

# **An Examination of Intensive Family Preservation Services**

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With funding from:

The Annie E. Casey Foundation

**November 2007**

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## Executive Summary

This report discusses the findings of a review of Intensive Family Preservation Services (IFPS) and Intensive Family Reunification Services (IFRS) using case-level data from state or private contract agencies in seven states. The programs responded to a survey designed to estimate program model fidelity, and provided case data stripped of identifying information using a data template intended to standardize the data collection procedures. When appropriate, data were collapsed across contributing sites, after accounting for between-site differences on some variables of interest.

Data collection was a significant problem due to the lack of automation in some cases, differences in definitions of some data elements, differences in the ways the sites tracked services and families, differences in definitions of case closure, and the finding that there is little uniformity in the array of data tracked. Some sites simply did not record variables that other sites routinely recorded. As a result, some of the original research questions posed at the beginning of the project could not be addressed, or could not be addressed at the level of detail originally expected. However, with due deference to the limitations of the data, the findings of the project are interesting and informative.

Beginning with IFPS, there was a fairly high degree of program fidelity among the programs providing IFPS data for the project. All participating sites had well-developed IFPS models, with the typical features associated with intensive services largely in evidence: small caseloads, rapid response, 24/7 availability, time limited services, large amounts of face-to-face contact with the families in their homes or communities, provision of both clinical and concrete (e.g. financial) services, etc. There were some variations, including, for example, the length of time that services were available, and the permissible caseload. There were also differences in the types of families served by programs, with some serving a broad mix of family types and others focusing primarily on one type of child maltreatment.

Across all types of families and types of maltreatment, the IFPS programs achieved a 93% placement prevention rate (i.e., the children were living with their biological parent, adoptive parent, relative; with 85% living with the bio-parent), a rate that is in line with previous research on IFPS. Family assessments revealed substantial progress on several domains of family functioning, including the families' environment, parental capabilities, family interactions, family safety and child well-being. Progress in these areas was associated with successful placement prevention. There were no significant differences in the placement prevention rates as a function of type of maltreatment. This finding suggests that although some service providers may choose to specialize or focus on particular types of maltreatment, the service model itself appears to be similarly effective across maltreatment types. Therefore, there is no apparent reason to restrict access to the service on the basis of maltreatment type.

Due to the current interest in substance use (particularly methamphetamine) and racial disproportionality in child welfare, data were requested on these variables. Disappointingly, site abilities to provide these data varied, and the substance use data had to be collapsed into three categories (none, alcohol, and other substances). Race data also had to be collapsed into three categories (White, Black, and Other). Although these data were limited, findings across the six sites found no differences in success of placement prevention as a function of race or substance use. The findings are important to child welfare in that they suggest that IFPS may be viewed as being an asset to agencies grappling with the issues of substance use and disproportionality in child welfare.

Findings from the examination of IFRS data were more mixed than those for IFPS, but were largely positive. Although between-site differences exist with regard to local definitions of reunification, 69% of families were reunited as a result of these services. Of that number 54% were reunited with biological parents and the balance were living with adoptive parents, relatives, or guardians.

As with IFPS, families that were successfully reunited made progress on a variety of areas of family functioning including environment, parental capabilities, family interactions, family safety, child well-being, ambivalence and readiness for reunification. The last two domains were particularly predictive of successful reunification.

Although families identified as being involved with substances were reunited at similar rates to other families, race and maltreatment type were influencing variables. Among families in this study, Blacks had the lowest reunification rates, and those identified as other races (non-Whites) had the highest rates. Although the differences were not large, they were significant. With respect to maltreatment type, families in which physical abuse was the referring problem experienced higher reunification rates than did other maltreatment types, particularly neglect.

IFPS continues to hold promise as a service to help families overcome a variety of problems that might lead to child removal. IFRS services are also successful, but more research is needed on model variations and to help to understand the differences observed and discussed herein.

## Introduction

After some initially positive findings (Feldman, 1991), other studies conducted during the 1990s purporting to test the efficacy of Intensive Family Preservation Services (IFPS) presented equivocal findings, and some researchers suggested that IFPS was not effective at preventing out-of-home placements of children (e.g., Rossi, 1992; Shuerman, Rzepnicki, Littell, & Chak, 1993; US DHHS, 2001; Yuan, McDonald, Wheeler, Struckman-Johnson, & Rivest, 1990). However, many of those studies were criticized on methodological grounds (e.g., Fraser, Nelson, & Rivard, 1997; Heneghan, Horwitz, & Leventhal, 1996; Kirk, 2002; Kirk, Reed-Ashcraft, & Pecora, 2002). Since 2000, several studies have presented more positive findings, after addressing some of those methodological issues and using more appropriate analytic techniques (e.g., Blythe & Jayaratne, 2002; Kirk & Griffith, 2004; WISSP, 2006). Furthermore, practice innovations supporting IFPS have been developed (e.g., Reed-Ashcraft, Kirk, & Fraser, 2001; Kirk, Kim, & Griffith, 2004), and IFPS service methods have been applied successfully to reunification cases (e.g., Fraser, Walton, Lewis, Pecora, & Walton, 1996; Kirk, 2001; Kirk, 2002; Kirk, 2003; Lewandowski & Pierce, 2002; Lewis, Walton, & Fraser, 1995; Pierce & Geremia, 1999; Walton, Fraser, Harlin, & Lewis, 1995). Among the recent practice innovations and supports, and general findings of the more recent studies are the following:

- Effectiveness of IFPS is associated with high-fidelity IFPS programs. Where the effectiveness of IFPS has been questioned, model fidelity problems have been evident.
- The Washington State Institute for Public Policy report states that IFPS programs adhering to the Homebuilders® model significantly reduce out-of-home placements and subsequent reports of child abuse and neglect. The cost/benefit ratio was reported to be 1:2.54.

- A family assessment tool (the North Carolina Family Assessment Scale, or NCFAS) was validated in an IFPS program environment and has since provided states with data needed to assist the case planning process, measure changes in family functioning during IFPS services, and provide program evaluation information for program administrators and policy analysis. Several states (e.g., Indiana, North Carolina, Maryland, Washington) mandate the use of the NCFAS with IFPS programs, and there are examples of the use of the NCFAS (and other) data to modify program eligibility (e.g., Maryland) and practice (e.g., North Carolina).
- With the interest in using IFPS practice methods with reunification cases (Intensive Family Reunification Services), a companion scale to the NCFAS (the North Carolina Family Assessment Scale for Reunification, or NCFAS-R) was developed and is being used throughout the country to assist with reunification case planning, assessment, and program evaluation in the same ways as the NCFAS is being used for placement prevention cases.
- With funding from the Annie E. Casey Foundation, Missouri has demonstrated that IFPS practice methods can be applied successfully to post-adoptive families in crisis and is effective in preserving post-adoptive families.
- The Institute for Family Development (IFD), which owns the Homebuilders® model of IFPS, is refining the standards and quality control measures for IFPS fidelity and is expanding training and technical assistance. IFD has also developed case-planning/goal-setting instruments linked to NCFAS and NCFAS-R assessment ratings and is using them to assist in the standardization of case planning. These instruments are being made available nationally (and internationally) by the National Family Preservation Network

(NFPN) as an adjunct to training materials that NFPN has developed to support the use of the NCFAS and NCFAS-R (visit NFPN at [www.nfpn.org](http://www.nfpn.org) ).

As a result of these studies and practice supports, there has been a resurgence of IFPS and increasing use of IFPS methods for reunification cases (hereinafter referred to as IFRS). The National Family Preservation Network has been in the forefront of advancing IFPS and IFRS practice through its distribution of the NCFAS and NCFAS-R, training materials supporting the scales, and research projects undertaken that utilize information from the scales.

The research presented in this report examines IFPS and IFRS data from seven states (Colorado, Indiana, Maryland, Missouri, North Carolina, Pennsylvania and Washington) where the NCFAS and NCFAS-R are used, where referring problems could be ascertained and outcomes determined, where model fidelity could be estimated, and where program administrators were willing to undertake the laborious task of providing data to NFPN in a uniform format.

The purpose of the study is to examine the state of IFPS and IFRS programming in several states, to describe the level of model fidelity among the contributing programs, to describe the types of families being referred to and served by the programs in terms of referring problem and family functioning, and to examine the amount of change that these families experience during their periods of service. Both family functioning and placement/reunification outcomes are examined.

## Methods

The National Family Preservation Network solicited states to volunteer to contribute data to this project. Among the prerequisites were that states or provider programs had to be using an IFPS program model whose fidelity could be estimated; who were using the NCFAS and/or the NCFAS-R as part of the case assessment, planning and evaluation process; who had case-level program data that could be provided, anonymously, in a uniform format; and who were willing to contribute to the costs of assembling and providing the data. Ultimately, state data or provider program data were provided from seven states. Colorado, Indiana, North Carolina, Pennsylvania and Washington provided data on both IFPS and IFRS programs and families. In addition, Maryland provided data only on their IFPS program, and Missouri provided data only on their IFRS program.

More specifically, both IFPS and IFRS data from Colorado come from a single service provider offering both types of services in a 4-county area near Denver. The Pennsylvania data come from a single metropolitan county (PA is a county administered state) that has been using IFPS models for many years. Indiana data come from a single, metropolitan county that adheres closely to the structural components of the intensive family preservation services model. Washington's data come from a large, private provider that serves families throughout the state using very high-fidelity IFPS and IFRS models. Missouri's data come from a private provider serving two metropolitan counties in the St. Louis area. North Carolina's data are from a state-maintained, statewide database. Maryland's data come from its statewide IFPS database, which distinguishes these data from those relating to family preservation programs operated by local management boards under Maryland's bifurcated service system. In all cases, the data represented families served in calendar year 2004, 2005 and 2006.

Although each state or private contractor was confident that they could provide data using a uniform data format (constructed in the form of an Excel template), several sites struggled to do so, as each state's MIS file structure was different, differing variable definitions, some data simply weren't available from all states, and the time required to provide the data was considerably greater than originally anticipated. These circumstances resulted in an analytic database that has missing data on most variables of interest. However, results of analyses that are reported herein are based on sufficient sample sizes to retain confidence in parameter estimates and tests of significance.

Whenever possible, data from the contributing sites are pooled in order to estimate program parameters, rather than individual state parameters. However, there are some differences among the sites on variables of interest, such as the demographics of families referred for services and assessed levels of problems prior to services. In most instances even when differences among states are statistically significant, the differences are small in magnitude, with significance largely attributable to the overall large sample size. In other cases (e.g., race of primary caregiver), the differences are in all likelihood attributable to the makeup of the service population (related to geography) rather than systematic differences based on other factors. However, the data provided do not permit testing of these assumptions.

In addition to providing case-level data on IFPS and IFRS families, each contributing site also responded to a survey on the elements of their program models so that fidelity could be determined. All cases include the results of family assessments conducted using the North Carolina Family Assessment Scale or the North Carolina Family Assessment Scale for Reunification. These tools provide workers' assessments of family functioning at the time of referral/intake and again at case closure. Difference scores were calculated indicating changes in

family functioning during service. Scale reliability statistics were also calculated reflecting the reliability of the scales with this service population and the workers using the scales.

All sites' data were assembled in a single analytic data set, and issues of missing data were addressed. No attempts were made at imputation, due to small samples from several sites. Variables with large amounts of missing data were noted, and caution is exercised when using those variables in various analyses. All data were analyzed using SPSS Version XI.

In the following sections the use of the NCFAS and NCFAS-R are discussed, followed by those of the IFPS and IFRS analyses. Child and family outcomes of both types of service are presented in a later section.

## Family Assessments

### *The NCFAS and the NCFAS-R*

All families included in this report were assessed by workers using structured family assessment tools designed specifically for the IFPS and IFRS practice environments. The North Carolina Family Assessment Scale (NCFAS) and the North Carolina Family Assessment Scale for Reunification (NCFAS-R) are comprehensive family assessment practice tools for practitioners working in agencies serving at-risk families with intensive, home-based service models. Both the NCFAS and NCFAS-R were designed to help IFPS workers conduct assessments by providing an organizing framework for gathering information during home visits and from collateral contacts.<sup>1</sup> The NCFAS organizes the information along five domains of family functioning: environment, parental capabilities, family interactions, family safety and child well-being. The NCFAS-R uses these same five domains and adds two more domains: ambivalence, and readiness for reunification. All families contained in the database used in the analyses for this report include NCFAS or NCFAS-R ratings from their workers. Availability of this information was a precondition for inclusion in the study.

Both Scales utilize a 6-point scaling strategy that ranges from clear strength to serious problem. There are three strength ratings and three problem ratings along the scale, but no midpoint is available. Workers must conclude that the families are either in the strength range or the problem range, and then the degree of the problem (mild, moderate, serious) or strength (baseline/adequate, mild, clear). Although there is no midpoint, per se, the definition of a “baseline/adequate” level of functioning is *that level above which there is no legal, moral or ethical reason for exercising an intervention mandate*. Such a level of functioning does not

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<sup>1</sup> A complete history of the development of the NCFAS and NCFAS-R scales is available in the social work literature (Reed-Ashcraft, Kirk & Fraser, 2001; Kirk, Kim & Griffith, 2004).

imply that the family is functioning optimally; it simply means that the family has the right to be left alone or to refuse voluntary services. In fact, families operating at the baseline/adequate level of functioning often can and do improve family functioning on that domain as a result of services, or vicariously as a result of improvements on other (but sometimes inter-related) domains.

All of the domains and the subscales that comprise each domain utilize the same scaling strategy. Domain ratings are assigned after all of the subscales have been rated, and the domain ratings represent the workers best judgment of the overall level of family functioning on the domain. During training of workers on the use of the scale, they are instructed to conceptualize the domain ratings as the “gestalt” of the associated subscales.<sup>2</sup> Also during training, workers are instructed to focus and prioritize services on domains of family functioning where a family has moderate to serious problems, working on mild problem areas as time, resources and opportunity permit. Although service resources are rarely focused on domains where strengths are identified, strengths are noted as family resources and workers strive to mobilize those strengths when they offset problems or risk factors.

Once ratings have been assigned by workers, the domains (and relevant subscales) can be used for case planning purposes, service prioritizing, resource allocation, and as a focus for reviews and reassessments of case progress. At the end of the service period or at case closure families are reassessed by workers using the same Scales, thereby noting changes in family functioning (or lack of change) relating to the services provided. The closure ratings also serve to inform the case decisions that need to be made with respect to placement recommendations, continuation of service or treatment in areas where insufficient progress was made or where

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<sup>2</sup> Detailed information on training resources for use of the NCFAS family of Scales is available from the National Family Preservation Network at [www.nfpn.org](http://www.nfpn.org).

continuing support may be needed by the family in order to sustain progress, and child and family safety. Thus, the NCFAS or NCFAS-R domain intake ratings provide valuable information for case planning, and closure ratings can provide the measures needed to calculate change scores that reflect case progress. Domain ratings at closure can also be conceptualized as outcome measures reflecting the status of the family on the respective areas of family functioning.

### ***Reliability of the NCFAS and the NCFAS-R***

The psychometric properties of the NCFAS and NCFAS-R have been previously explored, and their reliability and validity demonstrated (Reed-Ashcraft, Kirk & Fraser, 2001; Kirk, Kim & Griffith, 2004). However, it is useful to determine the reliability of instruments with the population under discussion, and with the workers serving them. To this end, both the NCFAS and NCFAS-R were subjected to analysis of internal consistency with the workers and families comprising the data used in this report. The reliability statistic of choice is Cronbach's alpha. The results of the reliability analyses are presented below in Table 1 for the NCFAS, and Table 2 for the NCFAS-R.

By convention (DeVellis, 2003), alphas above 0.7 are acceptable levels of internal consistency of scale items as used by workers with the study population, levels above 0.8 are high, and levels above 0.9 are very high. Examination of the alpha statistics in Table 1 indicate that they ranged from 0.77 to 0.94, which in turn indicates that the reliability of the NCFAS was high to very high both at intake and at closure. The closure alphas were slightly higher than those at intake which is not unexpected if the scale, itself, has good psychometric properties,

because the workers are more familiar with the families they are assessing at closure than they were at intake.

