



Providence
House

Every child is your child.TM

Crisis Nursery Shared Session:

- ❖ *Does the Crisis Nursery Model Really Work?*
- ❖ *What Happened to You? Trauma Informed Care*

Cleveland, Ohio - provhouse.org

Does the Crisis Nursery Model Really Work?

*Key Findings from University-Led External Evaluation
on the Enduring Impact of Crisis Nursery Services
on Child/Family CFS and Foster Care Involvement*

Natalie A. Leek-Nelson
President and CEO, Providence House

What Is A Crisis Nursery?

- ❖ A residential children's program – usually center-based, free of charge - offering voluntary (non-custodial) crisis respite services
 - Placement is only for children - parents are addressing crises or receiving their own services elsewhere during a child's stay
- ❖ Placements typically 48-72 hours in most states, some 30 days
 - Ohio's 60-90 days supports intervention – very unique legislation in US
- ❖ Primary focus is abuse/neglect prevention by removing an at-risk child voluntarily from the home and stabilizing caregivers
- ❖ Emerging focus on Crisis Nursery as an alternative to foster care
 - Non-custodial child protection blended with family support, parenting skills, and services focused on family preservation

Who Is Providence House?

- ❖ Ohio's first Crisis Nursery; one of the oldest operating in US
- ❖ A recognized national leader in child abuse prevention and family preservation programming
- ❖ Proactive adapter to fiscal, program, and industry trends
- ❖ Innovator in early intervention / abuse prevention / evidence-based integration
- ❖ A wrap-services, multi-systemic connector
- ❖ Outcomes oriented achiever with groundbreaking results

What Is Our Mission?

Providence House fights
to end child abuse and neglect
by protecting at-risk children,
empowering fragile families in crisis,
and building safer communities
for every child.

How Do We Achieve It?

- ❖ **We Protect At-risk Children** - by providing for their physical, emotional, developmental, and educational needs
- ❖ **We Empower Fragile Families** – by offering respect, delivering education, connecting resources, and encouraging responsibility
- ❖ **We Build Safer Communities** - by preventing tragedy, promoting prevention to end the cycle of abuse, and strengthening neighborhoods with healthy families

Does It Work?

❖ The BIG ?

- Do Crisis Nurseries keep kids out of Foster Care?
 - Hint: they do, but probably not why you think...

❖ The Other ?s

- Do families really find success long-term?
- Which families are most likely to benefit?
- What programs are the most effective?

CWRU External Evaluation

- ❖ **First in the US:** This is the first-ever study of crisis nursery long-term outcomes based on service “doses” against public data
- ❖ **Independent University Evaluation:** directed by David Crampton, PhD, Associate Professor of Social Work at the Mandel School of Applied Social Sciences, Case Western Reserve University – respected child welfare researcher
- ❖ **5 Year Evaluation Period:** The study assessed the relationship and outcomes between families who received Providence House services between 2006-2009 and public child welfare system data from 2005-2010
- ❖ **Nationally and Locally Funded:** by the Doris Duke Charitable Foundation and several local funders
 - 18-months to fundraise cost of the study
 - 9 months to analyze the data and report
 - New discoveries were among the findings
 - Now moving to ongoing evaluation and expanding outcomes assessed *N*

