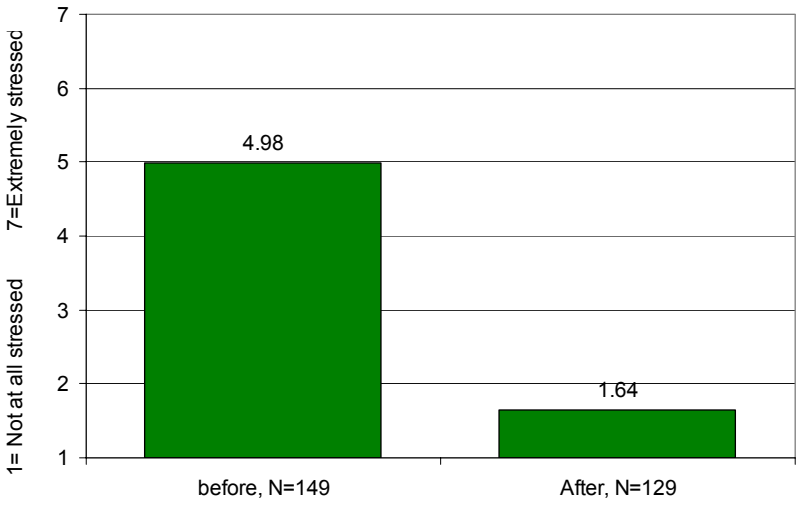
	1-Month, N=76	3-Month, N=68	6-Month, N=69
Highly Likely	67%	60%	74%
Likely	8%	24%	14%
Unlikely	4%	6%	3%
Highly Unlikely	21%	10%	10%

At the one-month interview, 75% of the respondents reported that it was "likely" or "highly likely" that they would use the nursery again in the future if they needed to. The percentage increased to 84% by the three-month interview, and to 88% by the sixth month. At the conclusion of the evaluation, fully 73% of the participants had visited the nursery a second time. Thus, these parents, most of whom face numerous challenges to family life, are making repeated, if infrequent, use of the crisis nurseries to help resolve those challenges.

Parent Stress

Parents reported on their stress levels in the CR1 survey as well as on the follow-up interviews. The CR1 survey asked parents to rate their stress levels immediately before receiving respite and immediately following respite care (see Figure 3). Parents were also asked to rate their level of stress one, three, and six months following the initial respite.

Figure 3. Parent report of stress before and after respite.



Just over half (51%) of the parent participants reported being “extremely” or “very” stressed prior to accessing respite care; the most frequent response, accounting for 34% of respondents, was “extremely stressed.” Another 13% of the parents reported being “quite stressed.” Conversely, nearly three-fifths (57%) of the parents reported being “not at all stressed” or only “slightly stressed” immediately following the respite care. Perhaps even more notable is that a combined total of only 4% percent of the parents reported being “extremely” or “very” stressed after they received respite care.

Approximately 70% of parents reported moderate or minimal levels of stress at their one- and three-month interviews. These figures suggest that the majority of parents were dealing with manageable levels of stress at the time of follow up. At the six-month interview, 66% of the parents still reported moderate or minimal stress levels. Ten percent or fewer parents reported “severe” stress at each of the three interviews.

At the one-, three-, and six-month interviews, parents were asked a series of questions related to their safety and that of their children. When asked, “At the present time, do you have any concerns about your child(ren’s) safety or well-being?,” on average only 13% of the parents responded affirmatively (13% at the one-month interview, 12% at the three-month interview, and 14% at the six-month interview).

When asked, “Have you or your children witnessed or otherwise been exposed to violence in the last 30 days?,” 10% of parents at the one-month interview and 3% at the three-month interview answered affirmatively. The vast majority of these parents reported that the “violence” was primarily verbal abuse from family members. At the six-month interview, approximately 14% of the respondents reported exposure to violence in the

previous three months. At this interview, parents reported that almost half of the violence involved physical aggression.

Several questions on the follow-up interviews were designed to identify what services had the greatest impact on the families, and what could be done to improve the nurseries' services. When parents were asked what aspect of the nursery's services were most helpful to them, their responses revealed three primary themes: safety, availability, and the care children received.

When parents were asked how the nurseries might improve their services, a large majority of parents (approximately 70%) said there was no need for improvements, or that they couldn't think of anything at the time.

Approximately 15% of the respondents reported that the program could be improved by modifying certain policies or the structure, such as having more flexible visitation hours, increasing the permitted length of stay, and adding or increasing transportation to and from the facility.

Parents also suggested adding locations and improving overall availability. A small percentage (approximately 9%) of respondents expressed concerns about staff and a desire for improved training and staff-client ratios.

Overall, the responses to the above questions suggest that participants were particularly pleased with the care their children received and the case management services they received. This is further supported by responses to other questions on the follow-up interviews.