**Table 1. Reliability Analysis for the NCFAS, Families Receiving IFPS**

<b>Domain</b>	<b>Valid N</b>	<b>Number of Items</b>	<b>Cronbach's Alpha</b>
Environment at Intake	1188	10	.922
Environment at Closure	1176	10	.937
Parental Capabilities at Intake	1187	7	.814
Parental Capabilities at Closure	1177	7	.902
Family Interactions at Intake	881	5	.771
Family Interactions at Closure	865	5	.814
Family Safety at Intake	1036	6	.767
Family Safety at Closure	1006	6	.809
Child Well-Being at Intake	979	8	.801
Child Well-Being at Closure	980	8	.835

The reliability analysis of the NCFAS-R is summarized in Table 2. Although the alphas for the first five domains when used with reunification families as part of the NCFAS-R are slightly lower than when used as the NCFAS with placement prevention families (who are in crisis) they are all acceptable and range from acceptable to very high (0.71 to 0.93). The two domains added to tailor the NCFAS to become the NCFAS-R (ambivalence and readiness for reunification) both have high to very high reliability alphas both at intake and at closure (.87 to 0.94).

The results of the reliability analyses for both the NCFAS and NCFAS-R suggest that their data describing families both at intake and closure are very reliable, and that the data from the family assessments can be used with confidence to describe levels of family functioning and

for calculating change scores as an indication of progress made or not made during the service period.

**Table 2. Reliability Analysis for the NCFAS-R, Families Receiving IFRS**

<b>Domain</b>	<b>Valid N</b>	<b>Number of Items</b>	<b>Cronbach's Alpha</b>
Environment at Intake	325	10	.910
Environment at Closure	328	10	.933
Parental Capabilities at Intake	329	7	.802
Parental Capabilities at Closure	327	7	.907
Family Interactions at Intake	306	5	.752
Family Interactions at Closure	306	5	.774
Family Safety at Intake	311	6	.708
Family Safety at Closure	304	6	.783
Child Well-Being at Intake	300	8	.772
Child Well-Being at Closure	293	8	.803
Caregiver/Child Ambivalence at Intake	310	6	.871
Caregiver/Child Ambivalence at Closure	310	6	.904
Readiness for Reunification at Intake	312	6	.897
Readiness for Reunification at Closure	308	6	.943

## **Results of the Fidelity Survey for IFPS and IFRS Programs**

One of the major shortcomings of early research on IFPS was the lack of model fidelity, which resulted in very ambiguous definitions of the independent research variable. In this study, states and service providers contributing data responded to a survey intended to determine the degree of model fidelity, using the Homebuilders® Model as the standard for both IFPS and IFRS services. The survey covered areas of eligibility for service, structural components of the model (e.g., 24/7 availability of workers, limited caseloads, time limits on case durations, etc.), provision of step-down services after case closure, and estimates of successful case closure as indicated by whether the family was intact as a result of either IFPS or IFRS services. As is typical with surveys of this nature, not all respondents could answer all questions (e.g., some did not know the total state expenditure on IFPS/IFRS services in their states). Therefore, where percentages of respondents answering in a particular way are given, they are valid percentages adjusted to the proportion of respondents answering.

All states or programs (100%) providing data offer IFPS and all but one (86%) also offer IFRS. Eighty three percent of respondents use the same service model for both IFPS and IFRS cases, although the model is sometimes adjusted to accommodate the different types of cases (e.g., a somewhat longer time period may be provided for reunification cases). All (100%) programs providing data said that their programs are based upon written standards of practice. All programs require mandatory training on the state's or agency's program model, with the required training period ranging from 2.5 days to 12 days. This is a substantial variation. All (100%) programs assign a single therapist to provide direct services, although one state (14%) also allows professional and paraprofessional teams to serve the families. All (100%) programs said that eligibility for their services is based upon a determination of imminent risk: children

could not be left in the home without intensive services, or that intensive services were expected to be necessary to effect successful reunification. Continuing to be problematic, however, is lack of standardization with respect to the determination of “imminent risk.”

With respect to structural components of their models, there is some variation among the states but no large departures from norms. For example, all programs require rapid response to referrals: 71% of programs require response within 24 hours, 14% within 48 hrs, and 14% within 72 hours. All programs (100%) provide 24 hour-per-day/7 day-per-week availability of workers to families on their caseloads; and all but one program (14%) indicated that their workers routinely meet with their families on evenings and weekends. All programs stated that concrete service dollars were available for IFPS families, with the amounts ranging from \$150 to \$500 per family.

For all programs, caseloads are small: 29% of programs carrying a maximum of two cases, 43% carrying a maximum of 4, and 14% carrying a maximum of five. The one state not included in the preceding list has a policy of workers carrying a maximum of 15 cases per year. Assuming a 6-week service period, this equates to a concurrent caseload of slightly less than two. It should be noted that caseload sizes are normally specified as maximums, and that often there is accompanying language in the standards that elaborates on that maximum. For example, North Carolina specifies a maximum of 4 cases for IFPS workers, but states more explicitly that the caseload should range from 2-to-4 cases, depending on the intensity of need, that the caseload should average closer to 2 than 4, and that the variation is intended to permit workers to accept new cases when other cases are winding down and requiring less time. The implication is that the maximum is, indeed, the maximum, and is not intended to be the norm.

Operationally there is a bit more variation, but that is likely due to programs providing both placement prevention and reunification cases, with differences in variables like maximum service periods being related to the different types of cases. For example, 43% of respondents indicated that the maximum service period for their cases is 6 weeks (the Homebuilders® standard); 14 % indicated 8 weeks, 14% indicated 13 weeks, 14% indicated 26 weeks, and 14% indicated 52 weeks. It is highly unlikely that reunification cases are limited to 6 weeks, and also unlikely that placement prevention cases are permitted to run for 52 weeks.

The number of direct service hours provided to families is difficult to discuss, because states record these data using different bases of measurement. For example, some record the number of hours of contact on a weekly basis; others record the total number of hours on a per-case basis. However, if the cases are of different durations, the totals could be quite different over the life of a typical case. The following description of case activity suggests that all programs provide intensive services, but that there is variation in the total number of hours and the intensity of services provided. Again, some of this is likely due to differences associated with IFPS versus IFRS cases; some of the apparent variation may be due to ambiguously worded questions on the survey.

When asked the average total number of direct service hours provided per family, responses ranged from 20 hours per family to 83 hours per family. When asked the total number of face-to-face hours of contact with families, responses ranged from 30 to 40 hours per family, but two programs reported 4-to-9 hours per week. Given the different types of cases, the different caseloads, and the different maximum durations of cases, these numbers are difficult to interpret, other than to observe that they represent fairly to very intensive levels of service as measured by hours of contact with the family.

Five of the seven states (71%) report that they provide step-down services to families after the intensive service period of IFPS or IFRS. Among these states, the period of step-down services ranges from 1 month to 6 months.

To summarize the program fidelity data, it appears that all sites that provided data to the study have rigorous, well-defined models containing the essential structural components of an intensive service model. There are minor variations with respect to caseloads, required training, and concrete service dollars available for families. There is larger variation with respect to the amount of direct service provided to families, but these data are complicated by differing mechanisms for accounting for case time. Most programs provide step-down services but there is considerable variation in the duration of those services.

## Results of the IFPS Program

The IFPS data from the six contributing sites contain case-level data on 1197 families. The sites' contributions varied widely, ranging from 4% to 40% of all cases in the database (refer to Table 3). The largest contributors were North Carolina (40%), Washington (33%) and Maryland (18%). Colorado, Indiana and Pennsylvania contributed 3% to 4% each. Among these 1197 families, data were available on 81% (964) of primary caregivers. Data were available for at least one child in 89.4% (1070) of families served by IFPS programs, with a total of 2,288 child records.

Table 3. Number (Percent) of IFPS Cases by State

<b>State</b>	<b>Families N=1197</b>	<b>Primary Caretakers N=964</b>	<b>Children N=2,288 (from 1,070 families)</b>
<b>Colorado</b>	45 (3.8%)	45 (4.7%)	90 (3.9%)
<b>Indiana</b>	46 (3.8%)	46 (4.8%)	147 (6.4%)
<b>Maryland</b>	211 (17.6%)	38 (3.9%)	187 (8.2%)
<b>Missouri</b>	0 (0%)	0 (0%)	0 (0%)
<b>North Carolina</b>	474 (39.6%)	474 (49.2%)	1137 (49.7%)
<b>Pennsylvania</b>	27 (2.3%)	27 (2.8%)	75 (3.3%)
<b>Washington</b>	394 (32.9%)	334 (34.6%)	652 (28.5%)

### *Demographics of IFPS Families*

Demographic information collected on the primary caregiver in the families receiving IFPS services is presented in Table 4. The average age of these caregivers was 33.7 years, with a range of 15 to 86 years of age. Eighty four percent of primary caregivers were female. Marital status was available for only 35% of caregivers, but among this group, 36% were single, 35% were married, 15% were in a domestic partnership, 6% were separated and 7% were divorced.

Employment status was available for 72% of caregivers. Among this group, 32% were employed full time, and an additional 7% were employed part time. However, 44% were unemployed, 7% were homemakers, 6% were disabled, and 2% were students. A small number (just over 1%) were retired.

Racial identity data were available for 77% of primary caregivers. Whites accounted for 65% of caregivers, followed by Blacks (26%), with remaining categories all representing very small numbers (American Indian = 3%, multi-racial = 3%, Asians and Pacific Islanders combined = 1%, and “Other” = 2%). Among all racial categories, 4% identified themselves as being Hispanic.

Because of the recently elevated interest in drug use, particularly methamphetamine use, among families involved in the child welfare system, participating states were asked to provide information on alcohol or other drug use by caregivers, when known. A surprisingly large number of case records (80%) contained some information on alcohol and drug use, but the breakdown of drug categories was unavailable from most records. Thus, the data are presented with respect to the use of alcohol, and the use of any other drugs, including crack/cocaine, hallucinogens, heroin, marijuana, methamphetamine, illicit painkillers, and prescribed drugs. Analysis revealed that 7% of caregivers were identified as having an alcohol use problem, while 14% were identified as using other drugs, and another 6% were identified as abusing both alcohol and other drugs. Although the “Ns” drop considerably, and may threaten the reliability of estimates, of those identified as using other drugs, 7% were identified as crack/cocaine users, 8% were identified as marijuana users, 12% were identified as methamphetamine users, and 3% used prescription drugs. All other categories of drugs accounted for less than 1% of caregivers.

Table 4. Demographics of IFPS Families

<b>Family Demographics (N=1197)</b>	<b>Number</b>	<b>Percent</b>
<b>Average Age</b>	<b>919</b>	<b>76.8%</b>
	Min=15	Mean=33.7
	Max=86	
<b>Gender</b>	<b>961</b>	<b>80.3%</b>
Male	153	15.9
Female	808	84.1
<b>Race</b>	<b>927</b>	<b>77.4%</b>
White	602	64.9%
Black	239	25.8%
Other	86	9.2%
<b>Hispanic</b>	<b>39</b>	<b>4.2%</b>
<b>Marital status</b>	<b>417</b>	<b>34.8%</b>
Single	151	36.2%
Married	147	35.3%
Domestic Partnership	62	14.9%
Separated	23	5.5%
Divorced	31	7.4%
Widowed	3	0.7%
<b>Employment status</b>	<b>857</b>	<b>71.6%</b>
Full Time	272	31.7%
Part Time	58	6.8%
Seasonal/Intermittent	6	0.7%
Unemployed	377	44.0%
Homemaker	59	6.9%
Disabled	53	6.2%
Student	20	2.3%
Retired	12	1.4%
<b>Substance Abuse</b>	<b>956</b>	<b>79.9%</b>
None	699	73.1%
Alcohol Abuse Only	66	6.9%
Drug Abuse Only	133	13.9%
Alcohol and Drug Abuse	58	6.1%

***Between-State Differences on Family Demographics for IFPS Families***

In order to justify pooling the data from all six sites into a common analytic database for some analyses, each of the demographic variables was examined as a function of the contributing site. There were no significant differences among states with respect to gender. There were

racial differences (chi square = 167.8d7, df = 30,  $p < .001$ ). The distributions of Whites and Blacks accounted for the very large majority of total numbers of cases, and also the between-state differences. The proportion of Whites ranged from 75% to 84% in Pennsylvania, Washington and Colorado. However, Pennsylvania and Colorado contributed low numbers of families to the study compared to Washington, North Carolina and Maryland, where proportions of Whites and Blacks varied. Among Maryland's caregivers, 63% were White and 29% were Black. North Carolina was not very different, with 59% Whites and 36% Blacks. Indiana was a notable exception, with 32% White caregivers and 64% Blacks. However, Indiana contributed less than 5% of the total number of cases.

With respect to marital status, only four states provided that information, but Indiana had the highest proportion of single caregivers (57%) and Washington had the lowest (31%). Colorado and Pennsylvania were 42% and 50%, respectively. These differences are significant (chi square = 32.84, df = 15,  $p < .01$ ).

Although there were differences with respect to the nature of employment (full time versus part time) among the states (e.g. ranging from 30% full-time employed in North Carolina to 50% full time employed in Indiana, chi square = 99.98, df = 28,  $p < .001$ ) there were no meaningful differences among the states with respect to being employed (either full time or part time) and being unemployed.

With respect to the use of alcohol and drugs, it must be noted that there is considerable variation in how the data were collected by the states or program providers, and how those data were provided for the study. As a result, it is impossible to know what proportion of missing data entries equates to no substance use entries. If workers tended to record data only when substance use was evident, but may have entered either "no substance use" or simply not entered

anything in their own state's MIS, the denominator in the equations used to determine rates could vary to a very large degree, rendering specious any conclusions about the true rates of alcohol or other drug use. This condition of "no confidence" in the alcohol and drug use data is very disappointing, as substance use is a very common and important factor in child protection cases throughout the county. It is disappointing to be unable to analyze alcohol and other drug-related question to a meaningful degree. Alcohol and other drug data are presented below, but extreme caution should be used interpreting these data, and generalizations should not be made to other populations.

Focusing first on alcohol, there were no meaningful differences among the states contributing the largest numbers of families to the database. However, among the lesser contributing states, Pennsylvania had a 44% alcohol use rate, Colorado had a 29% alcohol use rate, and Indiana had only a 5% alcohol use rate. Those differences are significant (chi square = 36.88, df = 5,  $p < .001$ ). However, it is not known how these rates were derived (e.g., observation, self-report, diagnosis, etc.), and therefore it is not known why these rates should be so different. Among the states contributing the largest number of cases, the rates ranged from 10% to 15%. There was more variability among drug use rates, with Colorado having an identified drug use rate of 89%. Although Colorado contributed less than 5% of the total number of families to the database, this is by far the highest rate. Pennsylvania trailed a distant second with a drug use rate of 36%, followed in turn by Indiana with a 22% rate. The remaining states (contributing a combined 80% of families to the database) had drug use rates ranging from 12% to 18%. The differences, therefore, appear to be accounted for by Colorado, Pennsylvania and Indiana perhaps targeting drug using families for IFPS interventions at higher rates than the remaining states (chi square = 152.27, df = 5,  $p < .001$ ).

### *Demographics of IFPS Children*

Demographic profiles of children differ in some ways from those of the caregivers, but some of these differences are likely due to differences in data collection (e.g., recording of only at-risk children, versus all children in the household). A summary of these data is presented in Table 5. Although 84% of caregivers were female, not surprisingly the gender of children is more evenly distributed: 53% male and 47% female. Interestingly, race data were available for 94% of IFPS children, whereas it was only available for 77% of caregivers, and the racial makeup of children differed from that of their caregivers. Fewer children were identified as White when compared to caregivers (52% for children versus 65% for caregivers), with the large majority of this difference being accounted for by the four-fold increase in the number of Multi-Racial children (12%) when compared to caregivers (3%). The remainder of the difference is accounted for by a slight increase in the number of Black children (29%) compared to caregivers (26%). All other racial categories did not differ. Among all racial categories, 6% of children were identified as Hispanic, while only 4% of caregivers were so identified.

Ninety-three percent of children were identified as the biological children of their caregivers, 4% were grandchildren or otherwise related by blood, and 2% were adopted. Among the reasons for referral to IFPS were physical abuse (16% of cases), sexual abuse (4%), various forms of neglect (60%), family conflict (36%), beyond parental control (26%), delinquency (9%), truancy (4%), other school problem (18%), other child behavior problem (24%), developmental disability (8%), child mental health problems (24%), and alcohol/substance use (9%). These reasons sum to more than 100% due to multiple reasons being indicated.