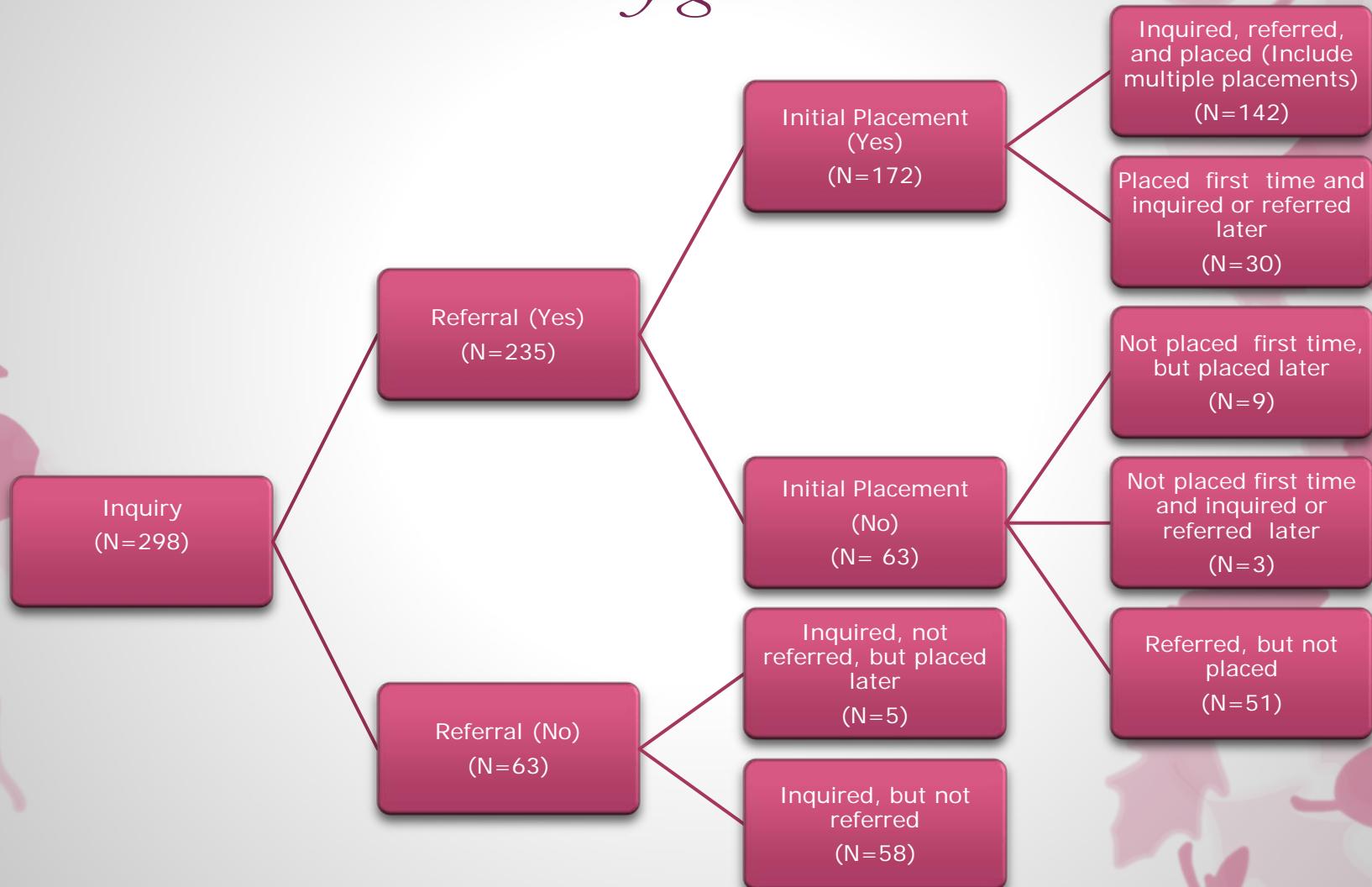
The Initial Goal of the Study

❖ Outcomes of Served Vs. Un-Served

- To determine if children and families served by the Providence House Crisis Nursery Program had better outcomes – less public system and foster care involvement – than those that were un-served
 - Un-served includes wait-listed who were never placed or those ineligible based on admission criteria
- But...