To summarize the qualitative data obtained through structured interviews with parents in the study, the majority of parent participants were satisfied with the services because the nurseries provided a safe haven for children during times of family crisis; respite care greatly reduced parents' stress levels, which were very high prior to using the service; and the services or referrals they were offered helped ameliorate or resolve the issues that led to crisis respite. At least for those persons who could be located for the follow-up interviews, these positive findings were sustained. It is also clear, however, that crisis nurseries are first and foremost a service intended to keep children safe during family crises. The case management and referral services provided by crisis nurseries are more effective in addressing "situational" crises, like housing and employment, than in addressing clinical/behavioral issues, like alcohol/drug use or mental health issues.

Quantitative Analyses and Findings

All families in the study were tracked for CPS involvement for 12 months from their start date, or until the data collection period ended July 31, 2006, whichever came first. CPS staff provided comprehensive referral and placement information for children from comparison and target counties who had been involved in their system. Specifically, the CPS agencies provided: dates of referrals, the nature of the referral (abandonment, neglect, physical abuse, etc.), the disposition of the referral (screened out, unfounded, etc.) and the dates children entered and left foster care.

The CPS data were analyzed to determine if and how Groups A, B, and C differed with regards to referrals and placements during the evaluation period.

Analysis and Findings from CPS Administrative Records

The three primary quantitative evaluation questions were:

1. Is the number of subsequent CPS referrals (either substantiated or inconclusive) different for parents in Group A and Groups B and C, and between Groups B and C within the crisis nursery counties?

2. Are there differences in the number of subsequent referrals among the crisis nursery counties?

3. Is the number of days in out-of-home placement (OHP) different for children in Groups A, B, or C?

The study used an alpha level of .10 to assess statistical significance (instead of the usual .05). This was done to compensate for the large imbalance between group sizes and the resulting loss of statistical power due to the smaller-than-desired size of Groups B and C. By increasing alpha the study was able to detect smaller differences than would otherwise have been possible, given the small samples.

Is the number of subsequent CPS referrals (either substantiated or inconclusive) different for parents in Groups A and B, and between B and C? Significant differences were found between A and C and between B and C, but not between A and B.

Table 7. Number of Referrals per Family by Group

Group	Mean	Std. Deviation	N
A	3.09	2.62	468
B	2.94	3.48	96
C	.72	1.49	58
Total	2.85	2.77	622

Results of an analysis of variance (ANOVA) indicate an overall significant difference between groups ($p < .001$). Three preplanned contrasts were conducted to determine if groups are significantly different. Preplanned contrasts (comparing A to B, A to C, and B to C) indicate no significant difference between A and B ($p = .69$), but there are significant differences between B and C ($p < .001$) and between A and C ($p < .001$), such that Group C has significantly fewer referrals than either Group A or Group B.

Table 8. Number of Referrals per Family by Group and County

Group	County ID Number	Mean	Std. Deviation	N
A	1	2.68	1.84	83
	2t	2.87	2.49	178
	3	2.50	2.34	53
	4	3.65	1.98	20
	5	3.79	3.18	134
Total for Group A		**3.09**	**2.62**	**468**
B	6	3.40	2.88	5
	7	2.76	2.27	13
	8	2.93	3.73	72
	9	3.16	3.76	6
Total for Group B		**2.94**	**3.48**	**96**
C	6	.00	.00	2
	7	.90	1.81	11
	8	1.00	1.41	22
	9	.43	1.47	23
Total for Group C		**.72**	**1.49**	**58**

Although there were significant differences in referrals between Groups A and B, no differences in the number of subsequent referrals were found among the crisis nursery counties.

Table 9. Number of Referrals per Family by Target County, with CPA and non-CPA Families Combined

County	Mean	Std. Deviation	N
6	2.42	2.87	7
7	1.91	2.24	24
8	2.47	3.42	94
9	1.00	2.34	29
Total	2.11	3.09	154

Results of the ANOVA indicate no significant effect for the target county ($p = .155$).

Although the means among the counties vary considerably, the standard deviation is also very high, indicating that apparent differences are not reliable, thus making it difficult to distinguish systematic differences from normal variation.

Most (62%) of the target families were referred to CPS at some time during the study. Group C, the target group that had no previous CPS referrals, did have significantly fewer referrals than Groups A or B; but Group B, the target group with prior CPS involvement, had significantly more referrals than did the comparison group. That the target families in Group B had more subsequent referrals than the comparison families was not an unexpected finding. Because of the routine contact that target parents had with nursery staff, the elevated number of referrals in Group B could be the result of a "scrutiny effect." When mandated reporters have a great deal of contact with families in such high-risk situations, there is an increased likelihood of CPS referrals.

One factor that supports this supposition is the overlap in dates between nursery discharge and CPS referral: children from target families were referred to CPS and/or placed in protective custody on dates that often overlapped with the dates they were at the nursery. In other words, on some occasions, referrals were made to CPS the same day the child was discharged from the nursery. On other occasions, the child was referred to CPS during his or her nursery stay; in that case, protective custody dates and nursery care dates were simultaneous for a portion of the stay. After discussing this apparent relationship with the nursery staff, researchers determined that some overlaps occurred because the nurseries required reports to CPS of suspected child abuse. Although some nursery staff reported that referrals to CPS are seldom made on more than approximately 5% of the families served, it is likely that many of the referrals made to CPS during the dates that the children were receiving care came from nursery staff. The other referrals were made by sources unrelated to the nursery.

