

## **Intensive Family Reunification Services (IFRS) Model**

NFPN proposes the following IFRS Model. Note that the model deliberately provides for a range of standards, whenever possible, in order to allow flexibility among programs. The program component is listed first, followed by a rationale based on research, or on strong models of IFRS, or on strong models of IFPS. Many of the proposed model components have been used successfully in IFPS programs.

### ***Target Population***

**Eligibility:** Families in which the child(ren) has been in out-of-home placement for 3-8 months. Families need the intensive IFRS services in order to reunify. At least one parent is willing to reunify and the case plan is to reunify the child with the parent.

**Rationale:** Nationwide, about one-third of children in out-of-home care return home within 5 months. IFRS should be targeted to families in which reunification is doubtful without intensive services. For example, a case in which a child has been in placement for up to 3 months may be referred for IFRS, if the child cannot be returned home without intensive services. On the other end of the continuum, IFRS should not be used to justify termination of parental rights. Thus, the cut-off point for a case referred for IFRS should not exceed 8 months of out-of-home placement in order to allow families time to complete the intensive phase of services and any step-down services. These combined services could take up to 5 months and adding in nearly 9 months in placement (for cases referred late in the 8th month) totals 14 months. The 15-month time frame is the point at which the family should either have been reunited or a TPR must be filed, according to federal law. Willingness of a parent to reunify ensures commitment to work on a reunification plan. A case plan to reunify, especially if court-ordered, ensures that IFRS services are not used to justify termination of parental rights.

### ***Time Frame to Meet with Family***

The reunification worker meets with the family within 72 hours of the referral.

**Rationale:** The family is generally not in a crisis at the beginning of IFRS so there is no immediate urgency to meet. Extending the time frame to 72 hours, instead of the usual 24 for IFPS cases, is the standard for several strong IFRS programs. The additional 48 hours also allows for more agency flexibility in managing caseloads and eliminates the need for on-call referrals.

### ***Worker Availability***

The reunification worker is available 24/7 including evenings and weekends.

**Rationale:** The availability of a worker 24/7 is included in successful models referred to in research studies cited in this paper (Lewis, Walton, etc.; Pierce, Geremia). Full-time availability ensures family access to the worker when most needed and contributes to family safety.

### ***Parent–Child Visitation and Time Frame to Return Child Home***

The IFRS provider plans to return the child home within 15–30 days of the referral, with referring agency and court approval. Regular visits have taken place prior to the child's return home.

Rationale: Returning the child home within 15 days is included in successful models in research studies cited in this paper (Lewis, Walton, etc.; Pierce, Geremia). In addition, most strong IFRS programs require the child to be returned home within 30 days. These time frames assume that the referring agency and court agree that the child can be returned home within 15–30 days.

Research supports the significance of parent–child visitation as a predictor of family reunification (National Clearinghouse on Child Abuse and Neglect, 2006). A study of reunification in a sample of 922 children aged 12 and younger found that children who were visited by their mothers were 10 times more likely to be reunited (Davis, Landsverk, Newton, & Ganger, 1996).

### ***Family Assessments***

There are many different types of assessments. Workers may complete a safety or risk assessment prior to returning the child to the family. Specialized assessments may also be used in connection with substance abuse, mental health, developmental delay, and other issues. An overall assessment of the family measures the level of family functioning. It's critical for the worker to link all assessments to case planning, goal setting, determination of needed services, monitoring the family's progress, and evaluation.

Rationale: Research has demonstrated that adequate assessment often does not occur in child welfare, and this failing may be linked to the instability of reunification (National Clearinghouse on Child Abuse and Neglect, 2006). In a review of 62 failed reunifications, Peg McCartt Hess and her colleagues found that “poor assessment or decision-making by the caseworker or service provider” was a factor in 42 cases (Hess, Folaron, & Jefferson, 1992).

The use of standardized tools to aid assessment is an emerging area of child welfare research that offers some promise of improving practice in this area (Corcoran, 1997; McMurtry & Rose, 1998). The North Carolina Family Assessment Scale for Reunification (NCFAS-R) is the only validated instrument designed specifically for use in reunification (National Clearinghouse).