Table 5. Demographics of IFPS Children

<b>Child Demographics (N=2,288)</b>	<b>Number</b>	<b>Percent</b>
<b>Average Age</b>	<b>2173</b>	<b>95.0%</b>
	Min=0	Mean=7.62
	Max=22	
<b>Gender</b>	<b>2208</b>	<b>96.5%</b>
Male	1164	52.7%
Female	1044	47.3%
<b>Race/Ethnicity</b>	<b>2155</b>	<b>94.2%</b>
White	1124	52.2%
Black	627	29.1%
Multi-Racial	258	12.0%
Other	146	6.8%
<b>Hispanic</b>	<b>140</b>	<b>6.4%</b>
<b>Role in Family</b>	<b>2213</b>	<b>96.7%</b>
Identified Child	1864	84.2%
Other Child	349	15.8%
<b>Relationship to Primary Caregiver</b>	<b>2204</b>	<b>96.3%</b>
Child, Biological	2052	93.1%
Child, Adoptive	34	1.5%
Child, Foster	11	0.5%
Grandchild	34	1.5%
Other Relative	59	2.7%
Non-Relative	5	0.2%
Guardianship	9	0.4%
<b>Reasons for Referral</b>		
Physical Abuse	344	16.0%
Sexual Abuse	89	4.1%
Neglect	1295	60.1%
Family Conflict	780	36.2%
Beyond Parental Control	548	26.3%
Delinquency	185	8.9%
Truancy	65	4.3%
Other School Problem	377	18.1%
Other Child Behavior Problem	502	24.1%
Developmental Disability	159	7.6%
Child Mental Health Problem	223	23.6%
Alcohol/Substance Abuse	182	8.7%

### *Between-State Differences on Child Demographics for IFPS Children*

As was true with caregivers, there are between-state differences relating to a number of these child demographics and reason-for-referral data. Some differences are not unexpected and relate to variables like geography (e.g. proportions of various racial groups) that cannot be controlled. Others are not meaningful in a practical sense because they relate to differences in the way states define variables more than they relate to differences in the way systems operate. However, some differences take on importance because they may represent variations in the ways states use their IFPS programs. For example, there are statistically significant differences among states with respect to the proportion of children served by IFPS who are the biological children of the caregiver (chi square = 126.22, df = 24,  $p < .001$ ). In Washington and Indiana, 2%-2.5% of IFPS children had been adopted. One state (Colorado) served no adoptive families, and in Maryland and North Carolina about 1% of IFPS families were adoptive families. It is not known whether there are state policies that specify the targeting or exclusion of adoptive families from IFPS, nor whether the proportion of adoptive families served by IFPS is proportional to the total number of adoptive families in the respective states. Furthermore, with an N of 2,288 children, even these small differences will be statistically significant. However, it is important to note that although the total number of adoptive families in the population is small, the preservation of adoptive placements is no less important than the preservation of biological families. Even differences among these small numbers may indicate a predisposition by states to serve or not to serve families with IFPS where adoption disruption is at risk. The relevance of these differences is elevated by the knowledge that IFPS has been shown to be successful at preventing adoption disruption (Berry, Propp & Martens, 2007).

Although not all states used the same maltreatment codes to define child abuse and neglect, and the methods for providing these data varied by state, the data indicate that states serve different types of families with their IFPS services. In Indiana and North Carolina between 10% and 12% of children served by IFPS were physically abused; in Maryland, about 5% were physically abused. These states differ substantially from Washington, where 32% of children were physically abused, and Colorado, where 0% were physically abused. These differences are significant (chi square = 187.49, df = 4,  $p < .001$ ). Although all states served a relatively small number of sexual abuse cases, Maryland and Washington served about 6%, North Carolina and Indiana about 3%, and Colorado 0%; again, these differences are significant (chi square = 16.77, df = 4,  $p < .01$ ).

Given the differences in the proportion of physical abuse cases served among states, it is not surprising to observe differences in the proportions of neglect cases. However, the differences are quite dramatic. Colorado, apparently, focuses its IFPS efforts on neglect cases, which account for 99% of children served; similarly, Indiana's neglect cases account for 84% of IFPS cases. However, only two-thirds (66%) of North Carolina's IFPS children are neglected, and even fewer (slightly more than half, or 54%) of Washington's children are neglected. Maryland appears to be unique in that only 13% of its IFPS cases involve neglect. These differences among states are significant (chi square = 279.70, df = 4,  $p < .001$ ).

When family conflict is considered in juxtaposition to the preceding types of maltreatment, significant differences appear once again (chi square = 505.27, df = 4,  $p < .001$ ), and it appears that this is the primary focus of Maryland's IFPS program in nearly the same way that neglect is the focus of Colorado's IFPS program. If physical abuse rates, sexual abuse rates and neglect rates are summed within states, they total between 81% and 99% of all cases, except

for Maryland, where they sum to less than one quarter (24%) of cases. Family conflict, on the other hand, accounts for 62% of Maryland's cases, and 53% of North Carolina's. For Colorado, Washington and Indiana, they total between 5% and 8%. Delinquency is also a frequently cited referral reason in Maryland (29% of cases), infrequently seen in Washington (8%), North Carolina (7%), and Indiana (4%), and never seen in Colorado (0%), with these differences being significant ( $\chi^2 = 114.04$ ,  $df = 4$ ,  $p < .001$ ). School problems/failure is frequently cited in Maryland (66% of IFPS cases), and to a lesser extent in Washington (27%). It is infrequently cited in Indiana (10%) and North Carolina (8%), with these differences being significant ( $\chi^2 = 412.71$ ,  $df = 4$ ,  $p < .001$ ). School problems/school failure is frequently associated with family conflict, and also with delinquency.

It must be reemphasized that the preceding discussion is limited by the availability of data, the differing definition of child maltreatment among states, and the tendency of some states to list multiple referral reasons rather than one primary reason. State statutory definitions may also introduce variation. North Carolina may be unique among these states by having an extremely narrow definition of abuse, resulting in a large proportion of its neglect cases resembling abuse cases in other states. Also, it is not uncommon to have multiple maltreatment codes associated with North Carolina cases.

In sum, although there is a relatively high degree of program fidelity across the participating states (with some variation in caseloads, duration of time limits, etc.), they appear to focus on different types of families when making referrals to IFPS. Colorado clearly focuses on neglect cases; Maryland focuses on family conflict and delinquency; and Indiana, Washington and North Carolina tend to serve a broader mix of families; with Washington serving the largest

proportion of physical abuse cases and North Carolina including both family conflict and neglect.

***IFPS Service Delivery Information***

Table 6 provides a brief summary of the service delivery information for the IFPS programs contributing data to this study. The average duration of cases is approximately 66 days, or just under 9½ weeks. This is longer than the 4 to 6 weeks specified in the Homebuilders model, but the mean is undoubtedly influenced by the large maximum duration noted in the table. Service closure information was available from 89% of the cases reported, and among those cases, the large majority (83%) were closed successfully, presumably in accordance with the service plan. In about 6% of cases, a child was placed, and in about 9% of cases, the case was closed by IFPS due to the family being unwilling to continue cooperating with the IFPS provider. In these cases, the case management responsibility is returned to the mandated child welfare agency (either county or state, depending upon administrative authority).

Table 6. IFPS Service Delivery Information

<b>IFPS Service Delivery Information (N=1197)</b>	<b>Number</b>	<b>Percent</b>
<b>Average Days Open</b>	<b>1093</b>	<b>91.3%</b>
	Min=0	Mean=65.74
	Max=624	
<b>Reason for Case Closure</b>	<b>1064</b>	<b>88.9%</b>
Services Completed Successfully	880	82.7%
Failure to Cooperate or Family Withdrew	94	8.8%
Permanent Plan Changed	5	0.5%
Child Placement	62	5.8%
Family or Child Moved	17	1.6%
Other Reason	6	0.6%
<b>Were Step-Down Services Provided</b>	<b>758</b>	<b>63.3%</b>
No	131	17.3%
Yes	627	82.7%

Step-down services were offered in the large majority of cases, 83%. Recall that the purpose of IFPS is not to resolve all of a family's needs during a very brief intervention, but rather to quell the family crisis, redirect the energy in the family towards problem solving and remediation, and to set the family on a path for improvement, while assuring safety for the child(ren). It is normal and expected that families will need ongoing services and support to become adequately functioning and that this will take some time beyond the intensive service period provided by the IFPS program.

### ***IFPS and the NCFAS***

This section of the report presents the NCFAS domain data on IFPS families served by the states and provider agencies that contributed the data. In the interest of efficiency, the discussion will focus on domain ratings and change scores, although on some occasions reference will be made to subscales when there is compelling reason to do so.

NCFAS ratings were available on all 1,197 families in the IFPS analytic database. The intake and closure ratings are presented in the following series of figures. All figures are constructed in the same manner: the x-axis categories represent each of the six scale categories on the NCFAS, ranging from clear strength to serious problem. Above each scale point are two bars representing the proportion of families rated at that level of functioning at intake and closure. Differences in the heights of the bars (i.e., the proportion of families making up the height of the bars) represent movement into and away from the various categories.

Beginning with Figure 1, environment, the figure indicates that more than half of all families (52%) are rated by their workers as having a problem relating to environmental factors at intake; 30% of those families have a moderate-to-serious problem. However, at closure the

total number of families in the problem range has reduced to 32%, with only 15% remaining at the moderate-to-serious levels. These data suggest that the IFPS services provided resulted in a population shift towards the strength range of ratings, and that 69% of families are at baseline/adequate or above at the time of closure.

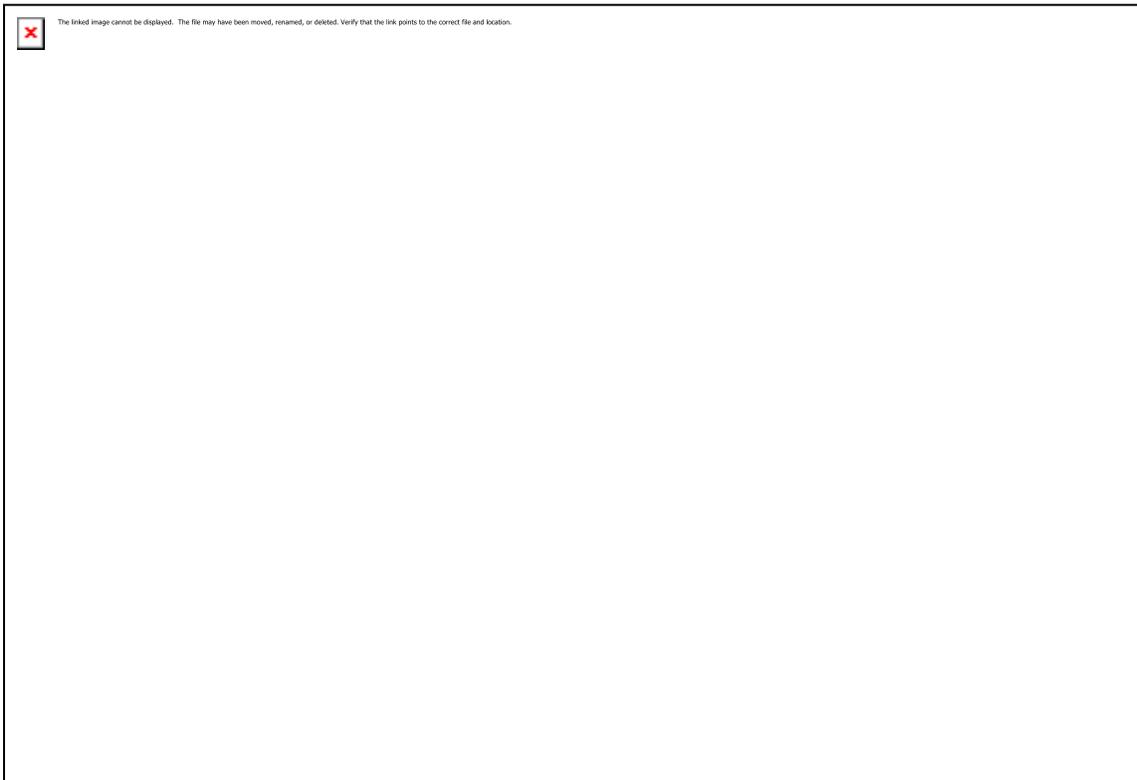
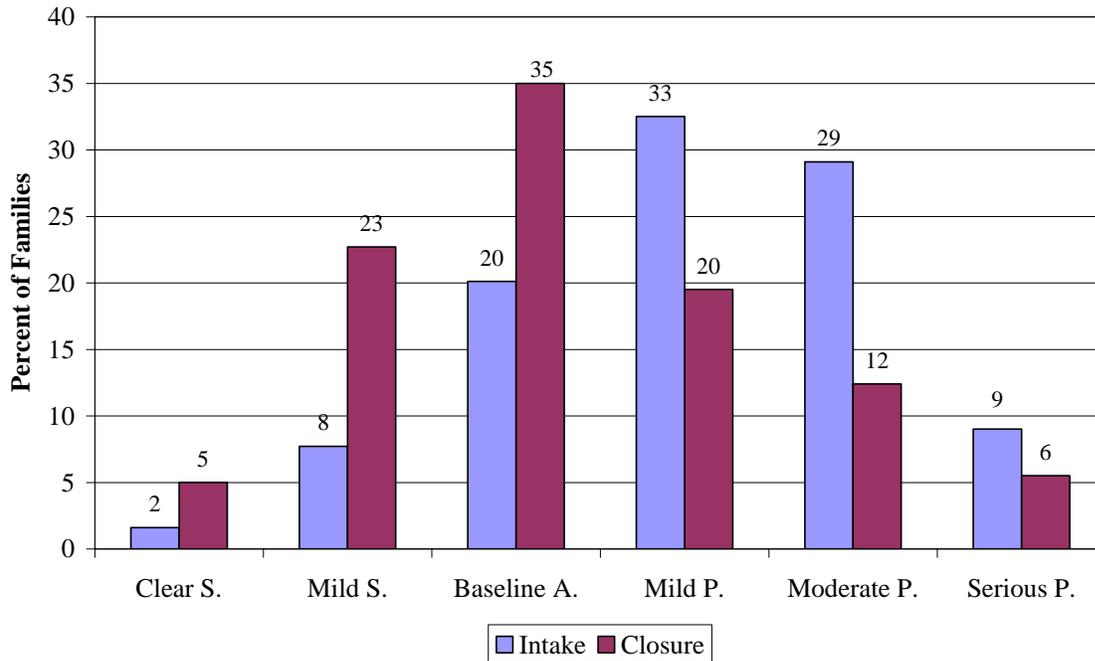
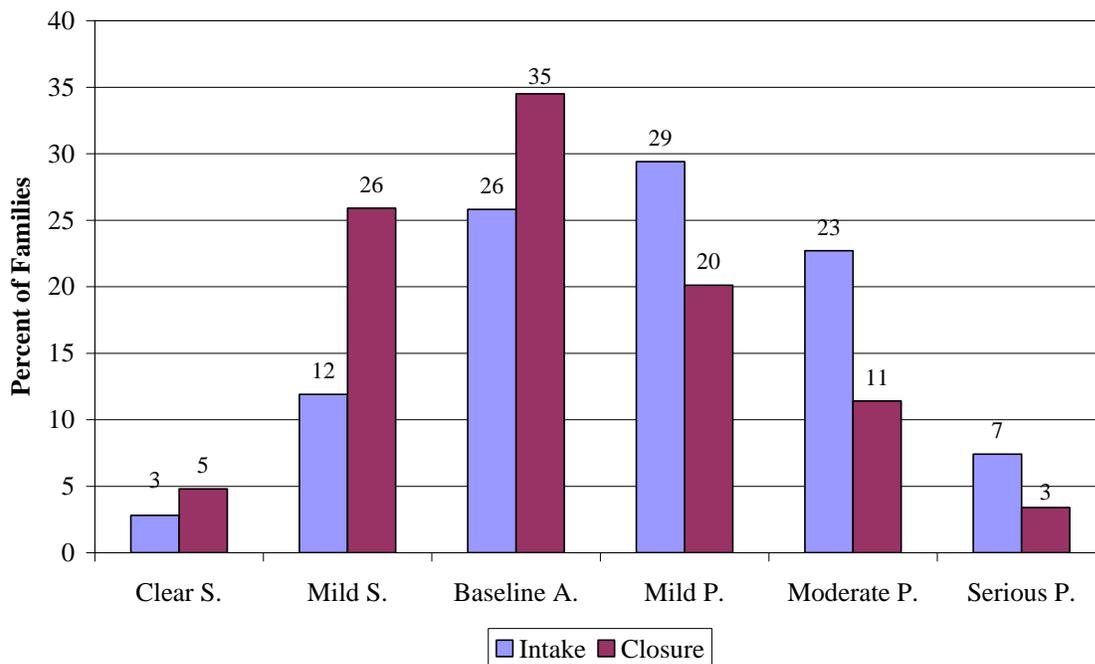