Severity of Subsequent Referrals

To see if there were any differences in the severity of referrals among groups, researchers examined the type and number of allegations, the type and number of response, and the type and number of substantiations. Fifty-two percent of target families had a referral during the measurement period. Fifty-eight families did not (19 from Group B and 39 from Group C). Descriptive information about the number of allegations is presented first, followed by the results of the statistical analysis.

Figure 4: Descriptive Analysis: Number of Allegations per Family by Group

Group A	Number of Allegations	Frequency	Percent	Valid Percent	Cumulative Percent
	1	175	37.4	37.4	37.4
	2	80	17.1	17.1	54.5
	3	65	13.9	13.9	68.4
	4	38	8.1	8.1	76.5
	5	41	8.8	8.8	85.3
	6	20	4.3	4.3	89.5
	7	18	3.8	3.8	93.4
	8	9	1.9	1.9	95.3
	9	7	1.5	1.5	96.8
	10	4	0.9	0.9	97.6
	11	3	0.6	0.6	98.3
	12	5	1.1	1.1	99.4
	14	1	0.2	0.2	99.6
	15	1	0.2	0.2	99.8
	18	1	0.2	0.2	100
	Total	**468**	**100**	**100**	

Group B	Number of Allegations	Frequency	Percent	Valid Percent	Cumulative Percent
	1	23	24	29.9	29.9
	2	15	15.6	19.5	49.4
	3	12	12.5	15.6	64.9
	4	8	8.3	10.4	75.3
	5	4	4.2	5.2	80.5
	6	5	5.2	6.5	87
	7	2	2.1	2.6	89.6
	8	1	1	1.3	90.9
	9	1	1	1.3	92.2
	10	2	2.1	2.6	94.8
	12	1	1	1.3	96.1
	15	2	2.1	2.6	98.7
	18	1	1	1.3	100
	Total	**77**	**80.2**	**100**	
	No Allegations	**19**	**19.8**		
	Total	**96**	**100**		

Group C	Number of Allegations	Frequency	Percent	Valid Percent	Cumulative Percent
	1	11	19	57.9	57.9
	2	3	5.2	15.8	73.7
	3	1	1.7	5.3	78.9
	4	1	1.7	5.3	84.2
	5	1	1.7	5.3	89.5
	6	1	1.7	5.3	94.7
	7	1	1.7	5.3	100
	Total	**19**	**32.8**	**100**	
	No Allegations	**39**	**67.2**		
	Total	**58**	**100**		

Number of allegations

With respect to overall differences in the average number of allegations, results of an ANOVA indicate an overall significant difference between groups ($p = .07$). A specific contrast between Groups B and C indicates a significant difference ($p = .017$). The specific comparison suggests that there may be an important difference between these groups. The mean number of allegations for Group B is 65% higher than the mean for Group C. The mean number of allegations, by group, are presented in the following table.

Table 10. Allegations of child maltreatment by group.

	N	Mean	Std. Deviation
Group A	468	3.09	2.62
Group B	77	3.66	3.49
Group C	19	2.21	1.9
Overall	**564**	**3.14**	**2.74**

Type and Severity of Allegation

In addition to the number of allegations, CPS administrative records also provided information on the type of allegation by these categories: substantial risk, general neglect, sexual abuse, caretaker absence/incapacity, physical abuse, severe neglect, exploitation, at-risk sibling abused, and emotional abuse.

Information was also provided on how much time passed prior to a worker's response to the allegation. The response time categories are: evaluate out (i.e., no response), immediate, 3 days, 5 days, and 10 days.

Disposition data were also provided so that comparisons in the outcomes of a given referral could be tracked and groups could be compared by disposition, according to three categories: Unfounded, Inconclusive, and Substantiated. Generally speaking, an allegation is classified "unfounded" when the investigator determines the alleged events did not occur, "inconclusive" when the investigator is not reasonably certain whether an event did or did not occur, and "substantiated" when the investigator is reasonably certain that the alleged events occurred based on disclosure and/or evidence.

An ANOVA with preplanned comparisons was conducted to determine if the three groups differ on average number of allegations across six categories: neglect (general and severe combined), emotional abuse, caretaker absence/incapacity, physical abuse, sexual abuse, and substantial risk. Three categories—at risk, sibling abused, and exploitation—were omitted because they were used very infrequently by workers.

Significant differences are found for two types of maltreatment: neglect (general and severe combined) and physical abuse. For neglect, there is a significant difference between Groups A and C ($p < .001$), and between Groups B and C ($p < .001$), such that Group C had significantly fewer numbers of neglect cases than did Groups A or B, and Groups A and B did not differ from one another. For physical abuse there are significant differences between Groups A and B ($p=.021$) and between Groups A and C ($p=.086$), such that Group A had significantly smaller numbers of physical abuse than either Group B or C, but Groups B and C did not differ from one another. There is no parsimonious

explanation for these differences, although frequency of scrutiny may be responsible, at least in part for increased detection of abuse and increased confidence in the worker's report.

