Available online at www.sciencedirect.com
SCIENCE DIRECT
Children and Youth Services Review
27 (2005) 995–1010
Children and Youth Services Review
www.elsevier.com/locate/childyouth

Crisis nurseries: Important services in a system of care for families and children

Susan A. Cole[a,*], Kathryn Conley Wehrmann[b], Ginny Dewar[c], Laura Swinford[c]

[a]*School of Social Work, University of Illinois-Urbana-Champaign, 1207 W. Oregon Street, mc-140, Urbana, IL 61801, United States*
[b]*Illinois State University, United States*
[c]*Crisis Nursery, Urbana, IL, United States*

Received 25 September 2004; received in revised form 15 December 2004; accepted 17 December 2004
Available online 20 January 2005

Abstract

This paper reports the results of an evaluation of crisis nursery services for five crisis nurseries in Illinois from 2000 to 2003 based on analysis of administrative data reported to the Illinois Department of Human Services (IDHS). Crisis nursery services, sometimes called "respite" services, provide temporary emergency care for children. The results demonstrate the vital importance of availability of emergency support services for young children and their caregivers. By describing how crisis nurseries respond to needs of families of young children and provide the after-crisis care. It describes the important role crisis nurseries currently play in crisis intervention and after-crisis services for children and their families.

Keywords: Crisis nurseries; Illinois; IDHS; Emergency; Respite; Infants; Young children

1. Introduction

Crisis nursery services, sometimes called "respite" services, provide temporary emergency care for children (Andrews, Bishop, & Sussman, 1999; Franz, 1980). The

* Corresponding author. Tel.: +1 217 244 5231; fax: +1 217 244 5220.
E-mail address: sacole@uiuc.edu (S.A. Cole).

0190-7409/$ - see front matter © 2004 Elsevier Ltd. All rights reserved.
doi:10.1016/j.childyouth.2004.12.023

"emergency" or "crisis" for which the family requests services can range from the need for child care due to a medical emergency (i.e., an automobile accident or surgery) to an unexpected stressful home situation (i.e., domestic violence or homelessness) to a risk of abuse and neglect (i.e., stressed single parent with no support) (Andrews et al., 1999).

Sometimes dismissed as emergency "babysitting" services, crisis nurseries provide specialized crisis interventions to infants and young children and their families. When families experience crisis situations, the primary caregivers are often unavailable physically or psychologically to meet the needs of their children (Webb, 1999). The caregivers' may be unable to perceive what their young children need or how to best address their needs in the family crisis (Webb, 1999). When this occurs, both the young children and their caregivers need timely interventions in a safe place where the workers are trained to understand how crisis affects each member of the family (Webb, 1999).

When the environment of pre-school children is chaotic, dangerous, or uncertain, children need the support of people who understand their developmental needs and can provide appropriate interventions until their primary caregivers can again be attentive to them (Webb, 1999). Studies of the effects of the traumatic events of September 11th and the long-term effects of traumatic experiences in children from otherwise stable families (Gaensbauer, 2004) underscored the importance of specialized crisis intervention for young children (Thomas, 2001–2002; Schechter, Coates, & First, 2001–2002). Crisis nursery workers have understood the need for these services and have provided crisis intervention services to children 0–5 years old and their families since the 1960s (DeLapp, Denniston, Kelly, & Vivian, 1998). Crisis nursery workers are experts in ameliorating the effects of the traumas young children experience. The crisis nursery workers have the knowledge and the skills to provide developmentally appropriate interventions for children. Young children in family crises may not have the cognitive sophistication to understand what is happening to them or their families, but they sense the emotionality of the situation and respond to it (Pynoos, 1994; Schechter et al., 2001–2002). They and their families need assistance in negotiating the immediate crisis and the after effects of the event in order to ensure positive post-trauma child development (Osofsky, 1997).

Although crisis nurseries vary in the services they offer to families, many provide an array of choices that include initial crisis assessment and intervention services, after-crisis interventions, follow-up care, and/or referral to other community services (Andrews et al., 1999). Crisis nursery service delivery is limited by the capacities of the nurseries. To insure that the children most in need get immediate service, the crisis nurseries maintain a list of emergency priorities for providing care when the facilities are at maximum capacity. When licensing capacity is reached, the crisis intake workers assist the family in resolving the immediate crisis and provide referral and transportation to another agency that can provide ongoing care (Dougherty, Yu, Edgar, Day, & Wade, 2002).

