

HOME VISITING FOR SYSTEM INVOLVED YOUNG MOTHERS:

A Longitudinal Investigation of Risks, Supports, and Outcomes

Research Brief - May 2018

Rebecca C. Fauth, Jessica Greenstone Winestone, Jessica Goldberg
Tufts Interdisciplinary Evaluation Research (TIER)

Over the last two decades, the proportions of girls involved in the juvenile justice system has increased, and their birth rates have exceeded those of their non-involved peers.¹ While there has been little research documenting the characteristics, histories, and service needs of detained and incarcerated girls and their children, we do know that juvenile justice involvement for all youth is associated with a raft of unfavorable outcomes,² and involvement for young mothers frequently confers risk to the next generation.³⁻⁵ Although girls are a rapidly increasing share of the juvenile justice population, there are remarkably few services that specifically target pregnant and parenting justice involved girls.

Home visiting has gained increasing public support and legitimacy over the past 30 years. Home visiting is a two-generation approach to providing support to families with young children in their homes. Home visiting has been supported by an increasing body of high-quality evidence, including several randomized controlled trials (RCTs), which have documented favorable, albeit somewhat inconsistent, findings across several relevant domains, including maternal well-being and educational attainment, parenting competence,

and children's cognitive development.⁶ While home visiting holds great promise as a service delivery mechanism for system involved young parents, home visiting evaluations to date have not focused specifically on this population.

With generous support from the Annie E. Casey Foundation,^a developmental psychologists from Tufts University, state home visiting program administrators from the Children's Trust of Massachusetts, and juvenile justice law and policy experts from Boston College Law School have been working collaboratively over the past year to inform the adaptation of the evidence-based Healthy Families Massachusetts (HFM) model of home visiting to fit the needs and circumstances of justice system involved young mothers.

As part of this project, researchers at Tufts Interdisciplinary Evaluation Research (TIER) used data from an evaluation of a statewide home visiting program for adolescent parents to investigate justice involved girls' histories and personal and parenting outcomes over the course of their first child's early years. In this brief, we present findings from this research component.

^a This research was funded by the Annie E. Casey Foundation (GA-2017-B0191). We thank them for their support but acknowledge that the findings and conclusions presented in

this report are those of the authors alone, and do not necessarily reflect the opinions of the Foundation.

Summary

We used home visit records and longitudinal evaluation data to examine the experiences, service usage, and outcomes of a sample of juvenile justice system involved young mothers in Massachusetts. The aim was to fill critical gaps in our knowledge of the early parenting experiences of these mothers and the potential of home visiting to promote the mothers' and their firstborn children's well-being.

As expected, this population faced significant risks and challenges in their lives. Yet, there were many domains of need for these young mothers that home visitors were well prepared to support. And, several years after participating in a home visiting program, young mothers exhibited favorable economic well-being and mental health, speaking to the effectiveness of home visiting for juvenile justice system involved young mothers. The key components that contributed to these successful outcomes included the provision of advanced supports by the home visitor, and mothers' acceptance of these supports. Through these supports, home visitors helped

mothers navigate complex service requirements, encouraged tenacity in the face of failure and adversity, provided concrete supports that facilitated service linkages, and offered emotional support and guidance navigating complex relationships and the early years of parenting. Home visitors provided essential direct services to young mothers, but also worked behind the scenes as conduits between participants and the wider social services system.

Key Research Questions

- 1. What are the needs of juvenile justice system involved young mothers enrolled in a newborn home visiting program?*
- 2. What types of support do home visitors provide to juvenile justice system involved young mothers enrolled in a newborn home visiting program?*
- 3. Do certain home visitor behaviors lead to more favorable outcomes for juvenile justice system involved young mothers?*
- 4. How do juvenile justice system involved young mothers fare over the first 6 years of their children's lives compared with other young mothers?*
- 5. Does a newborn home visiting program for young parents favorably affect juvenile justice system involved young mothers' parenting and personal functioning outcomes over the first 6 years of their children's lives?*

Study Approach

Data were drawn from a randomized controlled trial (RCT) evaluation of Healthy Families Massachusetts (HFM), a statewide, universal, voluntary newborn home visiting program for first-time young parents under 21 years of age living in Massachusetts.⁷ From a larger sample of young mothers who participated in the full HFM randomized controlled trial evaluation, we identified 70 juvenile justice involved women: 53% ($n=37$) in the program group, and 47% ($n=33$) control. Of the 70 justice involved girls, 14 (20%) had criminal offenses, 26 (37%) had delinquency charges, and 30 (43%) had status offenses.