Table 11. Average Number of Allegations per Family by Type of Allegation and Group

Type of referral	Group	N	Mean	Std. Dev	P-value (between groups)
Neglect	A	468	1.86	1.82	0.057
(general and	B	77	2.03	2.26	
severe combined)	C	19	0.89	0.93	
	Total	**564**	**1.85**	**1.87**	
Caretaker Absence	A	468	0.18	0.57	0.262
/Incapacity	B	77	0.29	0.79	
	C	19	0.26	0.45	
	Total	**564**	**0.2**	**0.6**	
Physical Abuse	A	468	0.23	0.62	0.002
	B	77	0.49	0.94	
	C	19	0.52	0.69	
	Total	**564**	**0.27**	**0.68**	
Emotional Abuse	A	468	0.23	0.56	0.279
	B	77	0.35	0.68	
	C	19	0.21	0.41	
	Total	**564**	**0.25**	**0.57**	
Sexual Abuse	A	468	0.08	0.34	0.487
	B	77	0.12	0.37	
	C	19	0.15	0.37	
	Total	**564**	**0.09**	**0.35**	
Substantial Risk	A	468	0.4	0.73	0.15
	B	77	0.28	0.58	
	C	19	0.15	0.5	
	Total	**564**	**0.38**	**0.71**	

Table 12. Average Number of Response Types, per Family, by Type of Response and Group

	Group	N	Mean	Std. Dev	P-value (between groups)
Evaluate Out	A	468	1.08	1.53	0.024
	B	77	0.64	1.03	
	C	19	0.57	1.07	
	Total	**564**	**1**	**1.47**	
Immediate Response	A	468	0.51	0.92	0
	B	77	1.49	1.88	
	C	19	0.89	1.1	
	Total	**564**	**0.66**	**1.15**	
Multiple day (3, 5, 10) responses	A	468	1.49	1.62	0.111
	B	77	1.48	1.82	
	C	19	0.68	1.2	
	Total	**564**	**1.46**	**1.64**	

Results indicate a significant difference in the average number of allegations that are "evaluated out" (p=.024). The differences are between Groups A and B (p=.002) and between Groups A and C (p=.061). In each case Group A families have significantly more incidents of an allegation being "evaluated out".

Examination of the "immediate response" findings indicates that Group A families have, on average, fewer "immediate responses" than Group B (p < .000) or Group C (p=.077). Even though Groups B and C appear to differ from one another on this variable, the apparent difference is not statistically significant. There are no significant differences among the groups with respect to the frequency of "multiple day" responses.

It is unclear why Group A would have nearly twice the number of referrals "evaluated out" when compared to Groups B and C. Further investigation in future studies is worth exploring.

Type and Number of Findings

Table 13. Average Number of Findings per Family by Type of Finding and Group

Disposition	Group	N	Mean	Std. Deviation	P-value (between groups)
Substantiated	A	468	0.97	1.16	0.622
	B	77	0.89	1.18	
	C	19	0.73	0.87	
	Total	564	0.95	1.15	
Unfounded	A	468	0.51	0.96	0.013
	B	77	0.88	1.42	
	C	19	0.47	0.69	
	Total	564	0.56	1.03	
Inconclusive	A	468	0.56	0.9	0
	B	77	1.12	1.47	
	C	19	0.42	0.96	
	Total	564	0.63	1.01	

There are no significant differences between the groups for the number of substantiations per family (p = .622). With respect to the average number of unfounded allegations per family, there are significant differences between Group A and B (p < .001), and between Group B and C (p = .077), such that Group B has higher numbers of unfounded referrals than Groups A or C, and Groups A and C do not differ from one another. For the category "inconclusive," the significant differences occur between Groups A and B (p < .001) and between Groups B and C (p=.014). Group B has, by far, the highest number of "inconclusive" findings, and Groups A and C do not differ on this variable.

Again, this finding may be reflective of the scrutiny effect. Crisis nursery workers are likely to know of previous CPS involvement and thus may be more likely to refer cases to CPS; in turn, CPS investigators may be less likely to dismiss as "unfound" allegations

made about families with previous histories of CPS involvement. However, it may also be that there is merit to the previous CPS histories, and these families really do appear to be higher-risk families, or are more likely to have committed the alleged child maltreatment. If this is the case, they are precisely the types of families who can benefit from crisis nursery respite services. These possible explanations remain speculative, however, and they require additional research.

Ever Substantiated

Finally, because the data are recorded at the family level, the number of children in the family can impact the number of substantiations a family experiences. To control for this possible bias a new dichotomous variable, "ever substantiated," was created. This variable simply measures whether or not a family had any substantiation during the study period. "Ever substantiated" is coded 0 if the family did not have a substantiated referral, and 1 if there was at least one substantiated referral during the study period.