They Keep Coming

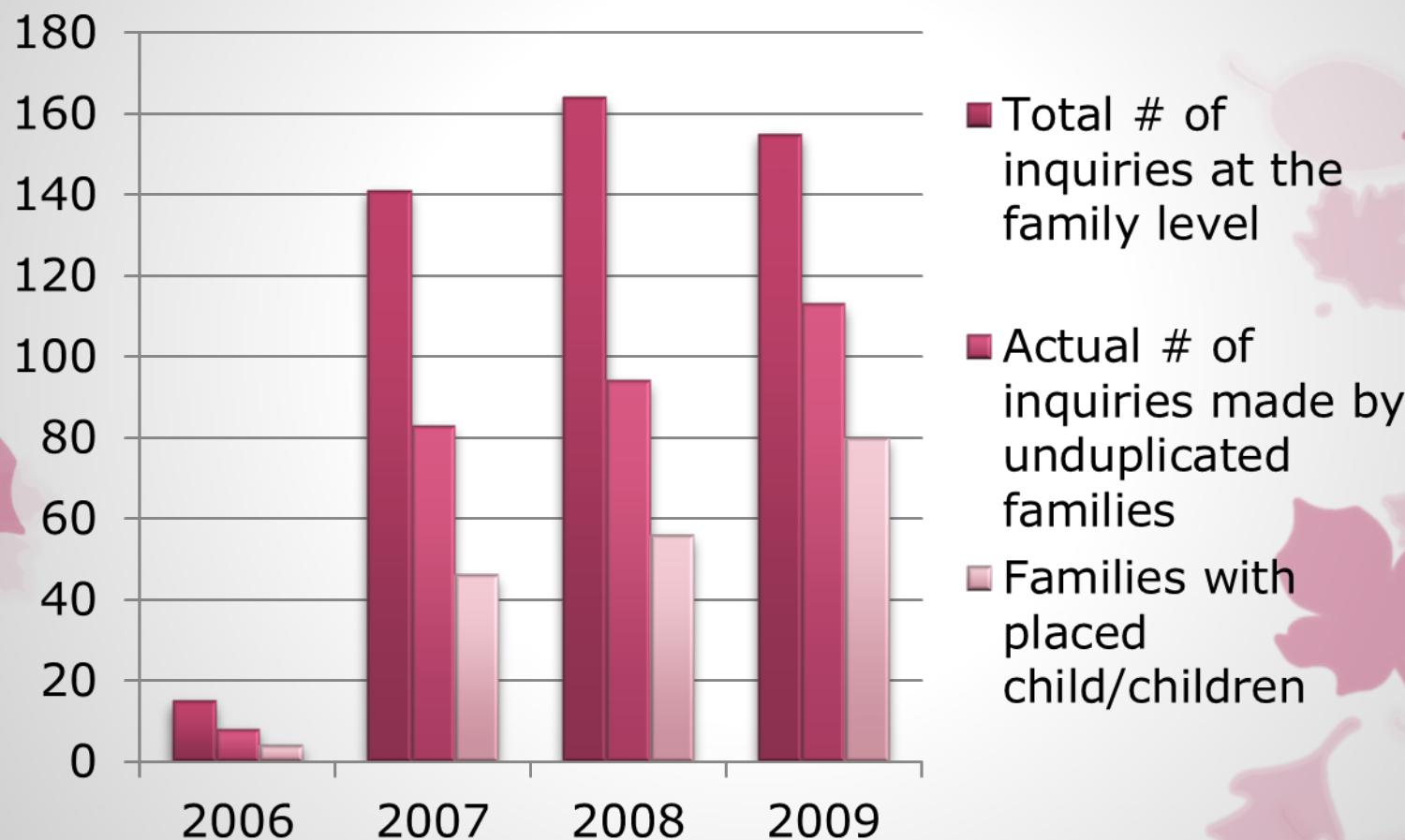
Until they get served



Shifting the Study

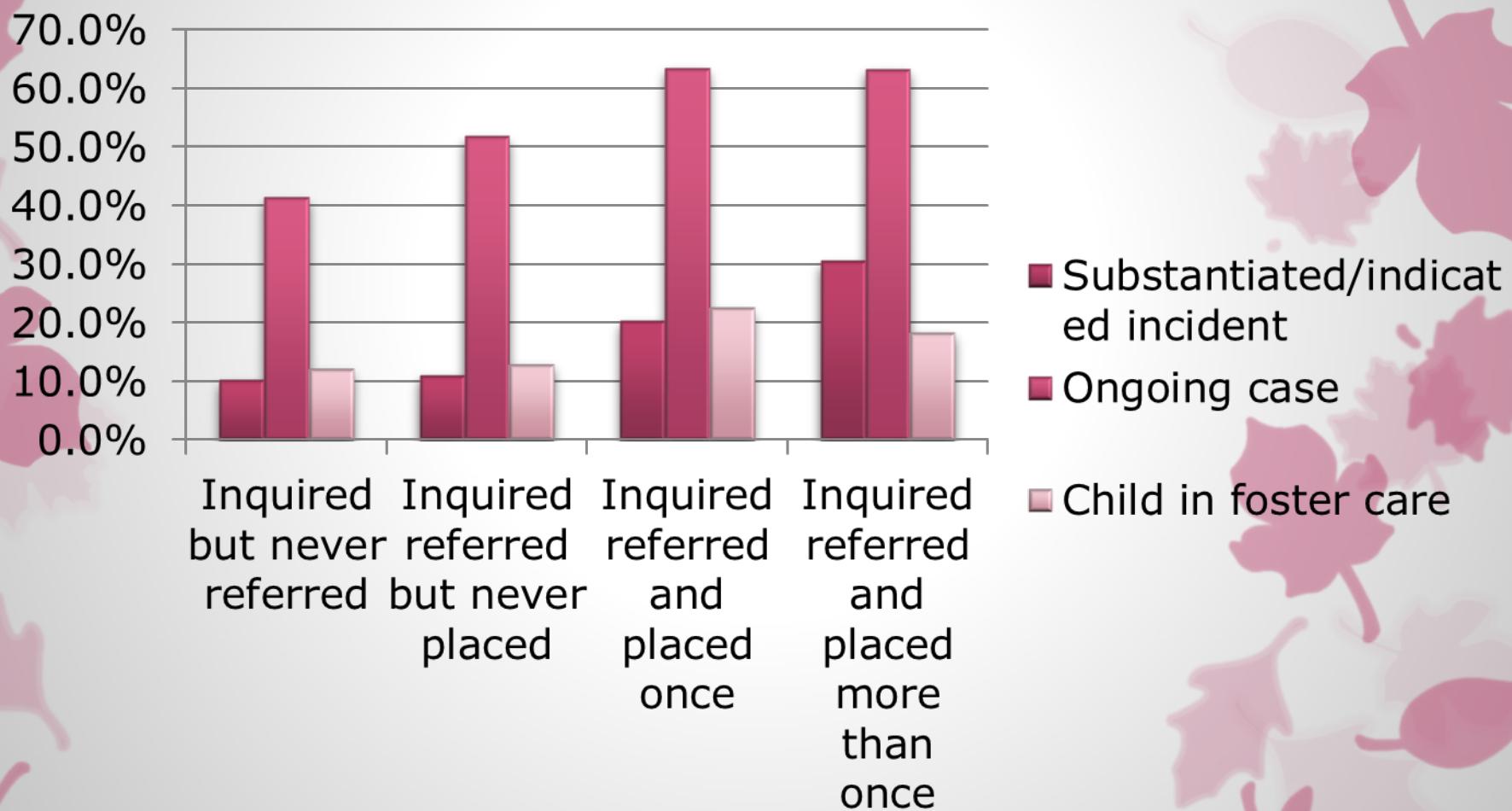
- ❖ Without statistically significant numbers of un-served children and families, the study strove to determine key factors for success in families served:
 - “Doses” of Service were evaluated including
 - Types of Services
 - Program Compliance
 - Race
 - Previous or Current DCFS or Foster Care involvement

Families in the Study