These mothers completed telephone interviews and granted access to administrative public agency data approximately one month after enrollment when mothers were pregnant or newly parenting (Time 1, T1), with follow-ups one (T2), two (T3), five (T4), and six (T5) years later. We also had access to the web-based HFM management information system (MIS) used by home visitors and supervisors for the program group.

Our analytic strategy comprised both qualitative and quantitative methods, including an in-depth analysis of home

visitor records from the time when mothers (in the program group) were receiving HFM services and outcome data obtained from young mothers over the first 6 years of their firstborn children’s lives.

Data Sources

Home visitor records. We retrieved all home visit, secondary activity (i.e., non-visit activities conducted by the home visitor), and referrals records and organized them into “discussions,” or chronologically ordered records within a participant’s case history related to a specific domain area (e.g., behavioral health, economic and material assistance, parenting, relationships, etc.). We coded each record within a discussion for the following activities and behaviors:

- Home visitor supports offered or provided (see Figure 1)
- Mothers’ relative receptivity to home visitors’ suggestions and advice
- Overall progress or decline in the domain area.

Figure 1. Description of Home Visitor Supports

Code	Definition	Example
Referral	Home visitor’s initial action or behavior intended to connect the parent to a service.	<i>I referred MOB to a counselor at South Bay.</i>
Check-In	Follow-ups and updates without any concrete action involved.	<i>Mom used to have Medicaid but it was closed in February. Mom reapplied and the status is pending.</i>
Encouragement /Suggestion/ Advice	The home visitor suggests or encourages that parent take an action that will enable the parent to connect to a service or program, remain connected or enhance service involvement, or address a domain-related challenge.	<i>Mom said she didn't get a chance to call the adult GED program and she will. Home visitor encouraged her to do it ASAP.</i>
Emotional Support/ Cheerleading	The home visitor demonstrates support, gives praise, or provides comfort to the parent regarding a domain-related challenge.	<i>I praised mom for keeping her cool when the DTA case manager told her she was no longer eligible for benefits—we talked about how hard it was for mom to not blow her top.</i>
Information Provision	The home visitor provides information to the parent, including information about a service or verbally imparted information about a topic.	<i>Mom is in the process of applying for unemployment and asked me how to do it. I researched material and went over it with her.</i>
Instrumental Support	The home visitor provides the parent with tangible help, such as giving rides, accompanying to appointments or services, providing material or financial resources, doing research for the parent, or providing hands-on assistance or guidance.	<i>I helped mom fill out the financial application for child support. It took up the whole visit.</i>
Interagency Case Review	When the home visitor speaks to external agencies about the parent (with the parent’s consent).	<i>Had meeting with [Child Protection Services] social worker to talk about Mom’s service plan for reunification.</i>

Once coding was completed, we created a cross-case matrix of all discussions, summarizing each discussion according to domain and subtopic, intensity level of home visitor support, and overall results of the discussion (e.g., progress or decline).

Evaluation outcome data. We used maternal self-report surveys, as well as records from the Massachusetts child protective services and transitional assistance agencies to examine outcome differences according to juvenile justice system involvement. We subsequently examined any home visiting effects (i.e., differences between the program and control group) for the system involved subgroup.