Historically, crisis nurseries in the United States developed from a grassroots movement in the 1960s to provide respite to parents in stress and prevent child abuse and neglect (DeLapp et al., 1998). The crisis nurseries were initially funded by private donations (Clark, 1990). Impetus for federal legislation resulted from a year-long U.S. House of Representatives Select Committee on Children, Youth and Families investigation that documented a need to be responsive to families with children who have special needs including teen parents, families of children with disabilities, and stressed caregivers at risk

of abusing or neglecting their children (ARCH, 1994). In 1986, funding for effective temporary care to help preserve and support families and strengthen the parent bond was established in the Temporary Child Care for Children with Disabilities and Crisis Nursery Act of 1986. This was reauthorized in the Child Abuse, Domestic Violence, Adoption and Family Services Act, Temporary Child Care for Children with Disabilities and Crisis Nurseries Act Amendments (1992). Since 1988, 47 states have obtained funding to establish a total of 175 crisis nurseries and two respite centers (ARCH, 1994). They provide support for all families who need emergency care.

Although crisis nurseries are of vital importance in providing emergency support services for young children and their caregivers, little recent research has investigated the role that crisis nurseries play in a system of care for young children and their families (Knitzer, 1982, 2000). An important early study highlighted the role that crisis nurseries can play in preventing child abuse and neglect. The Nashville Comprehensive Emergency Services Demonstration Project in the early 1970s implemented a coordinated emergency system of services for neglected and abused children in Nashville, Tennessee. The demonstration project included services that provided emergency care for children in their own homes or in emergency foster homes (Burt & Balyeat, 1974). The evaluation of this program demonstrated the project's success in meeting a variety of program objectives. It found that the number of neglect and dependency petitions was reduced and fewer children were removed from their families and placed in substitute care. The program was also found to reduce the numbers of children on whom abuse and neglect petitions were filed who were subsequently abused and neglected by the end of the next year (Burt, 1976).

Stein's (1985) review of the results of seven programs to prevent out-of-home placement for children at-risk for abuse and neglect reported mixed results. Three studies that incorporated emergency services (including the Burt & Balyeat, 1974 reported above) and two prevention projects in New York that incorporated emergency child care, reported positive outcomes. Design flaws (risk assigned by worker judgement rather than objective criteria) and the change in child welfare policy (to maintain children in their own homes as opposed to foster care placements) made it difficult to come to definitive conclusions about the impact of emergency services on prevention of placement for risk of abuse and neglect.

In his review of the literature on prevention of child abuse and neglect, Schmitt (1980) identified crisis nurseries along with access to counseling for parents as "extremely inexpensive forms of prevention" (p. 176), when compared to the cost of foster care placements. Other studies have also reported on the impact of crisis nursery interventions on the impact of child abuse and neglect (Andrews et al., 1999; Dougherty et al., 2002; Subramanian, 1985). Thirty-six parents reported a decrease in parenting stress for problems related to their children as well as financial and housing problems when they accessed crisis nursery services (Subramanian, 1985). Parents using crisis nursery services also reported significant improvements in parenting stress based on pre- and post-test scores on the Parenting Stress Index/Short Form (Cowen, 1998). Some research suggests that those who use crisis nursery services perceive them as safe places for children (Dougherty et al., 2002). In an ARCH survey of users of crisis nursery services, caregivers reported that if crisis nursery services were not available they might choose to leave their children alone, in the care of an inappropriate caregiver, or have the child accompany them

to a place the parent perceived as dangerous for the child (Dougherty et al., 2002). Limited research addresses the role crisis nurseries play in strengthening families and developing independence beyond time-limited crisis intervention (Andrews et al., 1999).

This paper is an analysis of the aggregate, administrative data collected by the Illinois Department of Human Services (IDHS) for monitoring and funding purposes. The data used for the analysis were collected for the funding years 2001–2003 by five crisis nurseries in Illinois. By analyzing the data requested by DHS, we gain an understanding of who the nurseries serve, the types of services delivered, and the changes in service demand over time. While the data available for analysis are limited to the reporting parameters of the DHS monitoring criteria, the analysis of these data provides new information on how crisis nurseries serve families of children 0–5 and sets the agenda for future research into the place of crisis nurseries in a comprehensive system of care for young children and families.

2. Methodology

2.1. Study participants

The five nurseries that participated in this study use two different organizational structures to provide services to families. Two of the nurseries are incorporated with the State of Illinois as independent non-profits with boards of directors and executive directors who manage the day-to-day operations of the nurseries. Three of the nurseries are subsumed under larger non-profit organizations that provide a range of services from child care to child welfare services. All the nurseries use a similar mix of paid staff and trained volunteers and provide 24-h, 7-day respite, 365 days per year.

In 2000, the five crisis nurseries established an informal coalition called the Illinois Crisis Nursery Coalition. The coalition allowed the nurseries to work together to expand their crisis intervention and after-care programs. Through the work of the coalition, each of the nurseries was able to obtain partial funding from the IDHS. An IDHS requirement was that the nurseries establish a system of service tracking to demonstrate program effectiveness. The coalition worked closely with the IDHS to identify reporting variables that would be meaningful for the nurseries and fulfill IDHS monitoring requirements. Table 1 is a list of the variables all five nurseries agreed to report to IDHS on a quarterly basis.