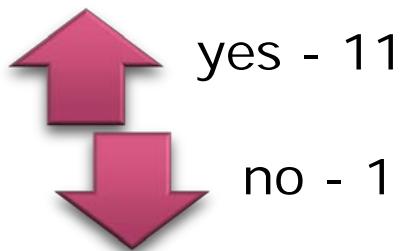
“Sharing” Families in Crisis

Yes, many are the same...



What the Community Thought

- ❖ Nearly all respondents believe Providence House helps prevent entry into the foster care system.

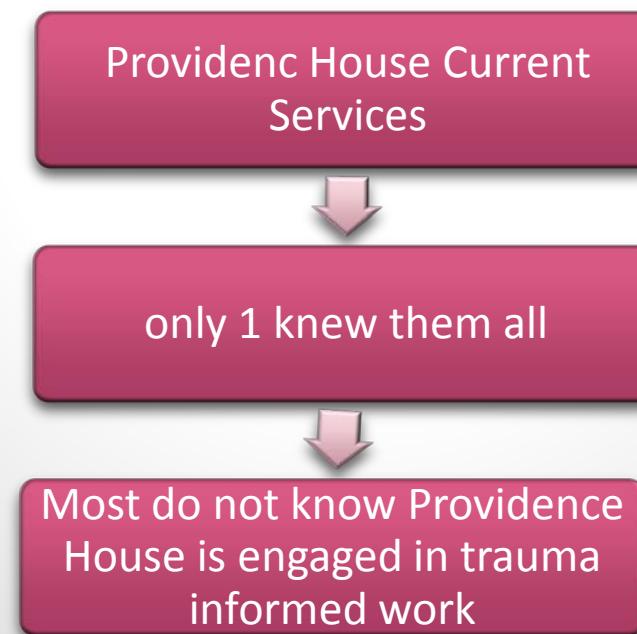


Providence House Prevents Foster Care

- ❖ Providence House is seen as a prevention program by some, an intervention program by some and both by others. It is seen as a “niche” provider by many.