Sample

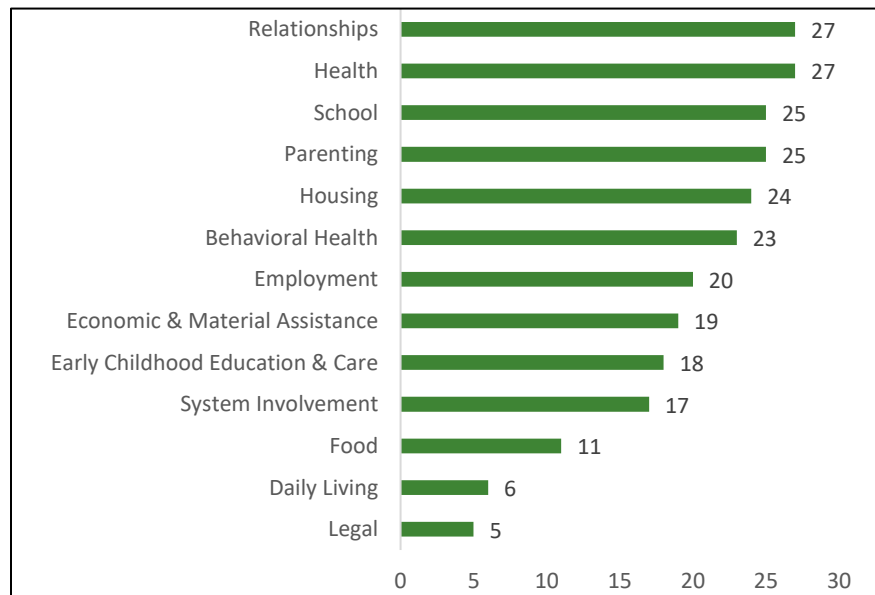
Juvenile justice system involved mothers in the sample were 18.7 years on average when they had their first child, nearly half (49%) identified as non-Hispanic White with more than three-quarters born in MA (79%), 39% enrolled in HFM postpartum (vs. prenatally), and more than a third reported being single at enrollment (36%). Prior to enrollment in HFM, 69% of these mothers had a substantiated child maltreatment report, 19% spent some time in a shelter, group home, or teen living program, and 41% experienced residential instability. Juvenile justice system involved young mothers received 17.5 ($SD = 19.6$) home visits over 10.7 ($SD = 9.5$) months, on average.

Findings

1. What are the needs of juvenile justice system involved young mothers enrolled in a newborn home visiting program?

We coded each home visit record for mother's area of need, choosing from one of 13 possible domains (see Figure 2). The most commonly discussed domains between home visitors and mothers included the mothers' relationships with the father of the baby and/or partner, health, school, parenting, housing, behavioral health, and employment. These domains reflected HFM goals and curriculum, as well as young mothers' needs.

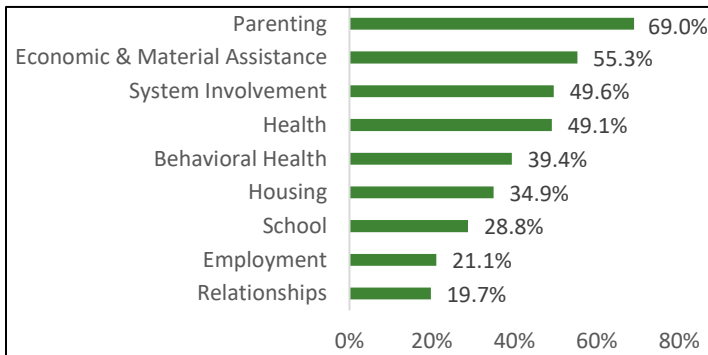
Figure 2. Frequency of Domain Discussions (n=29)



Note. Frequencies represent the number of participants who had discussions with their home visitors in each domain area.

2. What types of support do home visitors provide to juvenile justice system involved young mothers enrolled in a newborn home visiting program?

Figure 3. Advanced Home Visitor Support Provision across Domains (n=2,194)



Note. Percentages represent the proportion of records in which home visitors were seen to provide any type of advanced support.