As requested by IDHS, the total number of adults and children served was reported. No further identifiers were provided by crisis nurseries for families that accessed services. To better ascertain the types of at-risk families served by the crisis nurseries, IDHS also asked the nurseries to report on the number of children from three specific types of at-risk families served by them. Children served by crisis nurseries, who would have been removed from their homes and placed in foster care if their families did not obtain crisis nursery services was the first group. These were children from intact families currently served by the Illinois Department of Children and Family Services (IDCFS), who IDCFS identified that were in danger of being placed in foster care. Children from homeless families comprised the second group of interest to IDHS. Children with developmental delays served by crisis nurseries were the third group of interest.

Table 1
Variables reported to IDHS by crisis nurseries in Illinois

General information reported
Unduplicated count of adults receiving crisis nursery services
Unduplicated count of children receiving crisis nursery services
Total number of admissions/intakes of children for crisis nursery services
Total number of child care hours provided
Total number of counseling hours provided
Information reported on children served
Unduplicated count of children served who would have entered the child welfare system
Number of admissions for children served prevented from entering child welfare services
Unduplicated count of children whose families are homeless
Unduplicated count of children with developmental disabilities
Reasons for admission (provided by parents served at each admission for crisis services)
Parental stress
Domestic violence
Home crisis
Mental health (parent or child)
Substance abuse
Court related
Medical related
Public support services (TANF training or work requirements)
Other
Turn away information
Ineligible: Referral made
Capacity: Referral made
Capacity: No referral made
Family support services
Parent Education Classes
Adult Support Groups
Children's Groups
Amount of in-kind services for basic needs provided
Number of referrals provided to services in the community
Number of follow-up activities provided
Outcome measures
Percentage of parents who reported a decreased level of stress after receiving services
Percentage of parents who reported a positive change in their parenting skills
Percentage of parents who reported a reduced risk of maltreating their child

IDHS also required that the crisis nurseries identify outcome data that would show the effect of crisis nursery interventions on potential for parental child abuse and neglect, parental stress, and quality of parenting skills. The five nurseries agreed to use items from the ARCH National Respite Network and Resource Center Questionnaire for Families Using Respite Care 5.2 (ARCH Form 5.2) to report identified outcomes.

2.2. Measures

The ARCH Form 5.2 is a 15 item self-report evaluation instrument that is administered in person or by telephone by crisis nursery workers to caregivers at the completion of each crisis nursery service admission. The caregiver is queried about: the

reason for seeking crisis care; the length of time the caregiver was in crisis before contacting the agency; if the caregiver had used crisis nursery services before the present admission; would they use crisis nursery services again; the caregiver's perceived stress level pre- and post-receipt of nursery services; the caregiver's perception of how secure and safe nursery services were; the caregiver's perception of stress reduction; the caregiver's perception of increased parenting effectiveness; alternatives the caregiver would have used if crisis nursery services were not available; problem(s) the caregiver was able to address with the support of crisis nursery services; sufficiency of the respite provided to the caregiver; level of threat of the child's removal from the caregiver by child welfare without crisis nursery services; and availability of other emergency care.

The crisis nurseries reported the outcomes of their interventions by providing IDHS with the responses of caregivers to three specific items from ARCH Form 5.2. Responses to Items 5 ("When you brought your child or children to us for crisis care, how "stressed" were you in your role as a parent") and 6 ("Now that you have had crisis care, how "stressed" are you in your role as a parent") were used to evaluate the change in parental perceived stress level after using crisis nursery services. Caregivers respond to a seven item Likert scale (1=Not at all stressed, 2=Slightly stressed, 3=Somewhat stressed, 4=Moderately stressed, 5=Quite stressed, 6=Very stressed, 7=Extremely stressed) to report their level of perceived stress before and after using services.

Item 9 ("Do you feel that this program reduces the risk of harm to children?") was used to evaluate the caregivers' perception of the degree that the program changed the risk of harming children. A different seven item Likert scale (1=Not at all, 2=Slightly, 3=Somewhat, 4=Moderately, 5=Quite a bit, 6=Greatly, 7=Extremely) measured the degree to which caregivers reported their decreased risk of abuse and neglect. Using the same Likert scale used in Item 9, Item 10 ("Now that you have had crisis care, do you think you will be able to more effectively parent your child?") evaluated the caregiver perceived change in parenting skills.

In 2003, the chair of the Illinois Crisis Nursery Coalition contacted the researchers to request assistance in analyzing the data that the crisis nurseries reported to IDHS. The crisis nurseries wanted to understand how well the nurseries were fulfilling service needs over time. The authors met with the executive directors and crisis workers from the five nurseries of the coalition and IDHS to discuss strategies to use the existing data for program improvement. Based on these discussions, the crisis nursery research and evaluation project was initiated. It was a unique public/private/public university effort.