Table 14. Percent of Families Experiencing a Substantiated Allegation by Group

	N	Percent of all families
Group A	468	61%
Group B	96	43%
Group C	58	17%
Overall	622	54%

A logistic regression analysis was conducted to determine if the differences between groups are statistically significant. Group A is used for the reference group in the analysis. The overall effect of the group is significant ($p < .001$), and both Groups B and C are significantly different from Group A, in that Group A has a higher probability of ever having a substantiated allegation. The following table compares Groups B and C to Group A:

Table 15. Results of Logistical Regression Analysis Comparing Group A to B and C

	B	S.E.	Wald	df	Sig.	Exp(B)	Predicted Probability of Substantiation
Group A			38.625	2	0		0.61
Group B	-0.721	0.227	10.131	1	0.001	0.486	0.43
Group C)	-2.039	0.36	32.003	1	0	0.13	0.17
Constant	0.47	0.095	24.469	1	0	1.6	

The more intuitive "predicted probability of experiencing substantiation" column is included to facilitate interpretation of results. The probability that Group A will experience substantiation is .61, for Group B it is .43, and for Group C it is .17. Accordingly, with respect to odds ratios, families in Group B are about half as likely (Exp(B)=.486) as

families in Group A to experience a substantiated allegation. Families in Group C have just over one-tenth the risk as families in Group A of having an allegation substantiated (Exp(B)=.130). The difference between Groups A and B is potentially important because Group A is the group without access to a crisis nursery. Thus, the nursery may be a contributing factor to the lower overall number of family substantiations for Group B, compared to Group A.

Number of Days in Out-of-Home Placement (OHP)

There were differences in days of out-of-home placements between Groups A and B only.

Table 16. Number of Days in OHP by Group and County

Group	County ID	Mean	Std. Dev.	N
A	1	71.38	178.54	83
	2	221.58	175.29	37
	3	66.25	209.32	48
	4	12	44.42	19
	5	205.55	295.72	27
	total	**113.58**	**210.97**	**214**
B	7	340		1
	8	423.08	432.34	23
	9	20		1
	Total	**403.64**	**421.9**	**25**
C	8	388.25	229.39	4
	9	97		1
	Total	**330**	**237.55**	**5**
Treatment County	7	340		1
	8	417.92	405.45	27
	9	58.5	54.44	2
	6			0

The ANOVA results indicate there is an overall effect ($p < .005$) and that there are significant differences between Groups A and B ($p = .017$), and between Groups B and C ($p < .001$). Group B has, by far, the highest number of placement days, with a mean exceeding 400 days, compared to about 113 for Group A and 330 for Group C. However, the very large standard deviations suggest large fluctuations in placement days among individuals within groups, and there is also substantial variation among counties within groups. Furthermore, the N for Group C is very small, with only 5 placements total. Therefore, attributing group membership as a controlling or contributing variable with respect to placement days would be speculative and ill advised.

The preceding calculations were conducted by adding the sum total of number of days that all children in a family have been in placement. In other words, if a family has 4 children in placement for 30 days, the duration_sum = 4 x 30 = 120 days. This method of determining total group days in placement may induce considerable bias in the group means, if, for example, a family with several children were to experience a long spell in out-of-home care. The data were inspected to detect the presence of statistical outliers, and five extreme cases were found.

As an exploratory analysis, the five outliers (three from Group B and two from Group A) that had duration sum totals of over 1000 days were removed and the analysis was run a second time. This analysis resulted in a reduction of the mean for Group A from 113 days to 104 days (SD 186, N = 212) and a reduction in the mean of Group B from 404 days to 280 days (SD = 251.6, N = 22). The Group C data remained unchanged, with a group mean of 330 days (SD = 237.6), N = 5). Without the very few extreme outliers in Groups A and B, there were no longer significant differences between groups. Of course, removing the outlying data also introduces bias, so it is safest to conclude that the influence of the outliers renders the findings potentially specious and misleading. Simply put, given the influence of outliers on both the group means and the standard deviations, there is insufficient data to compare, with confidence, any apparent differences in the number of days in placement.

A simpler and perhaps more conservative approach to examining placement is to determine whether families in the three groups experienced any placements during the study period, irrespective of the durations of those placements. To conduct this analysis, a new variable, “ever placed,” was created in a manner similar to the “ever substantiated” variable discussed previously. If any child in a family was placed out of home at any time during the study period, the family was coded 1 (for Out-of-Home Placement), and if no child was placed during the study period, that family was coded 0. The total number of placements per group, measured at the family level, was compared. In the comparison group (Group A) 21.2% of families experienced a placement, while in Group B, 26% experienced placements, a difference that is not significant. There is a difference between Group C (crisis nursery services but no prior CPS history) and both of the other groups, but this is not unexpected, and it is not meaningful.

There appears to be a slight trend towards higher placement rates for families serviced by the crisis nurseries. When viewed in context it may be said that target families (Group B) are experiencing more CPS referrals than comparison families (Group A), but target families experience a lower substantiation rate than non-crisis nursery families (Group A). The slightly higher rate of placements in target families suggests that if a report is substantiated on a target family, it is more likely to result in a placement. Although we are noting trends rather than solid findings, it may be that the crisis nurseries play a dual

role: surveillance of vulnerable children, and service to families in ways that lower the substantiation rate following referral. Thus, families in Group B that are substantiated are likely to be truly higher-risk families, resulting in higher placement rates per substantiation. Obviously, there are multiple factors at work in these different settings, and additional research is needed to disentangle them or account for their relative contributions both to child safety and to placement histories.