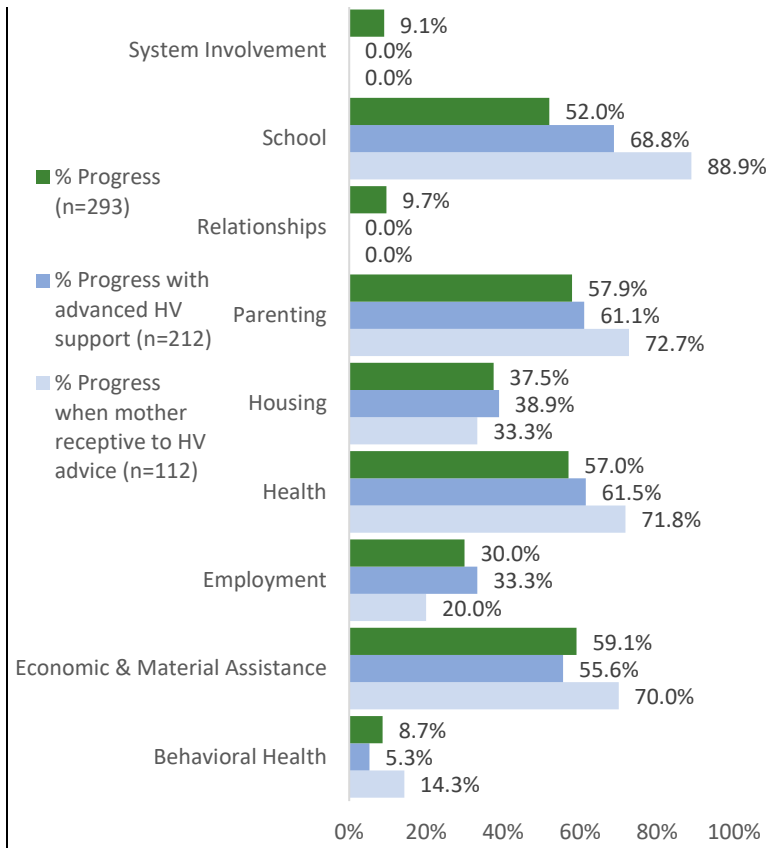
Here we focus on a subset of the most commonly discussed, and most salient, domains addressed by home visitors and participants. Home visitors provided a range of supports to address these needs, including less intensive check-ins, and advanced support, which comprised encouragement, suggestions, and advice; emotional support; information provision; instrumental support; service referrals; and interagency case reviews.

On average, about 42% of records (within discussions) included evidence of home visitor advanced support to mothers across domains, with this more intensive effort most apparent in discussions pertaining to parenting and economic and material assistance. There also were circumstances in which home visitors appeared to provide less advanced support than might have been warranted, such as when mothers were struggling with romantic relationships, or were stymied in their efforts to find employment (Figure 3).

3. Do certain home visitor behaviors lead to more favorable outcomes for juvenile justice system involved young mothers?

Overall, evidence of progress—defined as some measure of improvement—was apparent in 41% (n=119) of discussions. Mothers were most likely to make progress in the domains of economic and material assistance, health, parenting, and school, which aligned well with the key challenges these young mothers faced (Figure 4). Mothers were also more likely to make progress when home visitors provided advanced support versus check-in only support, and when mothers were receptive (accepted help, followed through) to home visitors' advice and help.

Figure 4. % Discussions Resulting in Progress Overall, and by Advanced Support and Mothers' Receptivity to Home Visitors' Advice



Note. Percentages represent the proportion of discussions in which progress was made among three different discussion subsets: (a) all discussions (n=293), (b) discussions in which home visitor provided advanced support (n=212), and (c) discussions in which mother showed receptivity to home visitor advice (n=112).

- ✓ Report higher levels of depressive symptomatology
- ✓ Experience custody loss
- ✓ Have a second child within two years of the first
- ✓ Receive cash assistance
- ✓ Be unemployed
- ✓ Perceive themselves as having unmet basic resource needs.

Unfortunately, what exactly accounted for mothers' receptivity to home visitors' help and advice was difficult to capture. In some cases, it was likely an indicator of the chemistry between the home visitor and participant, and in other cases, it was likely representative either of mothers' judgment that the help or advice being offered was not fitting for their circumstances, or of mothers' overall lack of openness to accepting help and advice from professionals. In general, however, it appears that home visitors' efforts tended to result in greater progress made by mothers.

4. How do juvenile justice system involved young mothers fare over the first 6 years of their children's lives compared with other young mothers?