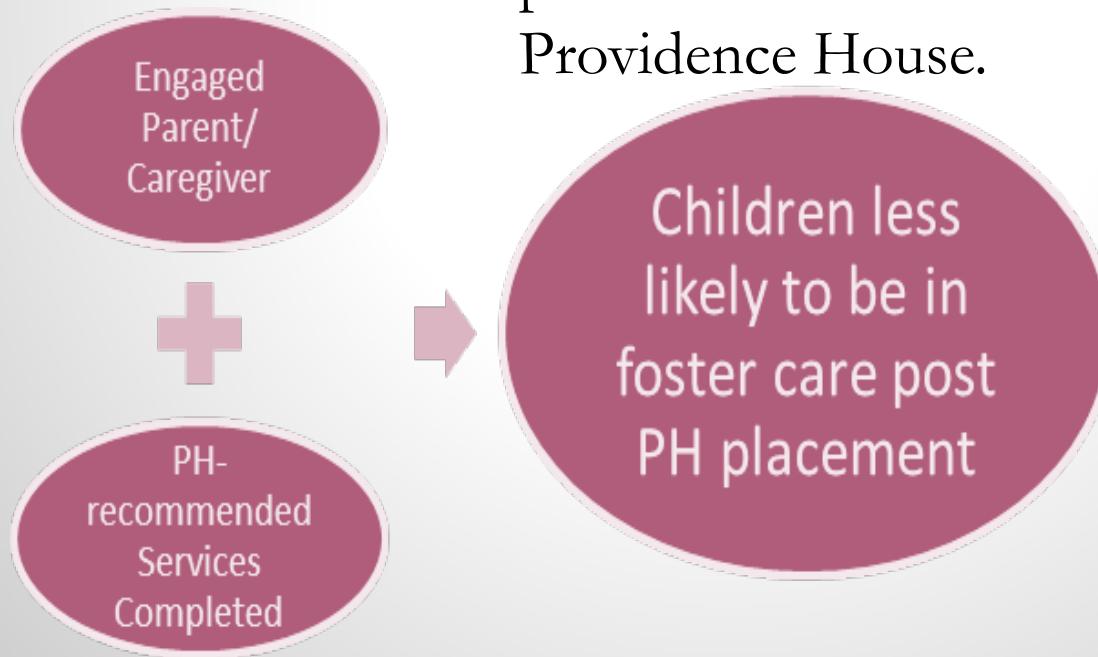
What the Community Didn't Know

- ❖ Only one respondent was aware of all Providence House's services array. Most do not know that Providence House is engaged in trauma-informed work.



What Really Happened?

- 82% of children in the study group did not enter foster care in during the 5-year study period... Why?
- When parents completed the recommended Providence House case management and parent education services, their children were less likely to be placed in foster care after they left Providence House.



Our Service Offerings

*More Than Traditional
Crisis Nursery Programs*

- ❖ Children's Emergency Shelter
- ❖ Direct Children's Service
- ❖ Child and Family Case Management
- ❖ Family Preservation and Education
- ❖ Trauma Services

Key Findings of the Study

Not Everything... but More Than Expected

- ❖ **Reduced Foster Care Placements:** When parents engage in Providence House services and complete recommended Providence House services (case management, parent education, and after care), their children are less likely to be placed in foster care after they leave Providence House.
- ❖ **Successful Minority Families:** Minority families (African American and Bi-racial) are the most successful (vs. Caucasian), with more engagement in Providence House services and less foster care involvement after their child's stay.
- ❖ **Sometimes It Takes More Than Once:** 26% of children at Providence House in this study had multiple placements. Contrary to recidivism assumptions, families with multiple placements of their children were no more likely to have foster care involvement than those with a single placement.

Outputs, Outcomes, and Enduring Impact

Outputs

326 children from
186 families

Average length of
stay of 23 days

1830 Case
Management
Contact Hours

1190 Parent
Education Sessions

1217 Peer
Mentoring Sessions

822 Aftercare
Contacts

Immediate Outcomes

97% of children
reunified with
parent or guardian

89% of families
compliant with
Providence House
service
requirements

Enduring Outcome

Families that
engage in
recommended
Providence House
services have
reduced foster care
involvement.