Figure 2 presents the data on parental capabilities. Although there are a number of reasons that families find themselves in crises, parental capabilities is among the most frequently occurring. The data from the contributing states supports this general finding with 71% of families being in the problem range of ratings at Intake, with nearly two fifths (38%) being at the moderate or serious levels. Parental capabilities (e.g., parenting skills) are among those areas of case practice that are most amenable to rapid change during brief interventions, such as those provided by IFPS, because they are skill-based and can be taught to parents who are willing and capable of learning. As shown in Figure 2, there is a substantial shift away from the problem

**Figure 2. IFPS Parental Capabilities Ratings at Intake and Closure**



**Figure 3. IFPS Family Interactions Ratings at Intake and Closure**



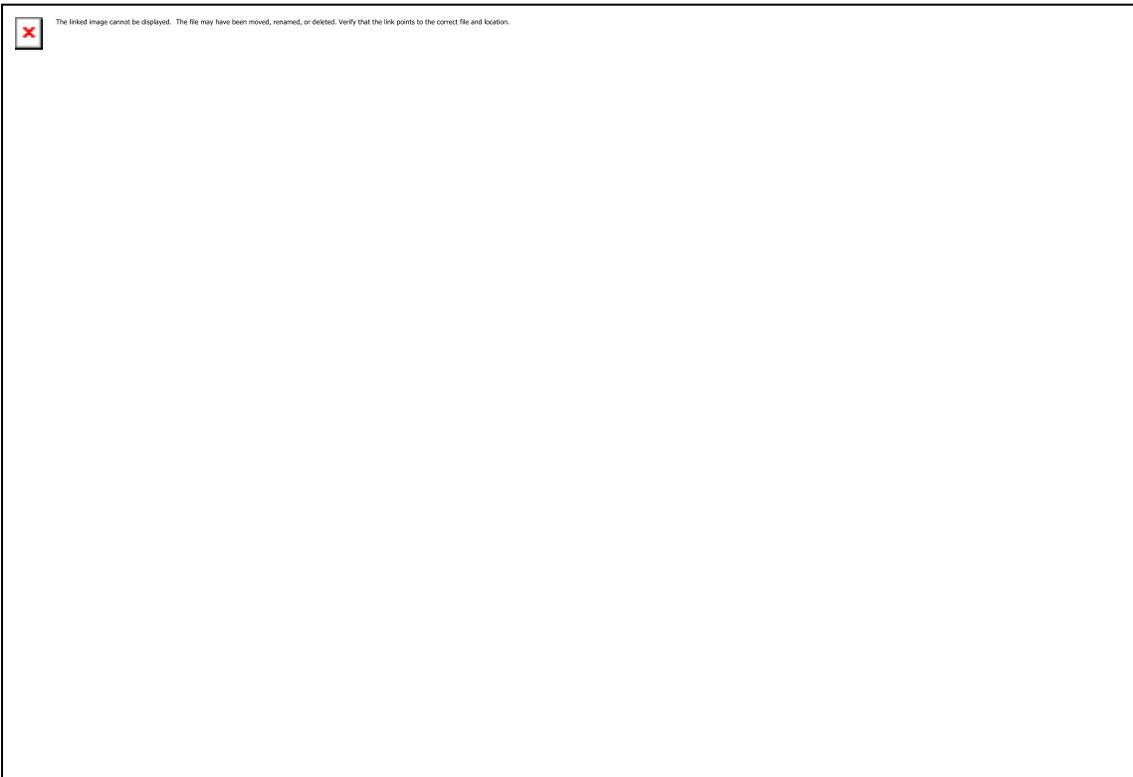
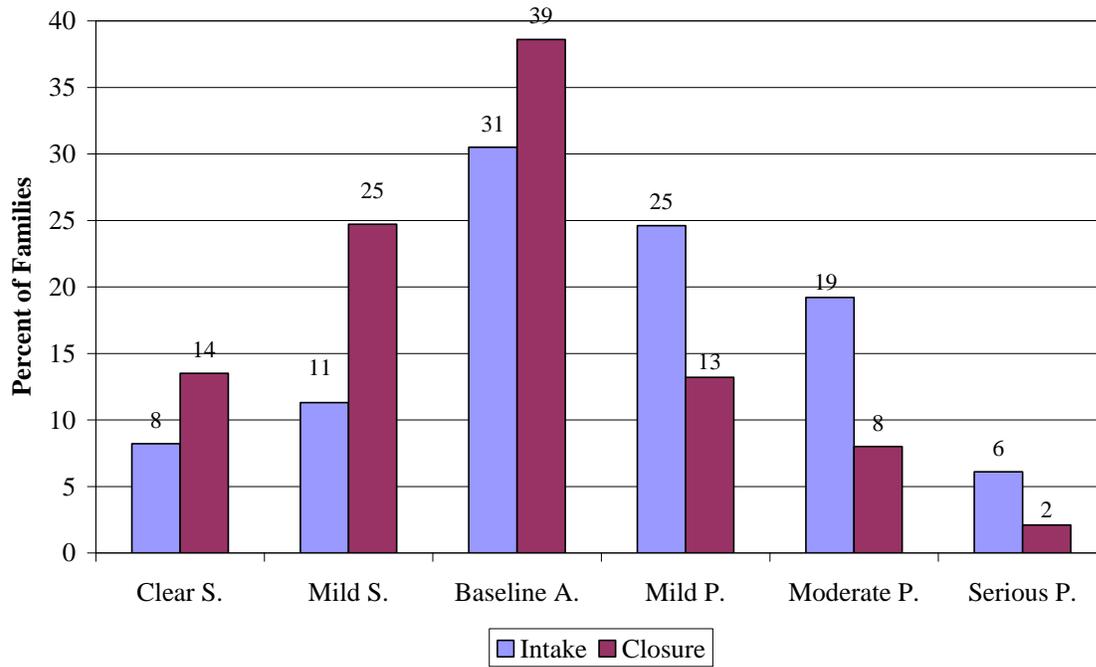
ratings toward the strength ratings. Only 18% (less than one fifth) of families remain at the moderate or serious level of problem at closure.

Family interactions refer to the manner in which family members communicate with one another. These are also frequently skill-based and are amenable to change during brief interventions. In the study population, nearly three-fifths (59%) of families are in the problem range of ratings at Intake. At closure, substantial progress has been made towards the strength range of ratings. Only 14% of families remain at the moderate to serious problem levels, and only one third of families remain below baseline.

Figure 4 focuses on family safety: both child safety (freedom from abuse or neglect) and safety of the caregiver(s) from domestic violence. Safety is a critical realm of assessment because child safety is of paramount concern within the IFPS framework. Although the family is the focus of IFPS interventions and service plans, and, as the name implies, family preservation is the overarching goal, nothing is more important than child safety. The data presented in Figure 4 indicate that one half (50%) of families enter IFPS services with a family safety issue. One quarter (25%) of families are at moderate to serious risk of family safety problems. The figure also indicates that the 25% moderate-to-serious risk number is reduced to 10%, with only 2% remaining at serious risk. In fact, the proportion of families where protective strategies or plans are in place that are seen as mild or clear strengths by workers more than doubles, increasing from 17% to 39%.

Finally, Figure 5 presents the changes in child well-being that occur as a result of IFPS services. Nearly three-fifths (59%) of families enter IFPS services in the problem range of ratings on child well-being, and more than one third (34%) are rated as having a moderate or serious problem. These problems include problems with peers, siblings, school, child mental

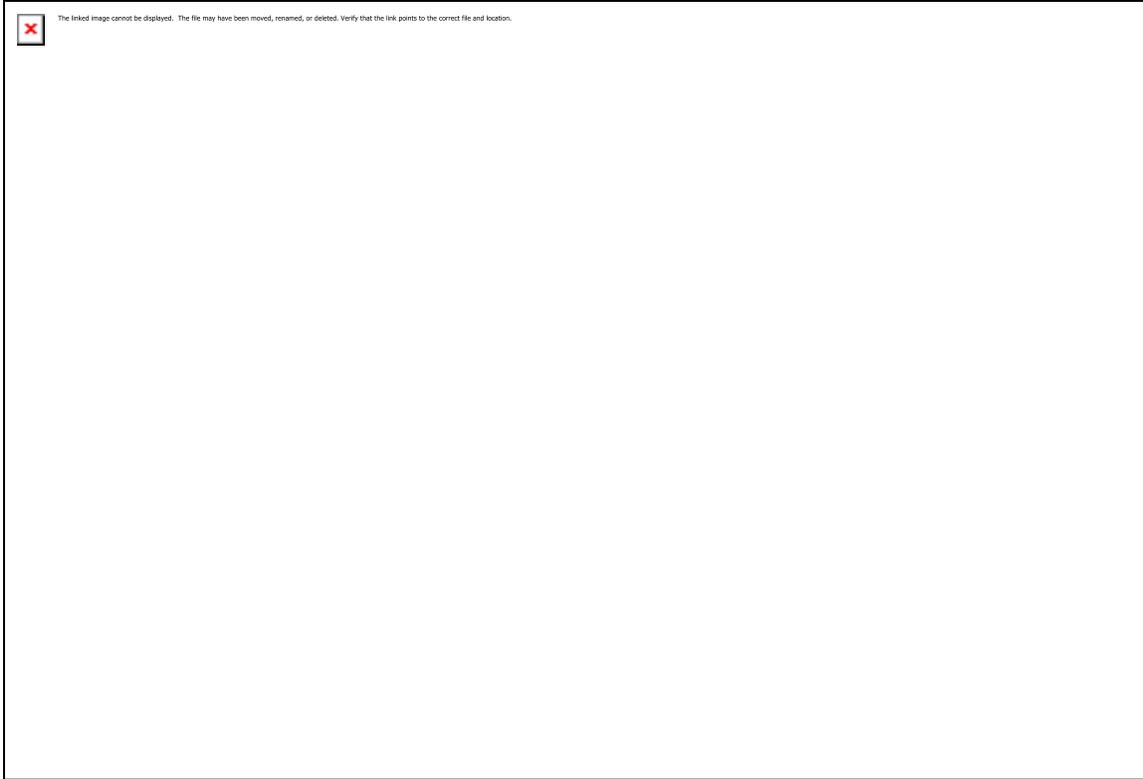
**Figure 4. IFPS Family Safety Ratings at Intake and Closure**



health issues, child's desire to remain with the family, and so on. Figure 5 data indicate a substantial shift away from the problem ratings with just over one-third (36%) remaining below baseline, and less than one-fifth are in the moderate-to-serious problem range. Only 5% remain at the serious problem level.

Taken as a whole, the NCFAS assessment data in Figures 1 through 5 suggest that the families being served are experiencing numerous moderate to serious problems in family functioning. These families are appropriate for intensive service models, particularly when multiple problem areas coexist, overwhelming families' coping strategies and/or resources. The shifts in proportions of families entering IFPS at the moderate-to-serious levels of functioning towards baseline, and above, suggest that IFPS is successful in helping the majority of families move past crises that bring them to the attention of the child welfare system. However, not all families make progress; in fact, some families may even lose ground in spite of services and efforts to the contrary.

The schema used in Figures 1 through 5 to present the aggregate data does not permit examination of the proportion of individual families making progress on particular domains. However, Figure 6 does utilize such a schema. In Figure 6, the five areas of family functioning are presented as x-axis category labels, and the three bars above each category illustrate the proportion of families that experience no change, positive change or negative change in rated levels of family functioning. Between one-third (36%) and one half (48%) of families do not appear to change in functioning, as reflected in these domain ratings. However, between 45% and 57% of families do improve in family functioning. Unfortunately, 6% to 9% of families in this study deteriorated in functioning on these domains.

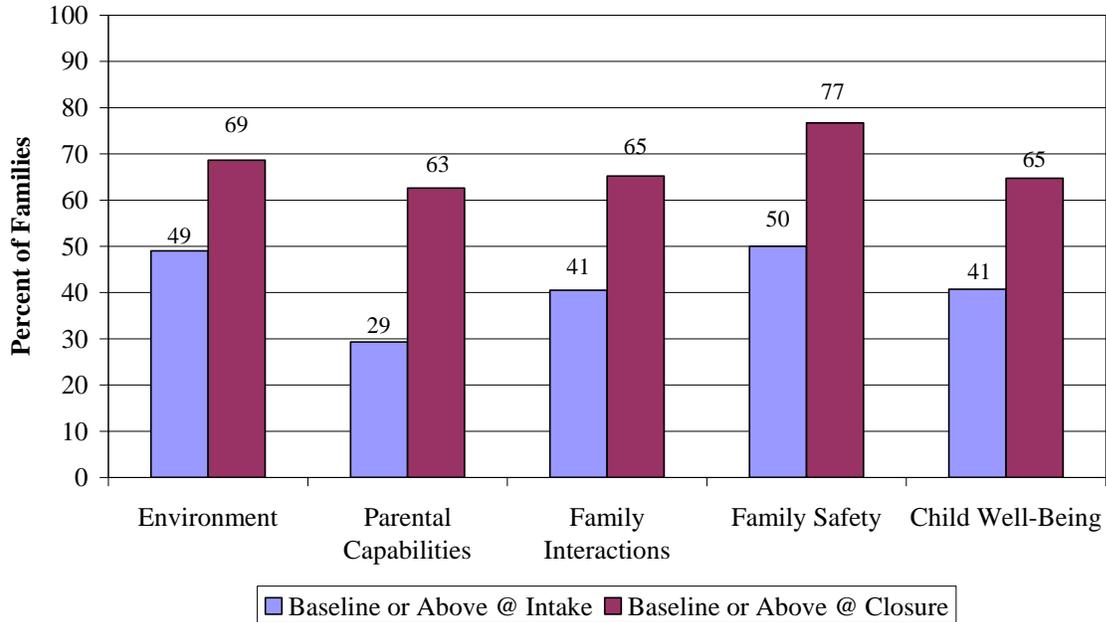


Each schema for data presentation has its limitations, and although Figure 6 gives a good indication of the total proportion of families making progress or not making progress on each domain, it does not indicate whether the progress made is sufficient to address child welfare concerns about the family's capacity to function. That is, in Figure 6 there is no way to differentiate between a family making progress from the serious problem level to the moderate level, or from the serious problem level to the mild strength level (nor from *any* level to any other level).

Neither the schema in Figures 1-5 nor the schema used in Figure 6 can show the proportion of families who entered IFPS services below the baseline/adequate level of functioning, or above that level. Recall that the baseline/adequate level of functioning is the level above which no child protection mandate needs to be invoked. Thus, this is an important

threshold of functioning. Figure 7 does, however, illustrate these shifts. Figure 7 shows that 29% to 50% of families were at or above baseline at intake on the domains rated. However, at closure, 63% to 77% of families are at or above baseline on the domains rated.

**Figure 7. IFPS Families Rated Baseline or Above at Intake and Closure on NCFAS Domain Scores**



Although these shifts are visually dramatic, and indicate success from the perspective of improved family functioning, there still remain between 23% (family safety) and 37% (parental capabilities) of families below baseline (that is, they remain in the problem ranges) at case closing.

These NCFAS data, using the three different presentation schema, indicate that these families are entering IFPS services with numerous problems in areas that are relevant to child welfare concerns; IFPS services are associated with substantial improvements in family functioning; not all families improve on all domains (indeed, not all families enter IFPS needing to improve on all domains); and non-trivial numbers of families remain below baseline at service

closure. Although these data are outcome measures in their own right, they must also be related to other outcomes of interest, primarily placement (or living arrangement at closure) since the policy objectives of IFPS focus on the prevention of out-of-home placement. These relationships are discussed in detail in the Child and Family Outcomes section.