Summary of Findings

This evaluation was conducted to examine the relationship of crisis respite services to subsequent instances of child abuse and neglect and to out-of-home placements. Data on *referrals* for maltreatment were collected and reported on, but they were not counted as *episodes* of abuse and neglect. Only when a CPS investigation was found to be substantiated was it counted as an incident of abuse or neglect.

That target families in Group B experienced significantly more referrals of abuse was not entirely unexpected. It is not only intuitive, but evident by the results of this study, that families who seek and use crisis respite services are more likely to experience CPS referrals than families who may not have the same exposure to mandatory reporters. This is characterized as a "scrutiny effect." When referrals were made to CPS for suspected abuse and neglect, Groups B and C, the target families, were more likely to be investigated rather than "evaluated out," meaning that the target families were scrutinized even further.

That the increased number of referrals did not result in a proportionate increase in substantiations per family raises a number of questions. Did the CPS investigators view referrals on target families as less serious because of the support services they had in place (i.e., the crisis nursery), and therefore substantiate fewer reports of abuse on target families? Were the referrals on target families based on less serious suspicions than those on comparison families? Did the respite and auxiliary services that target families received have a buffering effect on the risk conditions that families were experiencing, thus averting potential maltreatment? All of these possibilities may account for the lower rates of substantiations and are worthy of further exploration. Certainly, the differences in the percentage of families experiencing a substantiated allegation were notable. The target families, those in Group B or Group C, were far less likely to ever have a substantiated report of maltreatment than the families without nursery services.

The differences between Groups B and C in percentages of families experiencing substantiations provides some evidence that crisis respite may be more potent as a secondary prevention than tertiary prevention.

Based on examination of CPS administrative data, the findings related to foster care placements are inconclusive. Although, on average, families in Group B who experienced foster care placement had significantly more days in care than comparison families, there were insufficient data to speculate or draw conclusions from the findings. When the outliers were removed from the sample, the target counties still had more days in care, but the differences were no longer significant, and were not very disparate. Moreover, comparison families were actually more likely to have at least one child enter care than the target families.

The data gathered from parent reports does suggest that foster care placements may have been averted. Over a quarter of the families thought it was likely that their children might have been placed in foster care had the nurseries not been available. Ten percent reported that had the nursery services not been available, they would have requested foster care.

Overall, the findings indicate that although families using crisis respite services are more likely to experience CPS referrals for child maltreatment, especially those who already have CPS histories, substantiation rates of maltreatment are lower than those for similar families who did not receive crisis respite services. This suggests that crisis respite increases a family's level of scrutiny, and because of this they will come to the attention of CPS more often. For reasons that need further study to fully understand, referrals on families using crisis respite are significantly less likely to be substantiated than the reports on comparison families. These findings support the notion that crisis respite programs show great promise for achieving both secondary and tertiary prevention.

In terms of the reduction of days in foster care, the data are inconclusive. More study is needed to examine this question.

Suggestions for Future Research

Future evaluations that rely on state CPS data would benefit from the development of strong partnerships between investigators and the state agencies at the onset of the study. Matching of comparison and target families would be improved if families could be matched on more variables.

Additionally, investigators conducting future studies involving county or state level data should plan to familiarize themselves with the data management systems to be used prior to the start of the study. Having a thorough understanding of the overall system, including the data contained and the systems' capabilities, would eliminate unnecessary misperceptions and save a great deal of time. Resources should be budgeted for the development of statistical queries for use in state-level databases, so that relevant information can be harvested efficiently.

Although evaluation staff anticipated attrition in families being studied, they were not prepared for the high staff turnover in county CPS offices and the nurseries. None of the comparison county staff who worked directly with the evaluation team in 2003 were in the same positions in 2006. Nursery staff turnover in key caseworker positions was also high. On average, the nursery staff persons responsible for conducting the interviews changed three times in 20 months. On several occasions, the staff changes were sudden and the Project Coordinator was not informed of the change until she requested data. Sudden staff changes generally meant that interviews were missed or that temporary staff completed the interviews without sufficient preparation. Even when staff transitions were planned, the new staff had to prioritize and initially focus on learning their primary duties; evaluation tasks were typically secondary.

Staff turnover has numerous untoward consequences, affecting timeliness and completeness of submitted data, efficiency in following up with target families, and resources spent training new staff on the overall evaluation design. New staff had to learn their duties and how to conduct interviews with families, and the importance of contributing reliable data to the evaluation.

Despite these problems, the study yielded some important findings. Without question, the families who used the nurseries had few, if any, other resources for keeping their children safe in times of crisis. The nurseries provided genuine periods of safety for these children as their parents dealt with the crises. Although case management services varied among nurseries, parents were given concrete supports as needed (such as clothing and food) as well as referrals to other support services. Moreover, the nursery staff had contact with families who might otherwise not have come to the attention of CPS agencies. Therefore, when abuse and neglect referrals were substantiated, appropriate action could be taken.