*Throughout the
course of the study,
82% of children were
not placed in foster
care after their stay at
Providence House

Predictive Factors

- ❖ If it works for most clients; who doesn't it work for (most of the time)?

-  previous DCFS Involvement
-  referred to Providence House by DCFS
-  not compliant with Providence House-recommended aftercare services
-  assessed by Providence House as remaining at risk post placement
-  Caucasian

Programs With A Punch!

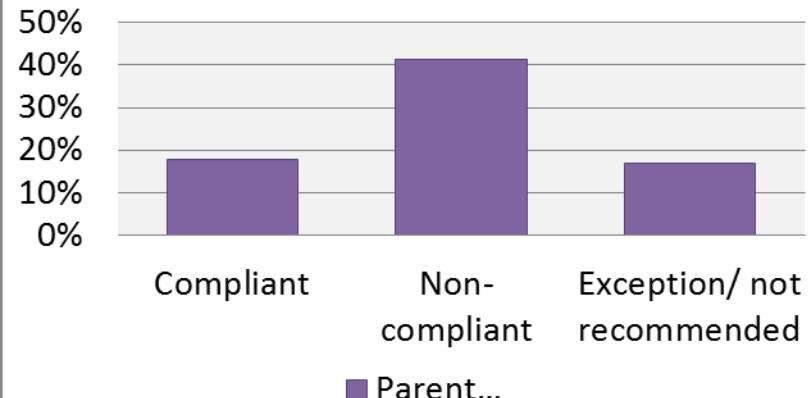
What Made the Difference?

- ❖ Parent Education and Case Management Services were the most statistically significant program “doses” that impacted parent/family stability long-term
 - Aftercare services did not have significant impact in this study model

The Effect of Case Management on Subsequent Foster Care



The Effect of Parent Education on Subsequent Foster Care



Surprise!

Some Unexpected Findings

- ❖ Based on predictive findings, race was a factor not previously considered in outcomes
 - In fact, PH race results are the opposite (better) for minorities than public systems.

Caucasian

- more likely to be referred by DCFS
- less likely to participate in support services at PH
- shorter stays
- more likely to go into foster care post PH

African American

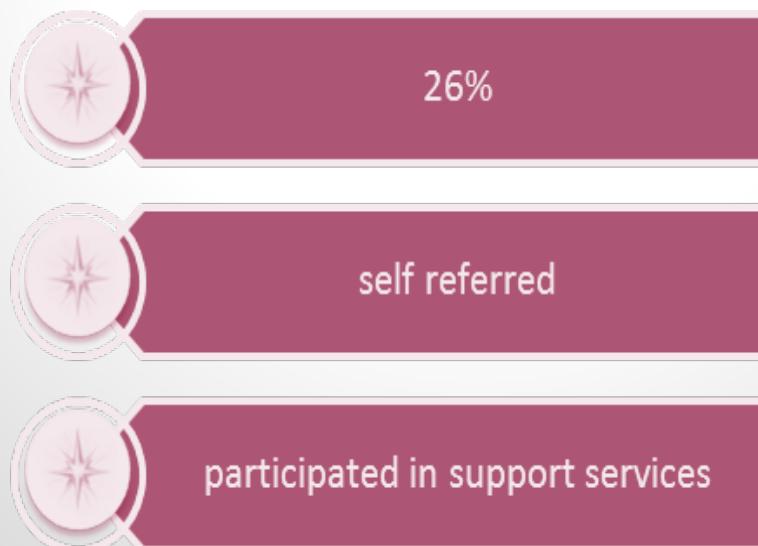
- most likely to self-refer
- more likely to Complete support services
- less likely to be in foster care post PH

Bi-racial

- least likely to be referred by DCFS
- most likely to participate in parent education
- least likely to go into foster care post PH