## Results of the IFRS Program

The IFRS data from the six contributing sites contain case-level data on 332 families. The relative contributions of cases to the database are very similar to those of the IFPS data, although Missouri contributed only IFRS cases and Maryland contributed none (refer to Table 7). The contribution of IFRS cases from each state is: North Carolina, 52%; Washington, 26%; Missouri, 12%; and Colorado, Indiana and Pennsylvania combining for the remaining 10%. Among these 332 families, demographic data were available on 92% (305) of primary caregivers. Demographic data were available for at least one child in 91% (303) of families served by IFRS programs, with a total of 622 child records.

Table 7. Number (Percent) of IFRS Cases by State

<b>State</b>	<b>Families N=332</b>	<b>Primary Caretakers N=305</b>	<b>Children N=622 (from 303 families)</b>
<b>Colorado</b>	16 (4.8%)	15 (4.9%)	34 (5.5%)
<b>Indiana</b>	3 (0.9%)	3 (1.0%)	7 (1.1%)
<b>Maryland</b>	0 (0%)	0 (0%)	0 (0%)
<b>Missouri</b>	41 (12.3%)	30 (9.8%)	67 (10.8%)
<b>North Carolina</b>	171 (51.5%)	171 (56.1%)	354 (56.9%)
<b>Pennsylvania</b>	14 (4.2%)	14 (4.6%)	27 (4.3%)
<b>Washington</b>	87 (26.2%)	72 (23.6%)	133 (21.4%)

### *Demographics of IFRS Families*

A summary of the IFRS demographic data are presented in Table 8. Age data were available for 79% of the primary caregivers in these families, with the mean age being 32 years, ranging from 16 to 74 years. Eighty two percent were female. Forty percent of caregivers were

single, 26% were married, 15% were in a domestic partnership, 2% were separated, and 15% were divorced.

Table 8. Demographics of IFRS Families

<b>Family Demographics (N=332)</b>	<b>Number</b>	<b>Percent</b>
<b>Average Age</b>	<b>261</b>	<b>78.6%</b>
	Min=16	Mean=32.05
	Max=74	
<b>Gender</b>	<b>303</b>	<b>91.3%</b>
Male	56	18.5%
Female	247	81.5%
<b>Race</b>	<b>300</b>	<b>90.4%</b>
White	171	57.0%
Black	102	34.0%
Other	27	9.0%
<b>Hispanic</b>	<b>17</b>	<b>6.5%</b>
<b>Marital status</b>	<b>125</b>	<b>37.7%</b>
Single	50	40.0%
Married	33	26.4%
Domestic Partnership	19	15.2%
Separated	3	2.4%
Divorced	19	15.2%
Widowed	1	0.8%
<b>Employment status</b>	<b>284</b>	<b>85.5%</b>
Full Time	99	34.9%
Part Time	25	8.8%
Seasonal/Intermittent	7	2.5%
Unemployed	105	37.0%
Homemaker	18	6.3%
Disabled	23	8.1%
Student	3	1.1%
Retired	4	1.4%
<b>Substance Abuse</b>	<b>303</b>	<b>91.3%</b>
None	190	62.7%
Alcohol Abuse Only	16	5.3%
Drug Abuse Only	68	22.4%
Alcohol and Drug Abuse	29	9.6%

Employment status was available for 86% of IFRS caregivers. Among this group 35% were employed full time, 9% were employed part time, 37% were unemployed, 6% were homemakers, 8% were disabled, and about 1% each were students or were retired.

Racial identity data were available for 90% of caregivers, and analysis reveals that 57% of IFRS caregivers were White, 34% were Black 34% were American Indian, 1% were multi-racial, and all other categories contributed less than 1%. About 7% of caregivers also identified themselves as being Hispanic.

Regarding substance use, 5% of caregivers were identified as having an alcohol-only problem, and 22% were identified as having a drugs-only problem. An additional 10% were identified as having a poly-substance problem, including alcohol. It is likely that substance use was a contributing factor in the removal of children in many of the IFRS families.

### ***Between-State Differences on Family Demographics for IFRS Families***

Among state cohorts of reunification cases, there are no gender differences as a function of state affiliation. There are racial differences, however, and the overall chi square analysis is significant (chi square = 167.87, df = 30,  $p < .001$ ). Colorado was overwhelmingly White (84%). In Pennsylvania and Washington, Whites accounted for about three quarters of IFRS cases (71% and 75%, respectively). In Maryland and North Carolina, Whites accounted for about three fifths of cases (59% and 63%, respectively), and Indiana had only 32% Whites. In each case, Blacks made up the difference except in Colorado and Washington, which each had a small American Indian caseload (4% and 6%, respectively).

Among IFRS caregivers, 34% of North Carolinians were unemployed, 54% were unemployed in Pennsylvania, 36% were unemployed in Washington, and inexplicably, 69% of

Colorado's caregivers in IFRS cases were unemployed. Caution should be exercised, however, when interpreting these findings because small sample sizes among some reunification cohorts may yield unreliable data on this variable.

The same cautionary notes made prior in this report discussing the IFPS alcohol and drug data apply to the IFRS data. With those caveats in mind, there were no significant differences among states with respect to the number of alcohol-using caregivers in IFRS families, with rates ranging from 6% to 20% across states. There were significant differences in "other" drug use, with considerable variation among states. Colorado's data indicated a 93% "other drug use" rate among reunification families (although the sample is small, with an  $n=15$ ). Indiana, Missouri, North Carolina and Pennsylvania had rates ranging from 30% to 33%, and Washington's rate was 17% (chi square = 33.9,  $df = 5$ ,  $p < .001$ ). There is no parsimonious explanation for these differences.

### ***Demographics of IFRS Children***

A summary of child demographics for IFRS children is presented in Table 9. Among reunification cases, 53% of children in IFRS families were male (and 47% female). Half (50%) were White, 34% were Black, and 9% were multi-racial. All other categories sum to only 7%. In addition to race, 8% of children were also identified as being Hispanic.

The primary problems that brought these IFRS/reunification children into care initially are not dissimilar from problems associated with IFPS/placement cases. For example, 13% of IFRS children were victims of physical abuse, 8% were sexually abused, 72% were neglected, and 25% were involved with family conflict. Related to the family conflict variable, 7% of IFRS children were engaged in delinquency and 19% were experiencing school problems/failure. The

Table 9. Demographics of IFRS Children

<b>Child Demographics (N=622)</b>	<b>Number</b>	<b>Percent</b>
<b>Average Age</b>	<b>520</b>	<b>83.6%</b>
	Min=0	Mean=6.58
	Max=17	
<b>Gender</b>	<b>584</b>	<b>93.9%</b>
Male	269	46.1%
Female	315	53.9%
<b>Race/Ethnicity</b>	<b>583</b>	<b>93.7%</b>
White	294	50.4%
Black	199	34.1%
Multi-Racial	51	8.7%
Other	39	6.7%
<b>Hispanic</b>	<b>40</b>	<b>7.7%</b>
<b>Role in Family</b>	<b>594</b>	<b>95.5%</b>
Identified Child	560	94.3%
Other Child	34	5.7%
<b>Relationship to Primary Caregiver</b>	<b>528</b>	<b>84.9%</b>
Child, Biological	498	94.3%
Child, Adoptive	2	0.4%
Child, Foster	5	0.9%
Grandchild	14	2.7%
Other Relative	6	1.1%
Non-Relative	0	0.0%
Guardianship	3	0.6%
<b>Reasons for Referral</b>		
Physical Abuse	79	13.4%
Sexual Abuse	48	8.2%
Neglect	425	72.3%
Family Conflict	147	25.0%
Beyond Parental Control	159	28.5%
Delinquency	38	6.8%
Truancy	32	7.5%
Other School Problem	106	19.0%
Other Child Behavior Problem	100	20.4%
Developmental Disability	47	8.4%
Child Mental Health Problem	29	14.2%
Alcohol/Substance Abuse	94	16.8%

slightly higher number of IFRS-neglect cases and the slightly lower number of family conflict cases may be related to reasons that some children are removed from home initially, although that line of inquiry cannot be pursued with these data.

### ***Between-State Differences on Child Demographics for IFRS Children***

Differences were noted, sometimes large differences, in the array of demographics and types of families and children served when individual state IFPS data were examined. The same is true to a somewhat lesser degree when IFRS data are examined. There were no differences among states with respect to gender of children served and relationship of children to their caregivers. There were, however, racial differences not unlike those of their caregivers.

Colorado, for example had the highest proportion of White families (85%) and American Indian families (9%), and the lowest proportion of Black families (6%). The very high proportions of Black families in Indiana and Missouri data (86% and 70%, respectively) are likely attributable to the urban areas served by the provider agencies (questions about disproportionality notwithstanding). North Carolina was about evenly split among Black and White families (40% and 42%, respectively), and the proportion of White families in Washington's data was high (81%) but both Washington and North Carolina had large numbers of multiracial families (9% and 12%) compared to other states. However, not all states could identify multi-racial children. Without base-rates and knowledge of the representativeness of families in the database to the statewide distribution of cases, questions of disproportionality cannot be addressed.

As with IFPS cases, states also differed in their apparent predisposition to use IFRS in certain types of cases. For example, neither Colorado nor Indiana served any "physical abuse" families with their reunification programs. In contrast, 9% of North Carolina's IFRS families

were “physical abuse” cases, in Missouri, the proportion was 18% and in Washington, it was 28%. These differences are significant (chi square = 36.29, df = 4,  $p < .001$ ); Pennsylvania could not report these data. Differences in the proportion of families being served in which sexual abuse had occurred were small, and not significant.

There were large differences with respect to IFRS services for families in which neglect had occurred. All of Colorado’s IFRS cases involved neglect (100%), a large majority of North Carolina IFRS cases involved neglect (90%), and the majority (52%) of Washington’s cases involved neglect. Only 3% of Missouri’s IFRS cases were for neglect. These differences are significant (chi square = 258.86, df = 4,  $p < .001$ ).

Family conflict is differentially represented among the states, with Colorado and North Carolina each having 35% of cases associated with family conflict, and Washington having 9%. Missouri indicated 0%. These differences are significant (chi square = 63.21, df = 4,  $p < .001$ ). Other states did not provide data in sufficient quantity to test.

These analyses suggest that, like IFPS, states use their IFRS services to serve different types of families. However, participating states could not provide data about IFRS families to the same degree that they could for IFPS families, including numerous variables identifying different types of parent and child behavior. Thus, the degree to which generalizations can be made is less for IFRS than for IFPS, and additional research is necessary in this area of inquiry.

### ***IFRS Service Delivery Information***

Table 10 presents a summary of the service delivery information provided by participating programs. The average length of service for IFRS interventions was 143 days, or about 20½ weeks. Like IFPS, however, this average is undoubtedly influenced by the small

number of cases that run considerably longer than the stated average. Also, there is much more variability in the IFRS models, as reported by the cooperating agencies, than is true with the IFPS models.

Table 10. IFRS Service Delivery Information

<b>IFRS Service Delivery Information (N=332)</b>	<b>Number</b>	<b>Percent</b>
<b>Average Days Open</b>	<b>304</b>	<b>91.6%</b>
	Min=0	Mean=143.29
	Max=1306	
<b>Reason for Case Closure</b>	<b>262</b>	<b>78.9%</b>
Services Completed Successfully	133	50.8%
Failure to Cooperate or Family Withdrew	57	21.8%
Permanent Plan Changed	24	9.2%
Child Placement	9	3.4%
Family or Child Moved	2	0.8%
Service Period Ended	30	11.5%
Other Reason	7	2.7%
<b>Were Step-Down Services Provided</b>	<b>204</b>	<b>61.4%</b>
No	60	29.4%
Yes	144	70.6%

Case closure and other service data were available for 79% of the cases reported. Of those, just over half (51%) were successfully closed (that is, services were completed in accordance with the case plan). In 9% of cases, the permanent plan was changed at some point, and this usually means that reunification efforts have ceased and the agency is moving towards termination of parental rights. In about 22% of cases, more than double the number for IFPS cases, the family withdrew from services or stopped cooperating, normally resulting in a return of case management authority to the mandated child welfare agency (either the county or the state, depending upon administrative authority).

As was true with IFPS families, step-down services were offered in the large majority of cases (71%). Like IFPS cases, this number of families receiving step-down services indicates an

ongoing need for support in order to maintain the reunification beyond the more intensive service period provided by the IFRS agency.

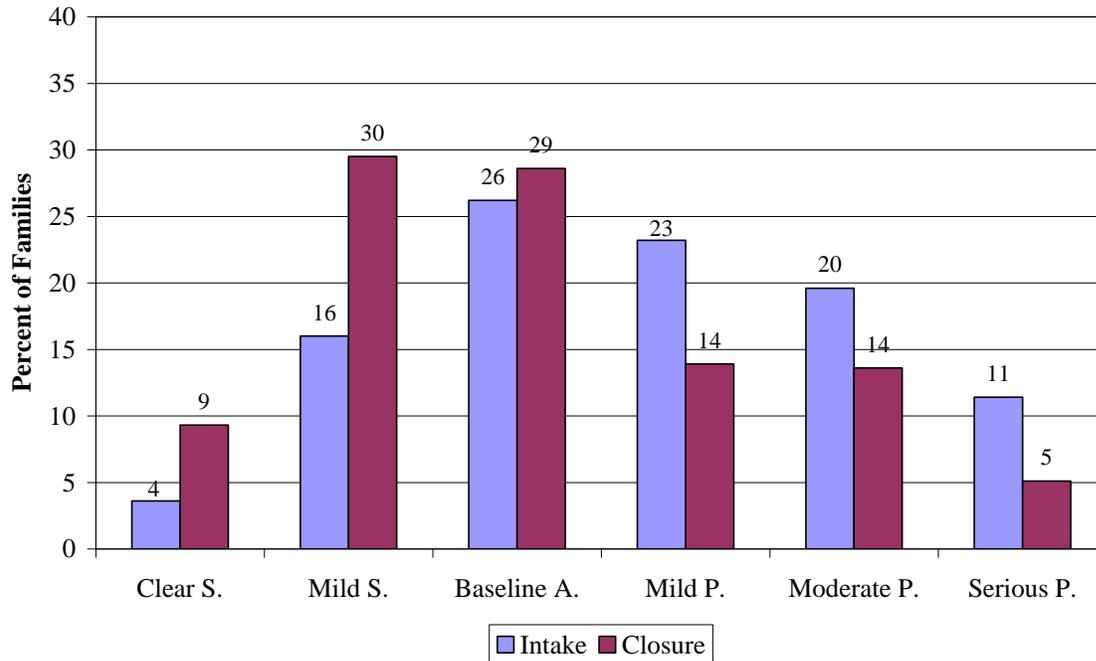
### ***IFRS and the NCFAS-R***

Like the NCFAS and the IFPS data, the figures that follow display family assessment data on the reunification families. All workers assessing reunification families used the NCFAS-R, which comprised seven domains of family functioning. Figures 8 through 14 present the aggregate data for each individual domain, displaying the proportion of families rated as being at each level of family functioning at intake and at closure. Figure 15 presents the proportion of families rated as having experienced positive change, no change or negative change on each domain. Figure 16 presents the proportion of families rated as being at or above baseline at intake and closure. A more detailed description of the different presentation, as well as a discussion of how to view and interpret those schema, has been presented in the section on “IFPS and the NCFAS,” and are not repeated here.