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Appendix A: The ARCH Crisis Respite 1

Demographic Questionnaire **(used with ARCH Form CR1)** Program ID

Family ID_____ **zip Code**_____ **Intake date:** __/____/____

Child A: Male☐ Female☐ DOB__/__/__ Caregiver's relationship code_____Child's ethnicity code____

Child B: Male☐ Female☐ DOB__/__/__ Caregiver's **s** relationship code_____Child's ethnicity code____

Child C: Male☐ Female☐ DOB__/__/__ Caregiver's relationship code_____Child's ethnicity code____

Child D: Male☐ Female☐ DOB__/__/__ Caregiver's relationship code_____Child's ethnicity code____

Caregiver's Relationship Code
A=Birth parent **B**=Adoptive parent **C**=Grandparent **D**=Sibling **E**=Other kinship care **F**=other **G**=Foster care provider

Ethnicity Code
A= Native American **B**=African American **C**= Hispanic **D**=Asian **E**=Pacific Islander **F**=Caucasian **G**= Bi-racial **H**=Other

---

Caregiver Information:

Ethnicity	**A**=Native American **E**=Pacific Islander	**B**=African American **F**=Caucasian	**C**= Hispanic **G**=Bi-racial	**D**=Asian **H**=Other
Marital Status	**A**=Married or sharing household with a committed partner	**B**=Single **E**=Separated	**C**=Divorced	**D**=Widowed
Housing	**A**=Own **B**=Rent	**C**=Transitional (shelter temporarily with friends/ relatives)	**D**= Homeless	
Family Income	**A**=$0-$9,999	**B**=$10,000-$19,999	**C**= $20,000-$29,999	**D**=$30,000-$39,999
	E=$40,000-$49,999	**F**=$50,000-$59,999	**G**=$60,000-up	
Education	**A**=Less than H.S./GED	**B**=H.S. or GED	**C**= Some College	**D**=4 yr. Degree/ higher

ARCH Evaluation Form CR1, for Crisis Respite, Page 1

Family ID_____ **Care begin date:** __/__/__ **Care end date:** __/__/__

1) What were the main reasons that you were seeking crisis care? Crisis related to:

A ☐Housing D ☐ Mental health G ☐ Caregiver/family medical J ☐ Legal
B ☐Employment E ☐Parenting difficulties H ☐ Self care (rest, stress, etc.) K ☐ Education
C ☐ Alcohol/drug F ☐Domestic violence I ☐ Risk of abuse or neglect L ☐ Other
Describe "other" if applicable:

2) How long did you need crisis respite on this occasion before contacting us?

☐ A- Less than a day ☐ B- One to two days ☐ C- More than two days but less than a week ☐ D- More than a week, but less than a month ☐ E- More than a month

3a) Have you used our services before? YES NO **3b)** If yes, how many times (estimate if necessary) _____

	Not at all stressed	Slightly stressed	Somewhat stressed	Moderately stressed	Quite stressed	Very stressed	Extremely stressed
4) When you brought your child or children to us for crisis care, how "stressed" were you in your role as a parent?	1	2	3	4	5	6	7
5) Now that you have had crisis care, how "stressed" are you in your role as a parent?	1	2	3	4	5	6	7
	Not at all	Slightly	Somewhat	Moderately	Quite a bit	Greatly	Extremely
6) Did you feel that your child was safe and secure when receiving crisis care?	1	2	3	4	5	6	7
7) Did the crisis care you received help you to keep your child safe?	1	2	3	4	5	6	7
8) Do you feel that this program reduces risk of harm to children?	1	2	3	4	5	6	7
9) Now that you have received crisis care, do you think you will be able to more effectively parent your child?	1	2	3	4	5	6	7

10) If our program had not been available, what alternative plans would you have needed to make?

A☐ Missed school, work or job interview/opportunity.
B ☐ Delay attending to my own or other family member's medical needs.
C ☐ Kept child with me in a situation that may have been inappropriate for a child.
D ☐ Left child with someone that I did not feel comfortable with as a caregiver for my child(ren).
E ☐ Kept the child with me in an environment where he/she may have been exposed to danger.
F ☐ Left child in the care of another child (if this were your alternative, age of caregiving child:__).
G ☐ Left child unattended.
H ☐ Requested a foster care placement.
I ☐ Other (describe)_____
J ☐ I would prefer not to answer.