2.3. Procedures

The nursery executive directors and IDHS emailed the aggregate data on an Excel spread sheet from funding years 2001–2003 to the researchers. These data were summarized on a composite database. The nursery directors, program managers, and researchers met once per month to resolve any data reporting issues. When the data from the final quarter of 2003 were recorded, frequencies, percentages, and changes over time

were computed by the researchers. The aggregate data were summarized and presented to crisis nursery executive directors, program managers, and IDHS monitors in October 2003. During the presentation and review of the data summaries, the individual nursery personnel discussed the contextual factors in their organizations and local communities that affected the numbers they reported. The results of these discussions were recorded by the researchers in minutes from this meeting. They provide a qualitative context for interpreting the data analyzed for this study.

3. Results

This section reports the results of the analysis of the administrative data reported to IDHS by the five crisis nurseries. Three years of data are summarized in the results from the following variables: the number of hours of crisis care provided, how many children and adults were served, what types of crisis nursery services were used, the reasons why services were accessed, and the results of the three outcome measures reported to IDHS (Table 2).

Overall, the number of hours of crisis nursery care provided by the nurseries increased from about 66,000 in FY 2001 to over 82,000 h in FY 2003 (Table 3).

The number of adults served more than doubled. A small decline (about 7%) in the number of children served over the 3 year period is reported. When the number of hours of care per child is calculated over the 3 year period, by dividing the number of child care hours by the number of children receiving care, the number of hours of crisis care per child increased from about 28 h per child in FY 2001 to about 40 h per child in FY 2003 (Table 4).

Table 2
Number of hours of crisis nursery care provided

Variables	FY 2001	FY 2002	FY 2003
Number of hours of crisis care provided	65,937	65,393	82,493

Table 3
Total number of adults and children served by the crisis nurseries

Variables	FY 2001	FY 2002	FY 2003
Total children served[a]	2701	2693	2520
Total number of adults served	1197	2569	2613

Table 4
Children served from at-risk categories

Variable	FY 2001	FY 2002	FY 2003
Children co-served by crisis nurseries and IDCFS	270	441	555
Children served from families without homes	203	263	351
Children served with developmental disabilities	135	105	226

The number of children reported from three categories of risk identified by IDHS was examined. These included children at-risk for removal from their homes, children from homeless families, and children with developmental delays. Children from families co-served by IDCFS and the crisis nurseries, the first category of risk, increased during each of the 3 years studied. Between FY 2001 and FY 2003, the number of children co-served increased by 63% from 270 to 441. Between funding years 2002 and 2003, children co-served increased by and additional 26%, from 441 to 555. Over the 3 year period studied, the number of children co-served by IDCFS and crisis nurseries more than doubled.

The number of children from families who were homeless served by the crisis nurseries was the second category of risk identified for reporting by IDHS. Children from families that were homeless, increased by 73% (from 203 to 351) between FY 2001 and FY 2003.

The third risk category identified by IDHS was the number of children who had developmental disabilities. The number of children with developmental disabilities served by the crisis nurseries increased from FY 2001 to FY 2003, although there was a decline in children with developmental disabilities served from FY 2001 to FY 2002. During the 3 year period studied, the overall number of children with developmental disabilities served by crisis nurseries increased by 66% (Table 5).

An admission is the term used each time a child is brought to a crisis nursery site for crisis intervention service. The total number of crisis nursery admissions for all children served between FY 2001 and FY 2003 increased by 42% from 7287 to 10,333. The mean number of admissions per child for all children served almost doubled during the study period (2.1 in FY 2001; 3.2 in FY 2002; 4.1 in FY 2003) (Table 6).

When the average number of admissions per child served for all children is compared to the average number of admissions for children co-served by IDCFS and the crisis nurseries, in FY 2001, children co-served received almost twice as many admissions—3.9 per child as compared to 2.1 for all children. In FY 2002, the average number of admissions per child co-children fell to about 3.3, which was about the same as for children served overall (3.2), while in FY 2003, the average number of admissions per co-served child rose to 3.8. In FY 2003, the average number of admissions for of all children served by the nurseries (4.1 per child) was greater than

Table 5
Total number of admissions for all children and for children co-served by crisis nurseries and IDCFS

Variable	FY 2001	FY 2002	FY 2003
Number of crisis nursery admissions for all children	7287	8496	10,333
Number of crisis nursery admissions for children co-served	1057	1434	2107

Table 6
Number of admissions per child served

Variable	FY 2001	FY 2002	FY 2003
Number of crisis nursery admissions per child	2.1/child	3.2/child	4.1/child
Number of crisis nursery admissions per child co-served	3.9/child	3.3/child	3.8/child

the average number of admissions of children who were co-served (3.8 per child) (Table 7).