Looking at young mothers' parenting and personal well-being outcomes over the first six years of their firstborn children's lives, we saw that juvenile justice system involved young mothers faced numerous challenges across several domains relative to their non-involved counterparts. When compared with non-system involved mothers, system involved mothers were more likely to:

Does a newborn home visiting program for young parents favorably affect juvenile justice system involved young mothers' parenting and personal functioning outcomes over the first 6 years of their children's lives?

Despite the numerous challenges faced by this vulnerable population, participation in a home visiting program yielded several sizeable favorable program effects in the areas of economic well-being and personal mastery,

emerging approximately 6 years post-program enrollment. When compared to system involved mothers in the control group, mothers in the program group were more likely to:

- ✓ Be employed
- ✓ Perceive themselves as having adequate basic resources
- ✓ Report higher personal mastery.

Implications

Observations	Further Questions
<p>The more receptive mothers were to their home visitors' advice, guidance, and offers of help, the more likely they were to make progress toward accessing services. This highlights the central role of the home visitor-mother relationship in helping mothers achieve positive outcomes.</p> <p>A significant portion of home visitors' work focuses on making these service and resource linkages for young parents, which may preclude working towards other goals for the time being, including parenting education, HFM's primary goal area. This is an area where collaborations between home visiting and justice system providers could be useful, pooling resources, particularly in areas of high need and limited resources, such as housing. While the data analyzed here were several years old, we saw little interaction between juvenile justice system providers and home visitors.</p> <p>Mothers faced significant challenges in their romantic relationships—challenges that they frequently vocalized to home visitors. While not a primary goal area of HFM, home visitors could benefit from further training and support around helping mothers resolve some of these challenges and cope with relationship instability.</p>	<p><i>What are the critical elements of successful participant—provider relationships? What is the balance home visitors need to achieve between focusing on HFM curriculum vs. mothers' articulated needs? How can home visitors engender trust among young parents who have a history of trauma?</i></p> <p><i>How can we foster collaborations between home visiting and child welfare and justice system representatives? What types of collaboration could result in better outcomes and provision of services for young parents and their children? What protocols do we need to facilitate collaboration?</i></p> <p><i>Does helping young parents develop the skills to foster healthy romantic relationships favorably affect their and their children's progress in other domains? Do home visitors and other providers have the requisite skills to help young parents build healthy relationships?</i></p>

HFM's primary goal is to promote positive parenting, and more than a third of postpartum juvenile justice system involved young mothers were already involved with child protective services for their own children at the time of enrollment in home visiting. Further, nearly a quarter lost custody by the time their children entered formal schooling. Clearly, these mothers were struggling with the demands of parenting, but were also likely under close surveillance by the child protection system, heightening the likelihood that they were reported for any transgressions.

How can home visitors and justice system representatives work together to guide and advocate for system involved parents without crossing critical boundaries of privacy and program integrity (e.g., voluntary nature of home visiting), to ensure positive outcomes for young mothers and their children?

References

1. Sherman FT, Balck A. *Gender injustice: System-level juvenile justice reform for girls*. The National Crittenton Foundation and National Women's Law Center;2015.
2. Cauffman E. Understanding the female offender. *Future of Children*. 2008;18(2):119-142.
3. Dallaire DH. Children with incarcerated mothers: Developmental outcomes, special challenges and recommendations. *Journal of Applied Developmental Psychology*. 2007;28(1):15-24.
4. Dallaire DH, Zeman JL, Thrash TM. Children's experiences of maternal incarceration-specific risks: Predictions to psychological maladaptation. *Journal of Clinical Child & Adolescent Psychology*. 2015;44(1):109-122.
5. Shlafer RJ, Poehlmann J, Donelan-McCall N. Maternal jail time, conviction, and arrest as predictors of children's 15-year antisocial outcomes in the context of a nurse home visiting program. *Journal of Clinical Child & Adolescent Psychology*. 2012;41(1):38-52.
6. Sama-Miller E, Akers L, Mraz-Esposito A, et al. *Home visiting evidence of effectiveness review: Executive summary*. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services;2017.
7. Tufts Interdisciplinary Evaluation Research. *The Massachusetts Healthy Families Evaluation-2 (MHFE-2): A randomized controlled trial of a statewide home visiting program for young parents. Final report to the Children's Trust of Massachusetts*. Medford, MA: Tufts University;2015.