11) Did the care you received permit you to work on problems in any of the following areas? *If you checked "yes", please tell us how well you were able to resolve the problem.*

			Not at all	Slightly	Somewhat	Moderately	Quite a bit	Very	Extremely
A. Housing	no	yes	1	2	3	4	5	6	7
B. Employment	no	yes	1	2	3	4	5	6	7
C. Alcohol/drug treatment	no	yes	1	2	3	4	5	6	7
D. Mental health	no	yes	1	2	3	4	5	6	7
E. Parenting	no	yes	1	2	3	4	5	6	7
F. Domestic violence	no	yes	1	2	3	4	5	6	7
G. Medical	no	yes	1	2	3	4	5	6	7
H. Self care (rest, etc)	no	yes	1	2	3	4	5	6	7
I. Risk of abuse or neglect	no	yes	1	2	3	4	5	6	7
J. Legal	no	yes	1	2	3	4	5	6	7
K. Education	no	yes	1	2	3	4	5	6	7
L. Other	no	yes	1	2	3	4	5	6	7
If "other ", please describe:									

	Not at all	Slightly	Somewhat	Moderately	Quite a bit	Very	Extremely
12) Was the amount of time that your child spent in crisis care sufficient for you to deal with the issues that led you to need care?	1	2	3	4	5	6	7
	Highly Unlikely	Quite Unlikely	Somewhat Unlikely	Not Sure	Somewhat Likely	Quite Likely	Highly Likely
13) If our program had not been available, how likely is it that your child might have been placed in foster care or some other form of out-of-home care?	1	2	3	4	5	6	7
	Never	Very Seldom	Occasion-ally	Halo of the Time	Often	Most of the Time	All of the Time
14) Without services from this program, are you able to access safe and reliable child care in an emergency?	1	2	3	4	5	6	7

15) Do you think that you may use our services again in the future? ☐ YES ☐ NO ☐ MAYBE

Thank you for completing this questionnaire

Appendix B: Guided Interview Format

ID# **Date of Interview:___/___/___**

Follow-up Questionnaire

Instructions to Interviewer**: Prior to beginning this interview, please fill in all the shaded sections of the interview form with the information from the participant's intake, and Action Plan.**

1. Interviewer**: "In looking at your file, I see that the original crisis that brought you to the Crisis Nursery":**

- ❑ Housing
- ❑ Alcohol/ Drug Related
- ❑ Employment
- ❑ Mental Health
- ❑ Domestic Violence
- ❑ Medical
- ❑ Legal
- ❑ Parenting
- ❑ Abuse/Neglect Prevention
- ❑ Stress Management
- ❑ Challenging Behaviors from Child(ren)
- ❑ Other_____

2. Interviewer: "I also see that we later identified that you were struggling with":

- ❑ Housing
- ❑ Alcohol/ Drug Related
- ❑ Employment
- ❑ Mental Health
- ❑ Domestic Violence
- ❑ Medical
- ❑ Legal
- ❑ Parenting
- ❑ Abuse/Neglect Prevention
- ❑ Stress Management
- ❑ Challenging Behaviors from Child(ren)
- ❑ Other_____

3. Interviewer: "The issues we were addressing on your Action Plan were":
a) b) c)

4. Interviewer: What is the status of the issues on your Action Plan?

_____
_____
_____

5. **Interviewer: "**The referrals we made included":

- ❑ Housing
- ❑ Alcohol/ Drug related
- ❑ Employment
- ❑ Mental Health
- ❑ Domestic Violence
- ❑ Medical
- ❑ Legal
- ❑ Parenting
- ❑ Abuse/Neglect prevention
- ❑ Stress Management
- ❑ Other_____

6. **Interviewer:** What are the outcomes of these referrals?

_____
_____
_____

7. **Interviewer:** Have you received any help from other agencies, family members, or friends since leaving the nursery: **Y** **N**? If Yes, who did you receive the help from, and what was the outcome of these referrals?

_____
_____
_____

8. **Interviewer**: "Your Child(ren) spent approximately_____days at the nursery"

Knowing that the crisis nursery is available to you, how likely is it that would use the agency's services again.

Highly Likely			**Highly Unlikely**
1	**2**	**3**	**4**

9. **Interviewer**: On a scale of 1-4, how would you rate your level of stress in your Role as a parent right now?

Minimal	**Moderate**	**High (could use some help)**	**Severe (in crisis)**
1	**2**	**3**	**4**

10. **Interviewer:** What do you do now when you start feeling stressed?

_____
_____
_____

Child Specific Questions:

11. Describe your relationship with _____ since leaving the nursery?
Child or Children

_____
_____
_____

12. Have you or your child(ren) witnessed or otherwise been exposed to violence in the last 30 days?

Yes **No** If so, what type?

13. At the present time, do you have any concerns about your child(ren's) safety or well-being.

Yes **No**

14. On a scale of 1-4, how would you rate the risk of your child(ren) being neglected or abused in the near future?

Highly Unlikely			**Highly Likely**
1	**2**	**3**	**4**

15. How do you feel about yourself as a parent ? _____

16a. Have you referred family or friends in crisis to the Nursery? **Y** **N**

16b. If No to question #16a, would you refer family or friends in crisis to the Nursery. **Y** **N**

17. What Aspect of the Crisis Nursery's services were most helpful to you?

_____
_____
_____

18. In what ways could the Crisis Nursery's services be improved?

_____
_____
_____

19. Please give us the names and phone numbers of at least 2 people who will know how to contact you in 2 months for your next interview .

_____ _____
Name Phone

_____ _____
Name Phone

Interviewers Initials _____