For each admission, the caregiver provided a reason why they were requesting crisis nursery services. The top three reasons caregivers reported for requesting crisis nursery services over the 3 year period remained fairly stable: job or school related (averaged about 35%), parental stress (averaged 28%) and medical related (14%).

Some shifts were noted in the percentage of parents who provided certain reasons for accessing services during the 3 year studied. Although the number of times parents giving "parental stress" as a reason for admitting their child for crisis nursery services increased from FY 2001 (1846) to FY 2002 (2163), the percentage of parents citing stress remained about the same (26%). In FY 2003, the number increased to 3141 and the percentage of parents citing stress as their reason for admission increased to 31%. The number and percentage of parents who indicated "substance abuse issues" more than doubled over the 3 years from 3% (234) in FY 2001 to 7% (726) in FY 2003. Although "medical related" remained one of the top three reasons for admissions, the percent who reported needing emergency care for this reason declined over the 3 year period studied as did the percent accessing crisis nursery services due to mental health and domestic violence issues. The percent of parents who reported accessing crisis nursery services due to "job and school related emergencies" (34%), "home crises" (6%), "court related issues" (3%), "maintenance of public support requirements" (2%) and "other" non-specified reasons (1%), remained stable over the 3 years studied (Table 8).

To maintain the gains made from crisis intervention services and family support services, many families needed follow-up services. The number of follow-up services

Table 7
Reasons for admission

	FY 2001	FY 2002	FY 2003
Job/school related	2471 (34%)	3017 (36%)	3485 (34%)
Parental stress	1846 (26%)	2163 (26%)	3141 (31%)
Medical related	1152 (16%)	1208 (14%)	1271 (12%)
Substance abuse	234 (3%)	354 (4%)	726 (7%)
Home crisis	364 (5%)	531 (6%)	601 (6%)
Domestic violence	199 (3%)	321 (4%)	243 (2%)
Court related	317 (4%)	288 (3%)	342 (3%)
Mental health	285 (4%)	305 (4%)	215 (2%)
Public support services	N/A[a]	161 (2%)	186 (2%)
Other	18 (<1%)	92 (1%)	72 (1%)
Total	7186	8440	10282

[a] Not tracked until 2001.

Table 8
Number of follow-up services crisis nurseries provided

Variables	FY 2001	FY 2002	FY 2003
Number of after-crisis follow-up services provided	N/A	1645	2191
Number of family support follow-up services provided	1999	1682	1508
Total number of follow-up services provided	1999	3327	3699

provided for the two types of services was also studied. The number of follow-up services (1999) was reported only for crisis nursery family support programs in FY 2001. The number of follow-up services was reported for both crisis nursery services and family support programs in FY 2002 and FY 2003. For these 2 years, the total number of follow-up services provided to caregivers from both the crisis nursery and family support programs increased by about 11% from 3327 in FY 2002 to 3699 in FY 2003 (Table 9).

To extend the effect of the work started during crisis nursery or family support interventions, specific follow-up interventions were provided by the crisis nurseries. Individual counseling at the crisis nurseries and in family homes was one type of after-crisis care provided. Individual counseling hours provided to children and adults increased from a low of about 350 h in FY 2001 to over 4700 h in FY 2003.

Group educational and counseling support (for adults and children) was another type of after-crisis care provided at the nurseries. The number of parent education groups that caregivers completed almost doubled from 105 in FY 2001 to 208 in FY 2003. The number of parent support groups completed by caregivers more than doubled from 65 in FY 2001 to 141 in FY 2003. The number of groups children completed increased by almost three times from 108 in FY 2001 to 302 in FY 2003.

In-kind support to families was an additional after-crisis service provided by the nurseries. In-kind support included food, clothing for children and adults, diapers, wipes, and developmentally appropriate toys. The dollar value of in-kind services provided to families from the crisis nurseries increased from about $14,000 in FY 2001 to about $59,000 in FY 2002 to over $82,000 in FY 2003 (Table 10).

Families using crisis nursery services may need special services that are beyond the scope of services that the nurseries can provide. The crisis nurseries have referral links

Table 9
Number of individual counseling hours and counseling groups completed (parenting education, adult and child support groups)

Variables	FY 2001	FY 2002	FY 2003
Number of individual counseling hours provided	351	629	4750
Number of parent education groups completed	105	144	208
Number of adult support groups completed	65	92	141
Number of children's support groups completed	108	147	302

Table 10
Number of referrals to community programs: Families served and families turned away

Variables	FY 2001	FY 2002	FY 2003
Number of referrals provided to community services for families served			
Number referred after crisis nursery program	727	3506	3986
Number referred after family support programs	431	393	357
Total number of referrals for community services	1158	3899	4343
Number of referrals for community services for families turned away			
Number referred who requested services not provided by crisis nurseries	500	212	228
Number of eligible turned away due to capacity	365	467	464
Total number turned away with referrals	865	679	692

with community agencies that provide specialized services for domestic violence, shelter, substance abuse counseling, and ongoing mental health counseling. The total number of referrals provided to families for other community services increased by about 11% from 1158 in FY 2001 to 4343 in FY 2003.