Proving a Perception Wrong

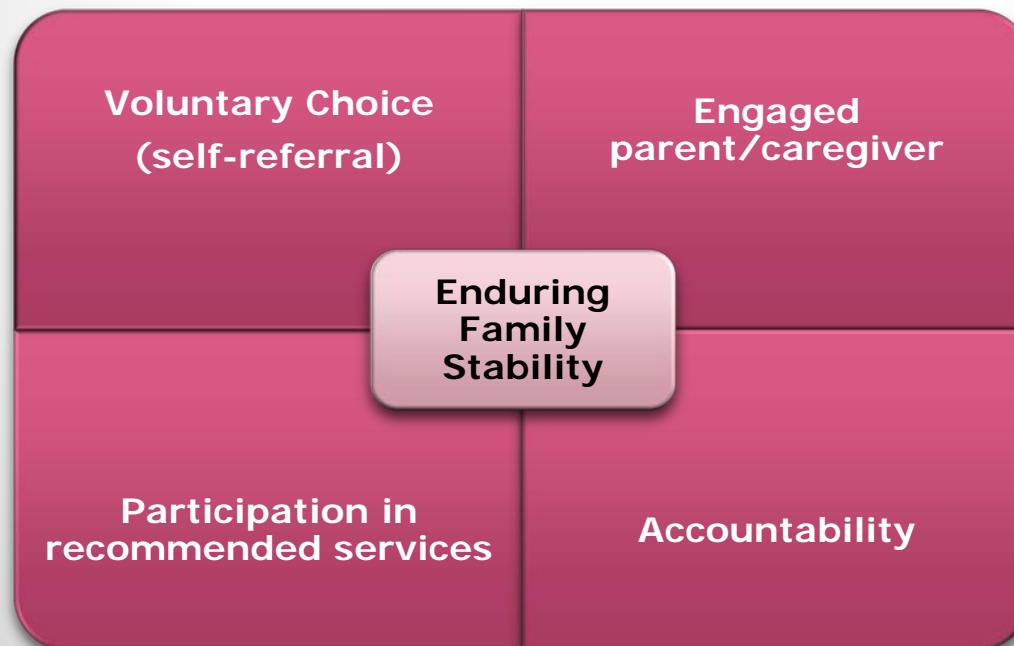
- ❖ Re-admission (recidivism) is seen as a negative in many programs – including our own; perceived to indicate a family that was unable to stabilize
 - Researchers expected families with multiple placements to have higher risk and increased involvement with public child welfare systems or foster care
 - In fact, families with multiple placements were more likely to participate in the full range of PH services and no more likely to have involvement with DCFS than those with a single placement



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The Secret Recipe

- ❖ Based on the findings of this study, we found four common factors that led to enduring family stability in our program:



Future Planning

♦ Did We, Can We, Should We?

What the Study Does

- ❖ **Validates** our own internal data and outcomes results
- ❖ **Indicates** that our innovative program blending child protection, emergency shelter, and abuse prevention services with intensive, holistic child and family support services has an enduring impact on at-risk families.
- ❖ **Proves** that our approach helps the majority of at-risk families served: resolve crises, reunify with their children, and avoid foster care.
- ❖ **Presents** a new approach for family intervention, preservation, and permanency vs. traditional interventions and long-term out of home care.

Our Next Steps

- ❖ In tandem to our own internal evaluations, we intend to pursue additional external evaluation and studies to:
 - Expand beyond initial data points and child welfare outcomes such as foster care placement into newer national standards for long-term child and family well-being
 - Engage resources to evaluate the performance of our planned Wellness Nursery including service impact on overall child wellness and reduced hospital care for children in crisis with minor medical conditions
 - Explore current outcomes for families and children served by more recently deployed services, such as Tiered Service Delivery and Trauma Services

What Happened To You?

*Integrating Trauma-Informed Practices
Into a Crisis Nursery Setting*

*Emily Shurilla, LISW-S
Compliance and Education Director, Providence House*

Trauma as Program Focus

- ❖ About 5 years ago, we began to see a focus on trauma in the literature
- ❖ At the same time, we noted that the children at Providence House were displaying significant signs of distress, particularly during times of transition
- ❖ Received training and certification through the National Institute for Trauma and Loss in Children

A Shift in Focus

- ❖ We used to ask:
“What is wrong with you?”
- ❖ Trauma-informed care requires us to ask instead:
“What happened to you?”

What does the research say?

- ❖ Not necessarily the situation, but how the situation is experienced; each person's experience will be unique (TLC)
- ❖ Trauma symptoms are often mistaken for depression, attention deficit problems, conduct disorder, reactive attachment, and other disorders (TLC)

What does the research say?