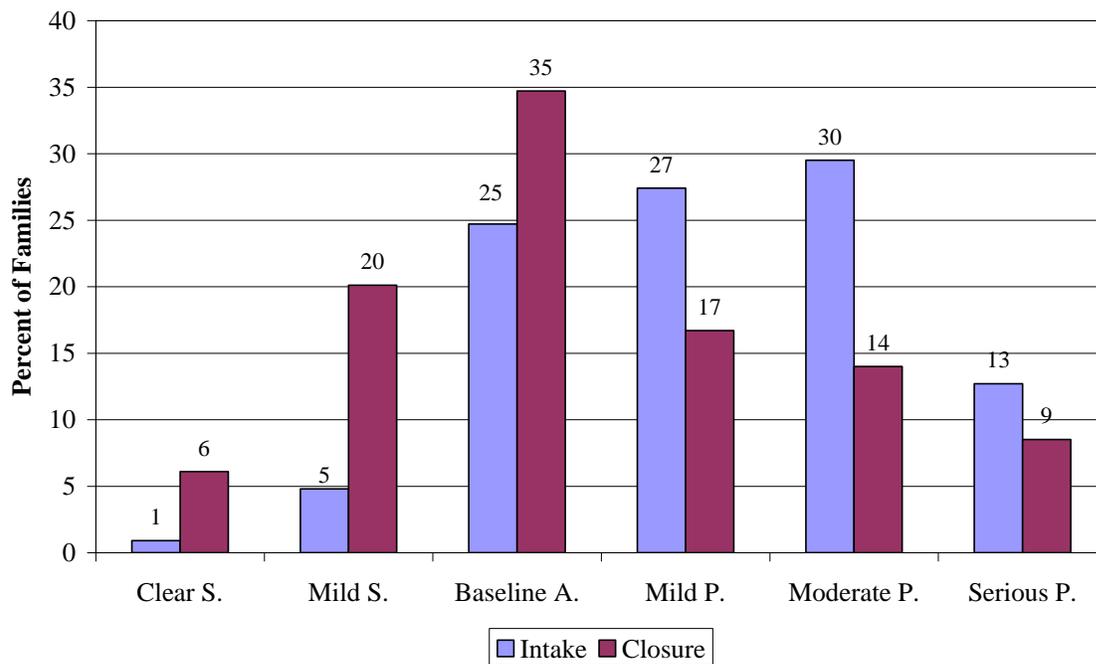
Figure 8 illustrates the distribution of families across the six NCFAS-R scale categories. At intake, slightly more than half (54%) of families are rated in the problem range of functioning. Nearly one-third (31%) are at the moderate or serious problem range. At closure, the total number of families in the problem range has been reduced to one-third (33%), and less than one-fifth (19%) remain at the moderate or serious levels. On the contrary, the proportion of families rated as having mild or clear strengths has doubled, rising from 20% to 39%.

Parental capabilities, illustrated in Figure 9, are a problem for large numbers of reunification families. Seventy percent of families are rated in the problem range at Intake, 44% at the moderate or serious problem levels. After IFRS services these proportions are lowered to

**Figure 8. IFRS Environment Ratings at Intake and Closure**



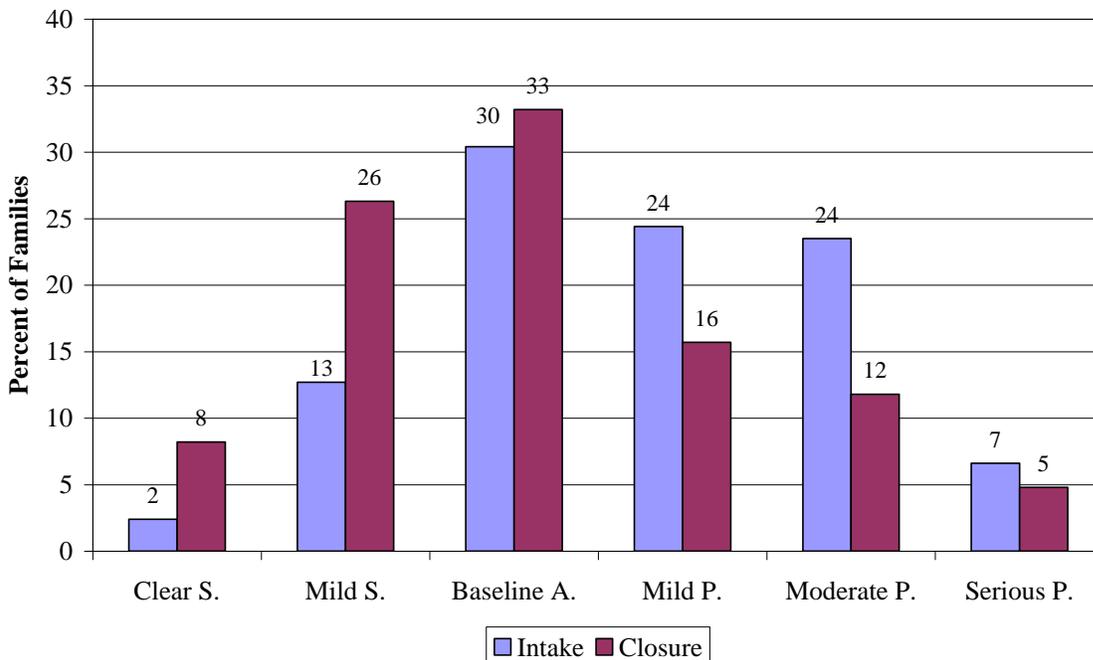
**Figure 9. IFRS Parental Capabilities Ratings at Intake and Closure**



25%, with only 9% reexamining at the serious problem level. The number of families rated as having mild or clear strengths has increased four fold, from 6%, combined, to 26%. This represents a dramatic shift among reunification families towards the strengths range of ratings for parental capabilities.

Figure 10 illustrates similar shifts for reunification families on the domain of family interactions. Fifty-five percent of families are rated in the problem range, 30% being at the moderate or serious problem levels, and only 15% are rated as having mild or clear strengths in this area. However, after IFPS services, only one third (33%) remains in the problem range, and only half of those families (17%) are rated at the moderate or serious problem levels. The proportion of families at the mild to clear strength levels more than doubles, reaching 34%.

**Figure 10. IFRS Family Interactions Ratings at Intake and Closure**



**Figure 11. IFRS Family Safety Ratings at Intake and Closure**

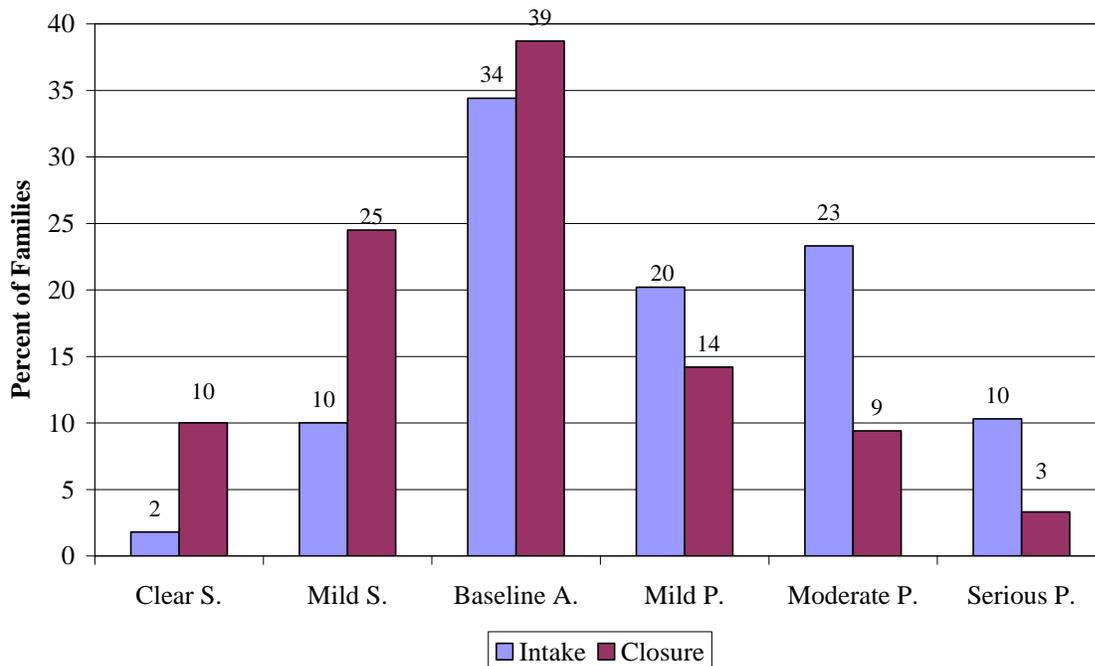
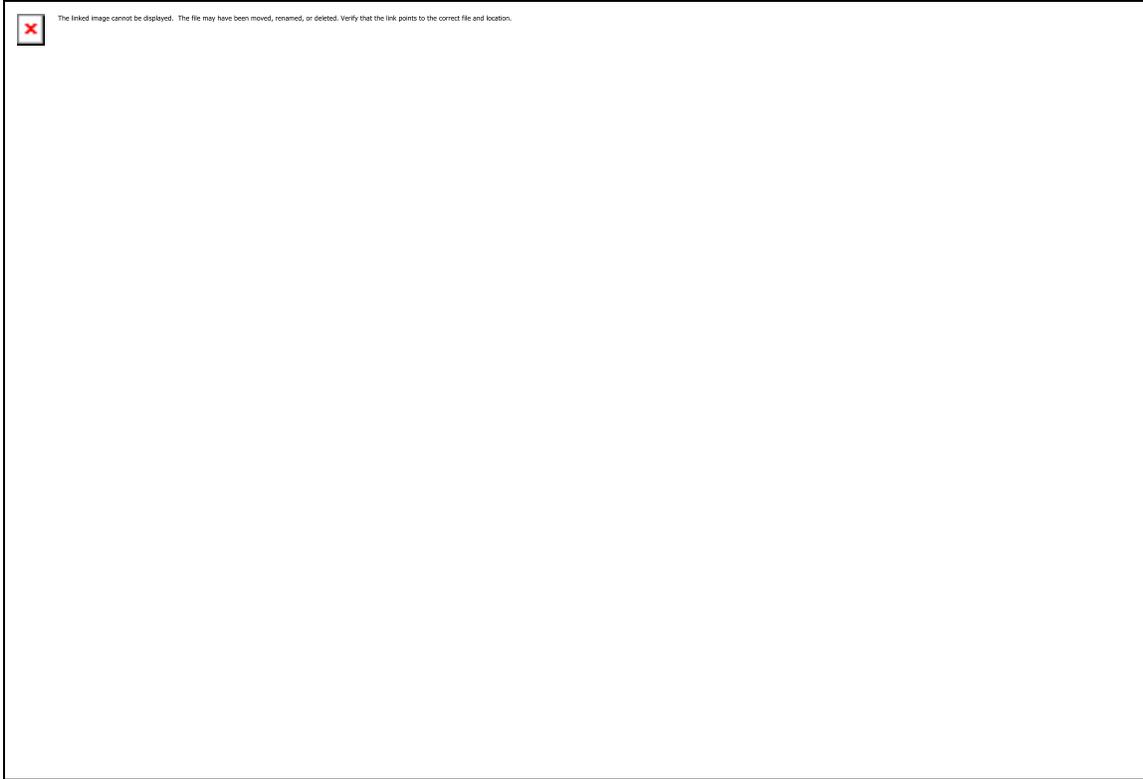


Figure 11 shows reductions in problem ratings relating to family safety. Whereas more than half (53%) of families enter IFRS services with problems on this domain, that number is lowered to just one quarter (26%), with only 12% at the moderate to serious problem levels. The proportion rated at the mild to clear strength levels tripled from 12% to 35%. Again, family safety, particularly child safety, is the paramount concern of IFPS and IFRS service models, and the dramatic reductions in problematic family safety ratings is a compelling service outcome.

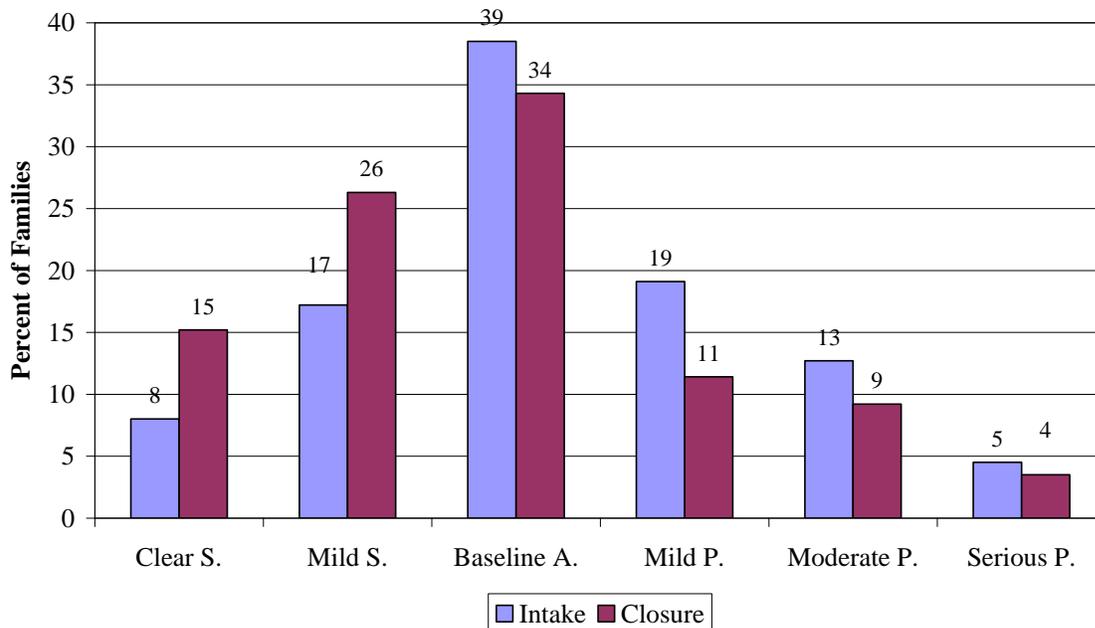
Child well-being ratings are illustrated in Figure 12. More than half (54%) of families are rated in the problem range of ratings at Intake. Only 14% of families are seen as having mild or clear strengths. However, by the time IFRS services close, more than 3 times that many (35%) are in the top two strength categories, 30% remain in the problem range, and only 13% at the moderate to serious problem levels.



Figures 13 and 14 illustrate assessment ratings for the domains of ambivalence and readiness for reunification. Recall that these two domains were added to the NCFAS-R to tailor its content to include issues specific to reunification cases. The ratings on these two domains present slightly different arrays of ratings than the original five domains, when applied to reunification cases. In both cases (ambivalence and readiness for reunification) there seems to be slightly less progress made by families towards the strengths range of ratings, relative to the proportions at those ratings at Intake. The differences observed in the reunification families in this study are consistent with observations in previous research where the NCFAS-R has been used to structure assessments, particularly so for ambivalence.

The ambivalence data are presented in Figure 13. Note that 37% of families are rated as having ambivalence problems at intake, and only 18% are rated as having moderate or serious

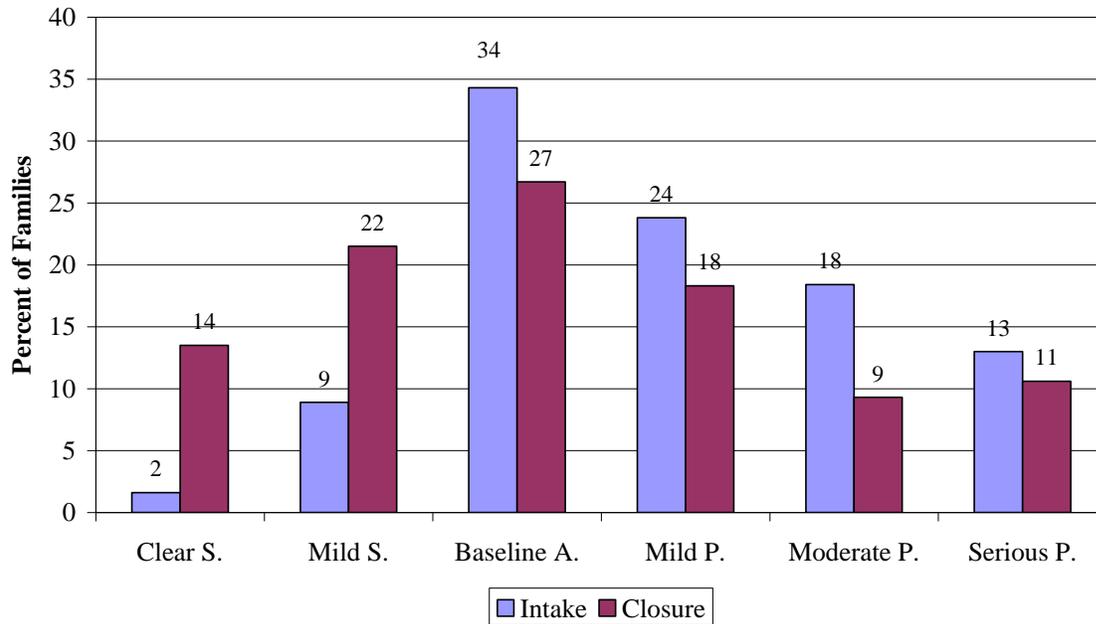
**Figure 13. IFRS Caregiver/Child Ambivalence Ratings at Intake and Closure**



problems at intake. However, nearly one quarter (24%) remain in the problem range of ratings at closure, and 13% are at the moderate or serious levels, down only 5% from the levels as intake. This apparent lack of movement suggests stagnation of families in the problem range of ratings. However, the data are in fact more dynamic, and the apparent stagnation of these ratings is a result of families moving in both directions on the domain. That is, there are a larger proportion of families moving toward the more negative ratings on this domain, relative to other domains presented to this point. Such is the nature of ambivalence: families tend not to want to admit to or acknowledge ambivalence prior to the return of the child, and in some families, ambivalence does not emerge until after the child has been returned. The result is an overall appearance of less movement of all families from the problems range of ratings towards the strength range: there is less room for movement to begin with, and there is more movement in both directions on this domain within reunification families. These assertions about the reasons for the apparent

difference in family behaviors (or workers' rating) on this domain are confirmed in subsequent analyses of other outcomes (living arrangements after IFRS) in relation to NCFAS-R domain ratings. These analyses are presented in the section titled "Child and Family Outcomes".