Potential service recipients sometimes request services not provided by the nursery (i.e., requests for regular daycare services, housing services, or adult shelter for domestic violence). The number of clients who were turned away due to requests for services the nurseries could not provide decreased by more than half from 500 in FY 2001 to 212 in FY 2002 and remained about the same (228) for FY 2003. At other times, the nurseries do not have sufficient capacity to meet the crisis needs of all the families who request services. The number of clients turned away due to capacity problems increased by about 28% from 365 in FY 2001 to 467 in FY 2002 and remained about the same (464) for FY 2003 (Table 11).

Caregivers' perceptions of the effects of crisis nursery interventions on their level of stress improved during each of the 3 years studied. For FY 2001, 399 evaluations were completed by adult caregivers who received crisis nursery services. Of the caregivers who completed evaluations of the services they received, 79% reported that their stress level decreased. In FY 2002, 852 adult caregivers completed evaluations for services received. Of those, 91% reported a decrease in stress. In FY 2003, 650 adult caregivers completed evaluations for services received and of those, 90% reported a decrease in stress.

Caregivers' perceptions of the effects of crisis nursery interventions on their parenting skills also improved for each of the 3 years studied. In FY 2001, of the 304 caregivers receiving crisis nursery services who completed evaluations, 77% reported a positive change in their parenting skills. In FY 2002, of the 664 caregivers who completed evaluations, 91% reported a positive change in their parenting skills. Of the 718 caregivers receiving crisis nursery services who completed evaluations in FY 2003, 96% reported a positive change in parenting skills. During the 3 year period studied, the percent of caregivers reporting a positive change in their parenting skills increased by 24%.

Caregiver reported perception of risk of maltreatment improved during each of the 3 years studied. In FY 2001, of the 248 caregivers who completed evaluations, 73% reported that nursery services reduced their risk of maltreatment. Of the 594 caregivers who completed

Table 11
Improvements reported by caregivers

Variables	FY 2001	FY 2002	FY 2003
Decrease in parental stress			
Number reporting decrease	399	852	650
Percentage reporting decrease	79%	91%	90%
Reduced risk of maltreatment			
Number reporting decrease	248	594	745
Percentage reporting decrease	73%	79%	98%
Improvement in parenting skills			
Number reporting improvement	304	664	718
Percentage reporting improvement	77%	91%	96%

evaluations in FY 2002, 79% reported a reduced risk of maltreatment and in FY 2003, 98% of the 745 caregivers completing evaluations reported a reduced risk of maltreatment.

4. Discussion

The crisis nurseries in Illinois used federal start-up money available in the 1980s to initiate their programs. When direct support for the programs was rolled into family support block grants administered by the state in the 1990s, access to funding declined. IDHS saw a value in the preventive services provided by the nurseries and agreed to provide $500,000 to be used by all five nurseries to provide family support services. The five nurseries divided the grant according to the financial needs of the specific crisis nursery programs. As part of the funding agreement, IDHS required the nurseries to report how the money they provided was being used. This study used aggregate data originally collected and reported to IDHS for funding accountability to begin to examine the impact of crisis nurseries for children and families in Illinois. Although limited, the data provide some interesting insights into crisis nursery services and directions for future research.

4.1. Reasons for accessing services

Caregivers' reasons for requesting crisis nursery services changed. Caregivers requesting support for "parental stress" increased by 5%. The increase in caregivers who needed crisis intervention for parental stress required that the nurseries provide additional individual and group counseling to assist parents in ameliorating the stress of the immediate situation. It also required education and coaching to assist caregivers in developing healthy strategies to cope with stressful situations in the future to decrease reliance on crisis nursery services. The response of the nurseries is seen in the increase in individual and group counseling hours as well as educational services provided.

The percentage of parents citing "substance abuse/use" as a reason for requesting crisis nursery services more than doubled during the 3 years studied. The increase noted may have resulted from increased illicit substance production and subsequent use in the crisis nursery service areas. The five crisis nurseries are located in small cities surrounded by large rural farm areas where the production, distribution, sale, and use of crystal methamphetamine increase was reported immediately preceding the 3 year period studied. (U.S. Department of Justice, 2001). The increase in substance use and subsequent treatment needs could account for the increase in those seeking services for "substance use/abuse."

Also, when caregivers enter the child welfare system due to substance use, court orders often require parents of infants and young children to seek treatment to prevent their children from being removed from their care and placed in foster care. Substance abuse treatment rarely includes child care. To respond to the need for child care of caregivers in community based treatment programs, crisis nurseries worked collaboratively with local substance abuse treatment programs and county IDCFS programs to provide child care for infants and young children while caregivers attended treatment sessions.