- ❖ Most effective intervention will focus on helping children with the way they see themselves and others as a result of the exposure to trauma (TLC)
- ❖ Traumatized children must experience themselves as survivors, not victims, and as resilient, not powerless (TLC)

What does the research say?

- ❖ Reason and logic are not accessible in trauma, and trauma is not a cognitive experience (TLC)
- ❖ Traumatized children are driven by their sensory memories of the experience (TLC)

Trauma and the Brain

- ❖ At birth, an infant's right brain and brainstem are developed, which are responsible for the five senses, memory, and stress regulation
- ❖ When a child is experiencing arousal due to trauma, their still-forming brain reverts to primitive responses, and they cannot access the cognitive part of their brain
- ❖ This means we must focus first on calm and reducing arousal!

What Do We Find?

- ❖ Growing numbers of the parents and children we serve have had exposure to trauma and violence:
 - 56% have experienced domestic violence
 - 20% were sexually assaulted
 - 19% experienced community or criminal violence
 - 5% were victims of child abuse
- ❖ This exposure to trauma is a key indicator in the “reasons” for placement in our families:
 - Homelessness
 - Alcohol and/or drug addiction
 - Mental Health issues
 - Chronic Medical conditions

What Do We Find?

- ❖ Though virtually none of the children who stay at Providence House have been substantiated cases of abuse or neglect, they have been exposed to some level of trauma:
 - Homelessness
 - Temporary separation from their parent
 - Chronically ill parent
 - Witness to violence
- ❖ Children are often verbally and/or physically aggressive, have changes in eating and/or sleeping patterns, regress to previous behaviors, or lose interest in things they previously enjoyed, as a result of trauma.

Our Philosophy

- ❖ Adults who experienced trauma as children are often challenged to deal productively with trauma as adults
- ❖ As a result, the children of those parents learn poor coping skills themselves and repeat the cycle as they grow older

Our Philosophy

- ❖ Our goal is to help children learn body awareness and techniques for self-soothing
- ❖ Our safe, trauma-informed environment allows children to thrive
- ❖ The skills they develop foster resilience and post-traumatic growth, despite adverse life events

Tools We Use

- ❖ Screening – internally developed
- ❖ Assessment
 - One and Two Week Assessment
 - Trauma Symptom Checklist for Young Children (TSCYC) is used with 3 year olds to 10 year olds
 - Trauma Symptom Inventory-2 is used with adults

Intervention

- Parents with clinically elevated scores on the TSI-2 receive psycho-education on the themes of trauma
 - Safety, worry, hurt, fear, anger, relaxation, and survivor
- Parents learn how to support the development of coping skills in their children
- For ongoing and long-term therapy, referrals made to outside agencies
- For children onsite, we use short sensory-based interventions that also focus on the themes of trauma, primarily safety

Environment is Key

❖ Sensory-Based Activity Spaces

- Creative room (outside instructors for art and music on a regular basis)
 - Art – drawing or painting
 - Music – various instruments used to express emotion
 - Sand and water table – filling and pouring, tactile
- Library
 - Reading – books that help them process situation
 - Fine motor – quiet play, keeping hands busy

Environment is Key

❖ Sensory-Based Activity Spaces

➤ Dining room

- Meals/snacks – family-style, learn appropriate interactions
- Dramatic Play – expression through a different character

➤ Gross motor

- Using large muscle groups to exert energy
- Yoga – children learn deep breathing as well as tangible ways to calm their bodies
- Dance – allows for creative expression using the whole body

Environment is Key

❖ Schedule

- Daily schedule for the children
- Split into age groups of no more than 4 children
- Children learn what to expect, including when meals and snacks will occur, as well as nap and bed times
- Special attention paid to transitions, which can be difficult for children, especially those who have experienced trauma

Environment is Key

- ❖ Soothing colors for the walls and furnishings
- ❖ Sound machines used at nap and bed times
- ❖ Rocking all children each day
- ❖ Singing while diapering
- ❖ Reframing children's behaviors
- ❖ Repetitive responses required
- ❖ Allow children choices

The Results Link to the Research

- ❖ As a result of the setting, children are naturally better able to stay regulated or to reduce their arousal level through learned sensory activity
 - When our typical routine still elicits higher arousal for a child, we work to find individualized ways to meet the child's needs



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