**Figure 14. IFRS Readiness for Reunification Ratings at Intake and Closure**

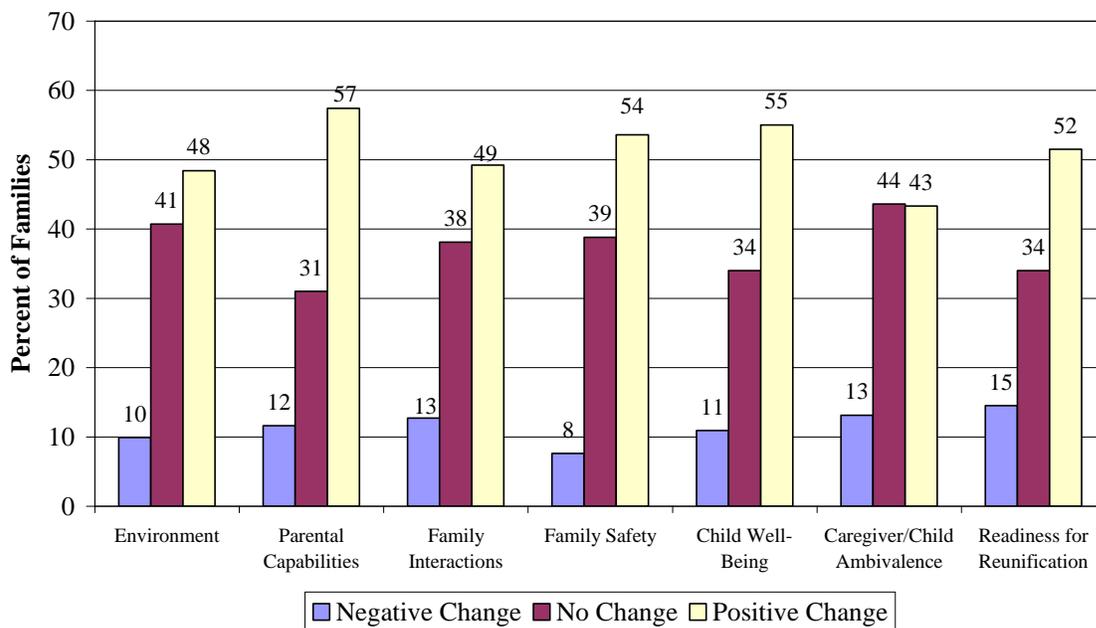


Although Figure 14 shows that the number of families entering IFRS services with problem ratings in readiness for reunification resembles the numbers in other domains, it shows less progress away from the more serious problem ratings. In this way it resembles ambivalence. Overall, 55% of families enter IFRS with problem ratings, 31% with moderate or serious problem ratings. At closure, the overall proportion of families rated in the problem range is reduced only to 38% (from 55%), and at the moderate to serious levels they are reduced only to 20% (from 31%). Again, the reason that there is less apparent movement is that there is more movement in both directions on this domain, also unique to reunification cases. Some families

struggle to become ready to have their children return home, and some never achieve that state of readiness. Others deteriorate as the reunification approaches, perhaps correlated with ambivalence. Like the observations on ambivalence, these observations are consistent with previous research, and are supported by the data presented in Figure 15, which presents the proportion of families experiencing positive change, no change or negative change.

As seen in Figure 15, the first five domains present similar profiles, with positive change numbers exceeding those of no change, and with negative change numbers ranging from 8% to 13%. Ambivalence is related to both the lowest proportion of positive change and the second highest proportion of negative change. Although readiness for reunification has positive change numbers in line with other domains (except ambivalence), it has the highest proportion of negative change. Thus, the two domains added to the NCFAS-R to capture the unique features of reunification cases seem to have done so.

**Figure 15. IFRS Families Experiencing Negative, None or Positive Change on NCFAS-R Domain Scores**



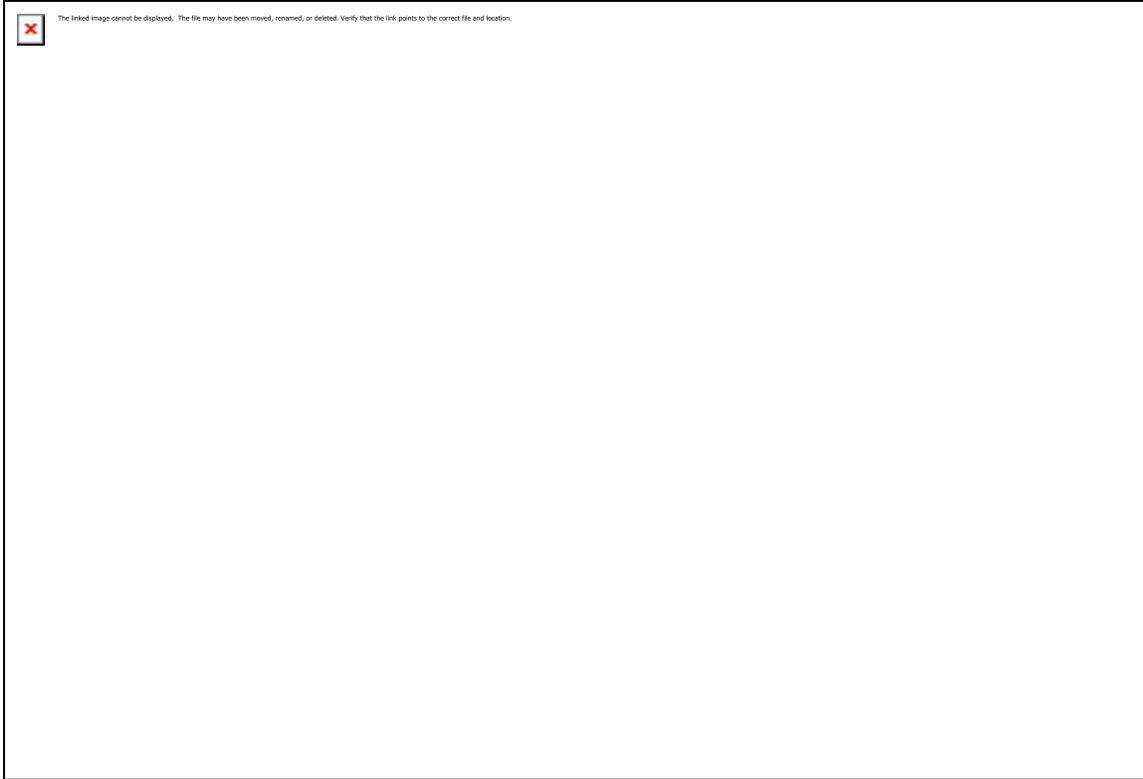


Figure 16 presents the proportions of families rated as being at or above baseline at intake and at closure. Between 30% and 64% of families are rated at or above baseline at intake, and between 61 and 76% are so rated at closure. Overall, these pre/post service comparisons suggest that IFRS services are associated with substantial improvements in all areas of family functioning, although data in earlier figures suggest that the dynamics within individual domains may vary. Again, whereas these NCFAS-R ratings at closure are legitimate outcome measures, they become more meaningful when related to other outcomes to be discussed in the “Child and Family Outcomes” section.

## **Child and Family Outcomes**

### ***Permanency: The Overarching Policy Objective***

Permanency outcomes under federal law were established in Public Law 96-272, otherwise known as the Adoption and Child Welfare Act of 1980. Although Congress has amended the Child Abuse Prevention and Treatment Act (CAPTA) and attendant laws with major revisions approximately every three years since that time, the permanency outcomes of choice, and their hierarchical order, have remained unchanged since originally passed in 1980:

1. **Placement Prevention:** Public child welfare agencies mandated to protect children must attempt to prevent the unnecessary removal of children by providing services to assure child safety and family stability.
2. **Family Reunification:** In the event that children must be removed from their home of origin in order to assure their safety or to provide services to the family, “reasonable efforts” must be made by the public child welfare agency to reunite the family in as short a time period as possible, holding child safety and well-being paramount.
3. **Adoption and other forms of Permanency:** In the event that the child cannot be safely returned to the family of origin within a reasonable period of time, and the court agrees with that determination, the public child welfare agency must seek alternative forms of permanency up to and including the termination of parental rights (TPR) of the biological parents and placing the child for adoption. Prior to TPR, public agencies must seek less dramatic paths to permanency, such as assigning guardianship to a relative, in order that the child maintains connections with the family of origin. TPR and adoption should be a course of last resort.

Intensive Family Preservation Services (IFPS) generally is associated with the first of these policy objectives: placement prevention. Intensive Family Reunification Services (IFRS) generally is associated with the second of these objectives: family reunification. Like most other things in multi-jurisdictional research on social issues, the data used in this report are fraught with comparability issues, differing definitions of key variables, and in some cases, even the ability to definitively identify the outcome of services. Therefore, although the federal definitions of permanency (placement prevention and reunification) are used as the standard of reference, deference is given in some analyses to variations among definitions, and these variations are noted or illustrated, as necessary. In addition, family functioning outcomes associated with the NCFAS and NCFAS-R are presented. Consistent with previous sections of this report, the child and family outcomes associated with IFPS are presented first, followed by outcomes associated with IFRS.

### ***Child and Family Outcomes for IFPS***

#### *Placement at closure.*

For IFPS children and families in this study, the permanent plan at intake, appropriately, was for children to remain with the birth parent in 94% of cases. Permissible variations on that plan included relative placement, (identified in 3% of cases), and remaining with the adoptive parent (identified as the plan in 1% of cases). Other categories contributed only trace numbers.

In most jurisdictions, eligibility for IFPS services hinges to some degree on family continuity being maintained throughout the life of the case. Placement of the child into out-of-home care, even if only briefly, may jeopardize eligibility for IFPS services. Different jurisdictions have different local policies. For example, if a child is in out-of-home placement

for more than 14 days, the case is defined as a reunification case, rather than a placement prevention case.

The issue of placement prior to IFPS, and its impact on services, is further complicated by definitional differences. For example, some states do not consider an overnight stay in emergency shelter to be a placement, although other states do classify such an occurrence as a placement. Some only consider out-of-home care to be a placement if it is linked to payment for services. Practically speaking, if the child is out of the home for, say, 24 hours when an IFPS referral is made, the differences in the way states define “placement” during that time period become statistical noise, rather than meaningful information. Even though there are significant differences among states on this pre-IFPS placement variable (chi square = 32.95, df = 3,  $p < .001$ ), those rates ranged from 1% to 6% of IFPS families served, and may be considered to be of no practical importance. Ignoring these minor variations in pre-IFPS placement histories, the data from all contributing jurisdictions were pooled, and the living situations of children at the time of case opening and case closing are presented in Table 11.

The data in Table 11 illustrate that the overwhelming majority (close to 93%) of children were either living at home, with a relative or with an adoptive parent at the time of intake. At closure, 85% of children remained with the birth parent, another 7% were placed with a relative, and a combined 2% were living in some other court-approved arrangement (such as adoptive parent, relative foster care, family friend with guardianship, etc.). Seven percent had been placed in non-relative foster care, a group home, detention center, treatment foster care/psychiatric placement, or were on runaway status. Thus, even though the 85% rate at which children remained with the biological parents suggests that the permanent plan changed after intake for at

least 9% of children, only 7% of cases ended in situations that were institutional placements or were clearly non-familial.

Table 11. Living Situation of IFPS Children

<b>Child Living Situation (N=2,288)</b>	<b>Number</b>	<b>Percent</b>
<b>Living Situation at Case Opening</b>	<b>2006</b>	<b>87.7%</b>
<b>In-Home</b>	<b>1949</b>	<b>97.2%</b>
Parent, Birth	1771	88.3%
Parent, Adoptive	7	0.3%
Relative	149	7.4%
Friend	8	0.4%
Guardianship	14	0.7%
<b>Out-of-Home</b>	<b>57</b>	<b>2.8%</b>
Foster Care, Non-Relative	30	1.5%
Group Home	5	0.2%
Detention/Jail	3	0.1%
Psychiatric Placement	3	0.1%
Emergency/Shelter Care	10	0.5%
Runaway	1	0.0%
Other	5	0.0%
<b>Living Situation at Case Closing</b>	<b>2053</b>	<b>89.7%</b>
<b>In-Home</b>	<b>1903</b>	<b>92.7%</b>
Parent, Birth	1734	84.5%
Parent, Adoptive	9	0.4%
Relative	135	6.6%
Friend	16	0.8%
Guardianship	9	0.4%
<b>Out-of-Home</b>	<b>150</b>	<b>7.3%</b>
Foster Care, Relative	4	0.2%
Foster Care, Non-Relative	102	5.0%
Group Home	5	0.2%
Detention/Jail	10	0.5%
Psychiatric Placement	4	0.2%
Emergency/Shelter Care	1	0.0%
Runaway	3	0.1%
Other	21	1.0%

Because not all states officially sanction certain types of court-approved outcomes as meeting the definition of “permanence” (i.e., living with a family friend, even with the court’s

approval), there are very slight differences between the 7% placement rate cited in the preceding paragraph and the individual states' report of "placement at closure" (chi square = 50.74, df = 4,  $p < .001$ ). Placement rates ranged from 4% (Indiana) to 23% (Pennsylvania). Within-group variation notwithstanding, as a group the permanent plan outcomes for the children in these states were positive and in line with federal requirements to preserve permanency within the family of origin whenever possible.

*NCFAS ratings and placement at closure.*

The data from the NCFAS are revealing with respect to the relationships between the domains of family functioning and the likelihood of successful placement prevention. As shown in Table 12, for all domains except child well-being, both intake and closure ratings were associated with predictions of placement among families with ratings in the problem range. Recall from previous Figures (1 through 5) that IFPS services resulted in population shifts away from the problem ratings towards the strength ratings, but that in every case there remained non-trivial proportions of families at the moderate to serious problem levels of functioning.

It should be noted that not all families with moderate or even serious problem ratings on any given domain will necessarily experience an out-of-home placement. To the contrary, if there are sufficient countermanding strengths or protection plans in place, families can remain safely together while they continue to try to resolve the remaining problems. Data from the NCFAS assessments confirm these patterns of problem resolution and placement prediction.

The intake ratings were only modestly predictive, but the strength of those associations increased markedly after IFPS services. This is not surprising, because these families, by eligibility definition, are at imminent risk of placement, so if they are rated in the moderate to

serious problem levels at closure, there remains substantial risk and the likelihood of a recommendation to remove the child will increase. Similarly, families with moderate to serious problem ratings at intake will need, but have not yet received services to remediate those problems, and some proportion of them will likely not succeed to the extent necessary to prevent child removal. Beginning with the environment domain, there is a 14% and 17% probability of

Table 12. IFPS Families Experiencing an Out-of-Home Placement at Case Closure for NCFAS Domains by Ratings at Intake and Closure

Domain Rating	Percent of Families for NCFAS Domain				
	Environment	Parental Capabilities	Family Interactions	Family Safety	Child Well-Being
<b>At Intake</b>					
Clear Strength	21	18	8	7	0
Mild Strength	6	7	5	12	11
Baseline/Adequate	5	9	9	7	9
Mild Problem	9	5	7	8	8
Moderate Problem	14	13	16	14	13
Serious Problem	17	22	16	19	14
Chi-Square <sup>1</sup>	25.40***	28.66***	16.97**	13.84*	8.66
<b>At Closure</b>					
Clear Strength	13	4	6	6	6
Mild Strength	5	5	4	7	5
Baseline/Adequate	4	7	8	8	9
Mild Problem	12	7	12	11	10
Moderate Problem	27	23	26	30	27
Serious Problem	31	43	32	23	25
Chi-Square <sup>1</sup>	63.99***	88.96***	60.35***	45.17***	50.11***

<sup>1</sup>For each chi-square statistic df=5.