### ***Caseload***

The reunification worker has a maximum caseload of 5–6 families in the process of reunifying and a maximum of 3 if the worker is also providing step-down services. Other staff may also assist with step-down services and follow-up contacts with the family.

Rationale: Mathematical calculations by a researcher show that a worker can provide intensive services, defined as 48–60 hours over a 90-day period of time for 11 months of the year, to 5–6 families at a time. However, many factors affect caseload and agencies should always err on the side of lower caseloads. Cases need to be assigned consecutively, not all at one time. A caseload of 3 full-time families receiving intensive reunification services is supported by a successful model from research (Pierce, Geremia).

The matrix shown here provides a guide for determining reasonable caseloads and is based on a worker providing 24 hours of direct service (phone, face-to-face) per week over 11 months of the year:

	<b>IFRS Service Hours ( 90 days)</b>	<b>Step-Down Service Hours ( 60 days)</b>	<b>Maximum Caseload/Year</b>	<b>Maximum Caseload at One Time</b>
Reunification Only	48–60	0	20–25	5–6
Reunification Plus Full Step-Down (for all families)	48–60	16–20	15–19	4–5
Reunification Plus Full Step-Down (for 25% of families)	48–60	16–20	19–23	5–6
Reunification Plus Partial Step-Down (for all families)	48–60	8–10	17–22	4–5
Reunification Plus Partial Step-Down (for 25% of families)	48–60	8–10	19–24	5–6
Full Step-Down (Only)	0	16–20	60–75	9–10*
Partial Step-Down (Only)	0	8–10	120–150	16–20*

\* Straight mathematical extension of the Maximum Caseload/Year to Maximum Caseload at One Time actually results in caseloads of 10–12 for the Full Step-Down model, and 20–25 for the Partial Step-Down model. However, caseloads that high are impractical for this type of work, and the recommended caseloads have been adjusted downward to increase the likelihood of success of the step-down service and to achieve manageability of the caseloads. Therefore, additional workers (at a ratio of 10:9, that is, one additional worker for every 9 workers in Full Step-Down and 5:4, that is, one additional worker for every 4 workers in Partial Step-Down) will be needed to cover caseloads in the Full Step-Down (only) and Partial Step-Down (Only) models.

### ***Clinical Model***

A clinical model of service (i.e., cognitive behavioral, family systems, etc.) is needed for every program and all staff must receive training, supervision, and evaluation on its use with families.

Rationale: About 40% of strong IFRS programs indicate that they have a specific clinical model (NFPN, 2007). Without a clinical model, it is impossible to know what interventions work with families. The National Clearinghouse on Child Abuse and Neglect (2006) cites a number of studies that looked at programs with a behavioral, skill-building focus and that address family functioning in multiple domains, including home, school, and community (Corcoran, 2000; Macdonald, 2001). Cognitive-behavioral models have been demonstrated to reduce physical punishment and parental aggression in less time than alternative approaches (Kolko, 1996, cited in Corcoran, 2000). The most effective treatment involves all members of the family and addresses not only parenting

skills, but also parent–child interaction and a range of parental life competencies such as communication, problem solving, and anger control (Corcoran, 2000; Dore & Lee, 1999).

### ***Direct Service Hours***

The total direct service hours for face-to-face and telephone contact with the family ranges from 48–60 hours.

Rationale: Service intensity is one of the key characteristics of successful IFPS and IFRS programs. The definition of “service hours” includes face-to-face and telephone contact with the family with face-to-face contact primarily in the family’s home and community. In one study involving intensive services, families in the treatment group received intensive casework services, parenting and life skills education, family-focused treatment, and help in accessing community resources. The treatment group had a reunification rate three times that of the control group and remained intact at a far higher rate 7 years later (Lewis, Walton, & Fraser). The recommended model allows the worker 24 direct service hours per week based on an 11-month year in order to also allow for travel, paperwork, training, annual and sick leave. Workers who must travel long distances to meet with families should have a reduced caseload in order not to sacrifice direct service hours. The 48–60 hours of service is the mid-range of strong IFRS programs.

### ***Length of Intervention***

The range of service length is 60–90 days with a maximum of 90 days.

Rationale: The 60–90 days of intervention is included in successful models in research studies cited in this paper (Lewis, Walton, etc; Pierce, Geremia) and is the range provided for by strong IFRS programs.