The percentage of caregivers providing other reasons for requesting crisis nursery services decreased during the study period. The percentage of clients requesting crisis

nursery services for "domestic violence issues" decreased from FY 2001 to FY 2003. In considering the reason for this decline, crisis nursery workers noted that there had been an increase in cooperation among crisis nurseries, law enforcement agencies, and domestic violence shelters in their local communities to work together to meet the needs of families experiencing domestic violence. The decline in those accessing crisis nursery services for "domestic violence" may reflect this change in the service delivery structure.

The percentage of those who provided "medical" as a reason for requesting crisis nursery services also decreased from 2000–2001 through 2002–2003. It is unclear why the proportion of those needing crisis nursery services due to "medical" reasons declined.

4.2. Changes in demand

In reviewing the data with the researchers, the crisis nursery directors and workers saw how the changes in service demands of clients affected their programs during the 3 years studied. The mean number of admissions per child almost doubled during the study period. In fact, the average number of admissions for all children (4.1 per child) was about the same as the average number of admissions for DCFS children co-served by IDCFS and the crisis nurseries (3.9 per child). This rise in the average number of admissions per child for all children reflected the increased severity of problems in families accessing crisis nursery services and the increased need for assistance over time.

The increase in the number of children co-served by IDCFS and crisis nurseries, the number of children from homeless families, and the number of children with developmental disabilities also reflected a change in service demand. The type of children and families served required more intensive services at the point of contact. The need for extended services beyond crisis intervention increased. New intervention skills were required of the crisis nursery work force. The demand in services changed from responding to time limited, short term, acute crises of stable families to focused, ongoing interventions to assist families in developing skills and strategies to meet long term family problems. The change in demand required new staff skills and increased the need for specialized training for staff and volunteers to meet ongoing family needs.

The need for increased ongoing services from the crisis nurseries was also seen in caregivers seeking crisis nursery services for mental health reasons. Although the percentage of caregivers who reported "mental health" as the reason for seeking crisis nursery services decreased, executive directors and staff saw families with adults with severe psychiatric problems accessing crisis nursery and after-crisis services on an ongoing basis. Part of the reason for the need for this increased crisis nursery support was the caregivers' difficulty in obtaining mental health services in a timely manner for non-life threatening situations. In each community, executive directors and staff expressed concerns regarding the lack of access to mental health services for clients who were not in acute psychiatric crisis.

4.3. Service effectiveness

IDHS required that the crisis nurseries report on the effectiveness of crisis nursery services in decreasing the potential for child abuse and neglect, decreasing parental stress,

and improving parenting skills. Over 90% of those caregivers who evaluated the crisis nursery services they received for themselves and their children reported that the crisis nurseries were effective in achieving these three outcomes. The caregivers' reported that their stress decreased. They also reported that their danger of abusing or neglecting their children decreased. In addition, they reported that their skills to effectively parent their children increased.

4.4. Public perception and support of crisis nurseries

Other findings from the study provide insight into how crisis nurseries are viewed by the broader public. During the study period, the crisis nurseries engaged in public education campaigns in their local communities about crisis nursery services. The decrease in the number of clients turned away because they requested services that the nurseries did not offer reflected the success of the crisis nurseries' educational efforts. The dramatic increase of in-kind contribution by local communities also reflects the effectiveness of the crisis nurseries' educational efforts.

5. Future research

This study provides a basis to understand the place crisis nursery services play in services for young children and their families. Because the analysis of crisis nursery services in Illinois used aggregate data reported by the crisis nurseries to IDHS, case level data were unavailable, therefore, only limited analysis could be done. Future research is necessary to ascertain the individual and co-occurring risk factors for specific families and children served by the crisis nurseries. Examination of causal relationships can explain how and who crisis nurseries serve best. Through studies of longitudinal, case level data, future research can determine how effective crisis nursery services are in preventing the long term effects of trauma the infants and young children crisis nurseries serve.

Longitudinal study is also needed to assess the effectiveness of crisis nursery interventions over time in preventing future abuse and neglect or foster care placement for children and families served. Studies that match service recipients with subsequent confirmed cases of child abuse and neglect or entry into foster care overtime could give a better understanding of the long term treatment effects of receiving crisis nursery services. Such studies could clarify if crisis nurseries eliminate the need for expensive foster care placements, if crisis nurseries presently play a role in family reunification for families with children in foster care, or how crisis nurseries fit into the patchwork of services families put together to safely care for their children.

The promising outcomes reported by crisis nursery recipients in reducing their stress, reducing the risk of abuse and neglect of young children, and enhancing their parenting skills also needs further study. Studies that compare outcomes for a matched sample of crisis nursery service recipients with families with similar attributes who have not received crisis nursery services would provide a clearer picture of the effects of crisis nursery intervention.