### ***Concrete Services***

Funds are available to provide the family with basic needs (rent, utilities, food, car repair). The recommended amount is \$300–\$500 per family.

Rationale: The National Clearinghouse on Child Abuse and Neglect reports that the provision of concrete services such as food, transportation, and assistance with housing and utilities has been demonstrated to be an important aspect of family reunification services. A study reviewing effective family-centered service models (Wells & Fuller, 2000) identified concrete services as critical elements of practice. The most effective programs studied not only provided services to meet concrete needs, but offered families instruction in accessing community resources so that they could do so independently in the future. In a study of 1,014 families participating in a family reunification program in Illinois, the 50 percent of families who experienced reunification demonstrated high utilization of concrete services such as financial assistance and transportation (Rzepnicki, Schuerman, & Johnson, 1997).

The amount of \$300–\$500 per family is the range for most strong IFPS programs.

### ***Step-Down Services***

All families with moderate or serious problems or negative change at case closure, as measured by the NCFAS-R assessment tool, receive step-down services. Total direct service hours for step-down are 16–20 hours for a maximum of 60 days. A

paraprofessional may complete the service hours when the family is stabilized, i.e. no longer exhibits serious problems or negative change.

Rationale: The National Clearinghouse on Child Abuse and Neglect (2006) finds research support for follow-up services that enhance parenting skills, provide social support, connect families to basic resources, and address children's behavioral and emotional needs in order to prevent re-entry into foster care. Post-reunification services are especially important when parental drug or alcohol use is a concern (Festinger, 1996; Terling, 1999).

Targeting is based on current research using the NCFAS-R assessment scale data on families that are still experiencing moderate or serious problems or negative change at case closure following intensive reunification services (up to 25% of families). The 16–20 hours of recommended service is based on one-third the time of the IFRS intervention, and the maximum of 60 days allows for sufficient time to improve family functioning and monitor the stability of the family. There is no available research on optimal hours or optimal length of step-down services.

Some agencies may prefer to have the same IFRS worker provide step-down services to the family while other agencies may assign paraprofessional staff to do step-down. It is recommended that the original worker provide the initial step-down services until the family is stabilized, that is, no longer exhibiting serious problems or negative change.

### ***Follow-Up Services***

All families will receive a monthly home visit for a period of 90 days, following case closure of the IFRS intervention and any step-down services. A staff-support worker may make the contact with referral to a paraprofessional or professional for services if indicated.

Rationale: Nationwide, the first federal CFSR audit of all states showed an average rate for re-entry into foster case at just over 11%, with a range of 1% to 25%. Initial research on the NCFAS-R showed a re-entry rate of 6% with IFRS services. Because re-entry can be anticipated for a certain percentage of families who may not be targeted for step-down services, follow-up services may help identify vulnerable families and prevent re-entry. Follow-up visits can also address any safety issues and allow the agency to track the families for at least three months following the intervention and step-down services. Agencies may provide families with small gifts for their cooperation in follow-up visits. A monthly home visit for 90 days post IFRS intervention (and any step-down services) is recommended. A trained staff support worker may make the visits and, if indicated, refer the family to a paraprofessional or professional for additional services.

### ***Staff Qualifications***

The reunification worker has a master's degree in social work or a bachelor's degree in a related field with two years of experience in family-centered practice. The paraprofessional has an associate degree with specific training on reunification. Staff-support workers receive training in assessing for problems and referral. All staff receive initial and ongoing training.

Rationale: The qualifications for IFRS professional staff are based on qualifications for staff in strong IFPS programs. Paraprofessional and staff support workers need training specific to reunification. All staff should have initial and ongoing training.

***Agency Support***

All workers have supervisors with the ratio of supervisors to staff of 1:4 to 1:6. Data are collected electronically and a program evaluation is conducted annually. The agency provides initial and ongoing training for all staff who have any contact with families. Quality control measures are in place and used to measure and improve performance.

Rationale: All reunification workers need supervision. The supervisor to worker ratio of 1:4 to 1:6 is the standard used by most strong IFRS programs. Electronic data collection is critical for data analysis and interpretation and program improvement. All agencies should implement quality control measures.