6. Conclusion

Crisis nurseries have provided effective services for families of young children in five communities in Illinois for over 20 years. The nurseries have had little time or money to evaluate their services or make a case for the important role they play in the continuum of child welfare and mental health services for young children and their families. As access to mental health and family support services decline due to lack of available funding, crisis nurseries provide ongoing after-crisis care to families with these needs. In providing emergency child care for parents with acute medical, mental health, domestic violence, or substance abuse problems, crisis nurseries provide a way for families to stay safe and together through an acute crisis and develop skills to meet new challenges. In providing emergency child care for caregivers whose child care is unexpectedly eliminated, crisis nurseries provide safe, last-minute child care. By providing referrals to other community services, crisis nurseries serve as trusted advisors in linking families to needed care that the crisis nurseries can not provide. In all these ways, crisis nurseries are a vital community resource in the system of care for young children and their families.

References

Andrews, B., Bishop, A. R., & Sussman, M. S. (1999). Emergency child care and overnight respite for children from birth to 5 years of age. In J. A. Silver, B. J. Amster, & T. Haecker (Eds.), *Young children and foster care* (pp. 325–345). Baltimore: Paul H. Brookes.

ARCH National Resource Center for Respite and Crisis Services. (1994). *Factsheet number 31*. http://www.archrespite.org/archfs31.htm. Retrieved 5/6/2004.

Burt, M. R. (1976). Final results of the Nashville comprehensive emergency services project. *Child Welfare*, *LV*(9), 661–664.

Burt, M. R., & Balyeat, R. (1974). A new system for improving the care of neglected and abused children. *Child Welfare*, *LIII*(3), 167–169.

Child Abuse, Domestic Violence, Adoption and Family Services Act, Temporary Child Care for Children with Disabilities and Crisis Nurseries Act Amendments, Pub. L. 102–295 (1992), Clark, Mary K. (1990). *A dream come true: The story of casa de los ninos* (2nd ed.). Tucson, AZ: Casa de Los Ninos.

Clark, M. K. (1990). *A dream come true: The story of Casa de los Ninos* (2nd ed.). Tuczon, AZ: Casa de los Ninos.

Cowen, P. S. (1998). Crisis child care: An intervention for at-risk families. *Issues in Comprehensive Pediatric Nursing*, *21*(3), 147–158.

DeLapp, J., Denniston, J., Kelly, J., & Vivian, P. (1998). *Respite, crisis care, and family resource services: Partners in family support (ARCH Factsheet Number 51)*. Chapel Hill (NC): National Center for Respite and Crisis Care Service.

Dougherty, S., Yu, E., Edgar, M., Day, P., & Wade, C. (2002). *Planned and crisis respite for families with children: Results of a collaborative study*. Chapel Hill (NC): ARCH National Respite Network and Resource Center.

Franz, J. (1980). Being there: A 24 hour emergency crisis care center. *Children Today*, *9*(1), 7–10.

Gaensbauer, T. J. (2004). Telling their stories: Representation and reenactment of traumatic experiences occurring the first year of life. *Zero to Three*, *24*(5), 25–31.

Knitzer, J. (1982). *Unclaimed children: The failure of public responsibility to children and adolescents in need of mental health services*. Washington (DC): Children's Defense Fund.

Knitzer, J. (2000). Early childhood mental health services: A policy and systems perspective. In J. P. Shonkoff, & S. J. Miesels (Eds.), *Handbook of early childhood intervention* (2nd edition). New York: Cambridge University Press.

Osofsky, J. D. (1997). The effects of exposure to violence on young children. In J. M. Notterman (Ed.), *The evolution of psychology: Fifty years of the American Psychologist* (pp. 725–740). Washington, DC: American Psychological Association.

Pynoos, R. S. (1994). Traumatic stress and developmental psychopathology in children and adolescents. In R. S. Pynoos (Ed.), *Posttraumatic stress disorder: A clinical review* (pp. 725–740). Lutherville (MD): The Sidran Press.

Schechter, D. S., Coates, S. W., & First, E. (2001–2002). Observations of acute reactions of young children and their families to the World Trade Center attacks. *Zero to Three*, *22*(3), 9–13.

Schmitt, B. D. (1980). The prevention of child abuse and neglect: A review of the literature with recommendations for application. *Child Abuse and Neglect*, *4*, 171–177.

Stein, T. J. (1985). Projects to prevent out-of-home placement. *Children and Youth Services Review*, *72*, 109–121.

Subramanian, K. (1985). Reducing child abuse through respite center intervention. *Child Welfare*, *64*, 501–509.

Temporary Child Care for Children with Disabilities and Crisis Nurseries Act of 1986, Pub. L. No. 99–101. (1986).

Thomas, J. M. (2001–2002). A long walk together: Children's world learning center—Pentagon. *Zero to Three*, *22*(3), 5–8.

Webb, N. B. (1999). *Play therapy with children in crisis*. New York: The Guilford Press.