\*p<.05

\*\*p<.01

\*\*\*p<.001

placement after IFPS for families that are rated at the moderate to serious problem levels at intake. These placement likelihoods are significantly higher than those of other levels of problems or strengths (chi square = 25.40, df = 5,  $p < .001$ ). However, the probability of placement increases dramatically to 27% and 31%, respectively, for families rated at the moderate to serious problem levels at closure, with these placement probabilities being significantly higher than for other scale ratings (chi square = 63.99, df = 5,  $p < .001$ ).

A similar pattern exists for the remaining domains. For parental capabilities, having moderate or serious problem ratings at intake is associated with 13% and 22% probabilities of placement after IFPS, those probabilities being significantly higher than other scale ratings at intake (chi square = 28.66, df = 5,  $p < .001$ ). Among families remaining at those levels of problem after IFPS, the placement probabilities nearly double, increasing to 23% and 43%, respectively. Probabilities of placement among all other scale categories are significantly lower, ranging from 4% to 7% (chi square = 88.96, df = 5,  $p < .001$ ).

For family interactions, having moderate or serious problem ratings at intake is associated with a 16% probability of placement after IFPS, those probabilities being significantly higher than other scale ratings at intake (chi square = 16.97, df = 5,  $p < .01$ ). Among families remaining at those levels of problem after IFPS, the placement probabilities increase to 26% and 32%, respectively. Probabilities of placement among all other scale categories are significantly lower, ranging from 4% to 12% (chi square = 60.35, df = 5,  $p < .001$ ).

For family safety, having moderate or serious problem ratings at Intake is associated with 14% and 19% probabilities of placement after IFPS, and, again, those probabilities are significantly higher than other scale ratings at intake, which range from 7% to 12% (chi square = 13.84, df = 5,  $p < .05$ ). However, for families rated at those levels of problem after IFPS, the

placement probabilities increase to 30% and 23%, respectively. Probabilities of placement among all other scale categories are significantly lower, ranging from 6% to 11% (chi square = 45.17,  $df = 5$ ,  $p < .001$ ).

Only on the domain of child well-being does the pattern weaken, although the trend remains. Families having moderate or serious problem ratings at intake have associated placement probabilities of 13% and 14% after IFPS. While those probabilities are higher than all other scale categories, they are not significantly higher. However, after IFPS, those families remaining at the moderate or serious problem levels have placement probabilities of 27% and 25%, respectively, significantly higher than all other scale ratings, which range from 5% to 10%, (chi square = 50.11,  $df = 5$ ,  $p < .001$ ).

*NCFAS change scores and placement at closure.*

Knowing whether change occurred on any given domain, and in which direction change occurred, is also predictive of placement (see Table 13). Recall that movement in one direction or another does not automatically indicate that movement was sufficient to cross from the problem range into the strength range, or vice versa. Similarly, a finding of “no change” might be a good thing if the initial rating is in the strength range, or a bad thing if it is a moderate or serious problem. However, on every domain, the differences in probabilities of placement are strongly and significantly associated both with movement per se, and with direction of movement.

For environment, any positive change is associated with only a 5% probability of placement after IFPS; experiencing no change is associated with a 13% probability of placement,

and any negative change is associated with a 26% probability of placement. These differences are significant (chi square = 30.46, df = 2, p < .001).

Table 13. IFPS Families Experiencing an Out-of-Home Placement at Case Closure for NCFAS Domains by Measured Change from Intake to Closure

Measured Change	Percent of Families for NCFAS Domain				
	Environment	Parental Capabilities	Family Interactions	Family Safety	Child Well-Being
Negative	26	27	28	20	41
None	13	18	11	12	11
Positive	5	5	7	8	7
Chi-Square <sup>1</sup>	30.46***	57.73***	31.53***	10.46**	46.69***

<sup>1</sup>For each chi-square statistic df=2.

\*\*p<.01

\*\*\*p<.001

For parental capabilities, any positive change is associated with only a 5% probability of placement after IFPS; experiencing no change is associated with an 18% probability of placement, and any negative change is associated with a 27% probability of placement. These differences are significant (chi square = 57.73, df = 2, p < .001).

A similar pattern is noted for family interactions. Any positive change is associated with only a 7% probability of placement after IFPS; experiencing no change is associated with an 11% probability of placement, and any negative change is associated with a 28% probability of placement. These differences are significant (chi square = 31.53, df = 2, p < .001).

Family safety is only slightly less compelling, with any positive change being associated with an 8% probability of placement after IFPS; experiencing no change being associated with an 11% probability of placement, and any negative change being associated with a 20% probability of placement. These differences are significant (chi square = 10.46, df = 2, p < .01).

The most compelling associations occur with respect to child well-being. Any positive change is associated with a 7% probability of placement after IFPS; experiencing no change is associated with a 10% probability of placement, and any negative change is associated with a 41% probability of placement. These differences are significant (chi square = 46.69, df = 2,  $p < .001$ ).

*NCFAS baseline/adequate functioning and placement at closure.*

NCFAS data that relate to the threshold for baseline/adequate functioning also are informative, this time with respect to the way workers operationalize the definition and then address family problems that they have assessed (see Table 14). Recall that Figure 7 illustrated the finding that 29% to 50% of families are assessed as being at or above baseline at intake, but that 63% to 77% are above baseline at closure. Unlike the absolute ratings discussed previously (i.e., serious problem, moderate problem, etc.) the status of being at or above baseline at intake does not predict placement after IFPS. Only the environment domain is weakly significantly predictive, with 8% of families at or above baseline at intake experiencing a placement after IFPS, compared to 13% of those below baseline at intake (chi square = 6.05, df = 1,  $p < .05$ ).

However, in every case, being at or above baseline after IFPS is significantly predictive of placement. For environment, being at or above baseline at closure is associated with a placement probability of only 6%, compared to a placement probability of 20% for families below baseline at closure (chi square = 37.37, df = 1,  $p < .001$ ). For parental capabilities, being at or above baseline at closure is associated with a placement probability of only 6%, compared to a placement probability of 18% for families below baseline at closure (chi square = 31.48, df = 1,  $p < .001$ ). For family interactions, being at or above baseline at closure is associated with a

placement probability of only 6%, compared to a placement probability of 19% for families below baseline at closure (chi square = 37.99, df = 1, p < .001). For family safety, being at or above baseline at closure is associated with a placement probability of only 7%, compared to a placement probability of 19% for families below baseline at closure (chi square = 24.93, df = 1, p < .001). And for child well-being, being at or above baseline at closure is associated with a placement probability of only 7%, compared to a placement probability of 18% for families below baseline at closure (chi square = 25.58, df = 1, p < .001).

Table 14. IFPS Families Experiencing an Out-of-Home Placement at Case Closure for NCFAS Domains by a Rating of Baseline/Adequate or Above at Intake and Closure

Rated Baseline/ Adequate or Above	Percent of Families for NCFAS Domain				
	Environ- ment	Parental Capabilities	Family Interactions	Family Safety	Child Well- Being
<b>At Intake</b>					
No	13	10	12	11	11
Yes	8	9	8	8	9
Chi-Square <sup>1</sup>	6.05*	.221	3.25	2.40	1.96
<b>At Closure</b>					
No	20	18	19	19	18
Yes	6	6	6	7	7
Chi-Square <sup>1</sup>	37.38***	31.48***	37.99***	24.93***	25.58***

<sup>1</sup>For each chi-square statistic df=1.

\*p<.05

\*\*\*p<.001

These data suggest that workers are using the NCFAS intake assessment data to focus services on areas where problems exist, and are successful at moving families towards the strength range of ratings, sometimes transiting the threshold to baseline or better levels of

functioning. Importantly, they are *not* using the NCFAS to screen families out, or failing to serve the more problematic families sufficiently to effect necessary changes. Were this not true, larger numbers of highly problem-rated families would remain after IFPS, and the differences in placement associated with the different levels of family functioning just described would not have occurred.

*IFPS outcomes associated with race and substance use.*

Race and substance use are important variables in child welfare research due to the longstanding issue of racial disproportionality and the capacity of parents (and service systems) to address substance use as a problem associated with ineffective or unsafe parenting and with placement. Variables examined for this report included the family assessment ratings and placement rates of children of different races before and after IFPS services, and the use of alcohol and other substances in relation to assessments and service outcomes.

To maximize the power of the analysis, race data were collapsed into three categories for this analysis: White, Black and Other. There were no differences among races in the rates of placement at the beginning of IFPS services; and, there were no differences in placement rates among the three race categories at closure of IFPS services. At closure, the overall placement rate of children was 10%, with rates within racial groups ranging from 8% to 11%. Thus, it appears that IFPS achieved about the same success rates across the racial groups served by programs contributing to this study, irrespective of other variables.

To examine these findings more closely, the intake/closure change data for the NCFAS were observed to see if families representing different races were more or less likely to be helped, as evidenced by experiencing a positive change from intake to closure. On four of the

five NCFAS domains there were no significant differences in experiencing positive change as a function of race. Irrespective of race, 42% to 49% of families experienced positive change on environment, 53% to 54% of families experienced positive change on family interactions, 47% to 57% of families experienced positive change on family safety, and 47% to 55% of families experienced positive change on child well-being. Again, the small differences noted on these domains were not significant. For parental capabilities, however, there were significant differences across racial categories. Interestingly, the overall difference in the cross tabulation was significant not because of the proportions of families who experienced positive change (59% to 64%). The difference in the table that appears to be significant is the “Other” racial group had the highest negative change rate at 13%, compared to 5% and 7% for Blacks and Whites respectively. This was the only significant difference on any domains, in any direction of change, and it can only be speculated that the small number of “Other” racial families in that group may have presented special challenges to IFPS workers. This finding may be an anomaly, given all the other findings relating to race, but it bears further research where larger numbers of “Other” racial groups increases statistical power and between-race discriminability.

With respect to alcohol and other drugs, it is necessary to restate the limitations of the data. The presence or absence of a presenting problem for alcohol, other drugs, or both, were obtained by observing check-listed items or other proxy measures of substance use, rather than by clinical diagnoses. The overall substance use rates at intake are quite low (5% to 11%) compared to expected use rates. Thus, caution must be exercised when interpreting these data and generalization is not warranted. However, acknowledging these limitations, there were no differences among the racial groups studied with respect to overall use rates or type(s) of substances used. In addition, there were no differences in placement rates of children at intake,

as a function of substance type, nor were there differences in placement rates at closure as a function of substance type. The placement rates of IFPS children for all substance categories ranged from 11% to 14% (the differences being non-significant), compared to a child placement rate of 9% for non-substance-using families.

The NCFAS ratings associated with substance use are also informative with respect to the seriousness of the problem, as judged by workers. The relationship between the presence of alcohol or other substance use is seen when workers' ratings of families as being at or above baseline on the NCFAS domains is examined. On several domains there is a clear relationship between alcohol/drug use and sub-baseline ratings at intake. On environment, for example, 53% of non-using families were rated at or above baseline at intake, but only 35% to 36% of families with an alcohol problem, a drug problem, or both, were so rated (chi square = 24.04, df = 3,  $p < .001$ ). At closure, the differences were still significant, but substantial progress had been made by all families, irrespective of type of substance used. Nearly three quarters of all families (74%) were rated at or above baseline at closure, compared to 59% to 61% of alcohol/other drug users (chi square = 17.32, df = 3,  $p < .01$ ).

On parental capabilities, only 10% to 25% of alcohol/drug using families were rated at or above baseline at intake, compared to 30% of non-using families (chi square = 12.02, df = 3,  $p < .01$ ), but at closure, these differences had largely disappeared. Although the trend was still evident, with 67% of non-using families being at or above baseline and between 53% and 63% of alcohol/drug using families being at or above baseline, the differences were not significant. This overall trend did not maintain for the domains of family interactions, family safety or child well-being, suggesting that other factors or combinations of factors played a larger role in workers' ratings on those domains.

Changes in the proportion of families at the problem ratings at intake and closure, as a function of type of substance used, suggest that IFPS can be effective in ameliorating family risks, insofar as they relate to the environment and parental capabilities domains. It must be noted that progress made by families with regard to addressing substance use, and associated low placement rates, does not necessarily equate to abstinence or sobriety. Rather, it relates both to the quelling of the crisis situations faced by families at intake (which in many families involves substance use), and to the capacity of the family to move forward in relative safety towards continued improvement after IFPS. Bearing that in mind, the progress made by families with respect to substance use and its impact on environmental concerns and parental capabilities is compelling.

Looking first at the environment domain, the proportion of alcohol-involved families rated as being in the serious problem group at intake was reduced from 8% to 5% at closure, for drug-only involved families, the proportion rated as serious was reduced from 11% to 6%. The rating of serious problem for families using both alcohol and other drug remained unchanged at 14%, suggesting that poly-substance use is particularly difficult to address.

Families entering service with ratings at the moderate problem level made substantial progress regardless of type of substance used. Among alcohol-involved families, 26% were rated at the moderate problem level on environmental concerns at intake, but this was reduced to 15% at closure. For drug-only families, the proportion of moderate problem families reduced from 25% to 14%, and for poly-substance families, those at the moderate level of problems on environment reduced from 26% to 7%. For alcohol-only families at the mild problem level, the proportion reduced from 31% to 21%, for drugs-only families, the proportion at the mild

problem level reduced from 28% to 20%, and for poly-substance families, the proportion at the mild problem level reduced from 26% to 19%.

A nearly identical pattern of reductions was observed with respect to parental capabilities, although the differences were somewhat larger. Among alcohol only families, 20% were rated as having a serious problem on parental capabilities at intake, but this was reduced to 12% at closure. Drug-only involved families at the serious problem level reduced from 14% to 6%. Like parental capabilities, the proportion of poly-drug users rated as having serious problems on parental capabilities remained unchanged at 22% to 23%. Families rated as having moderate problems at intake and were involved with substances made substantial progress. For alcohol only families, the proportion at moderate problem reduced from 26% to 12%, for drug-only families the proportion reduced from 26% to 14%, and for poly-substance users, it reduced from 31% to 11%. Finally, for substance-using families rated as having mild problems with parental capabilities, the proportion of alcohol-only families at this problem level reduced from 32% to 18%; for drug-only families the proportion reduced from 35% to 17%; and for poly-substance families the proportion reduced from 36% to 14%.

Taken as a whole, these data are encouraging in that the presence of alcohol or other drug problems does not appear to be associated with differential placement rates when compared to non-substance using families. Although the level of confidence in the substance use data used in these analyses is not high, one can be cautiously optimistic about the impact of IFPS on substance-using families, and the ability of the service to prevent placements by reducing the impact of substances on several important areas of family functioning.

*IFPS outcomes associated with type of child maltreatment.*

Child maltreatment data were available for 1027 (86%) of the 1197 families in the IFPS database. Of this number, 203 (20%) were referred for physical abuse. An additional 62 (5%) were referred for sexual abuse, 602 (59%) for various forms of neglect, and 397 (39%) for family conflict. These numbers sum to more than 100% because children are frequently referred for multiple types of maltreatment. This mechanism for referral complicates analysis of maltreatment data as most analyses do not include unduplicated children. For example, some of the families in the physical abuse category will also be included in the comparison types of maltreatment. This problem of comparing families to themselves with respect to risk of placement cannot be avoided.

There were no significant differences observed in IFPS services' ability to avoid placement, as a function of type of maltreatment. The placement rate among children identified as being physically abused was 8%, compared to 10% for families where physical abuse was not indicated. IFPS families in which sexual abuse was a basis for referral had a 12% placement rate, slightly higher than the 9% rate for those not indicated as sexually abused, but not significantly so. Neglect cases experienced a 9% placement rate, compared to 10% for those where neglect was not indicated. Families presenting with family conflict experienced an 8% placement rate compared to a 10% rate for those not indicating family conflict. These findings are encouraging with respect to the capacity of IFPS to succeed in avoiding placements among families with various (or multiple) types of maltreatment, but the limitations of the data must be kept in mind, and conclusions must be made guardedly.

## ***Child and Family Outcomes for IFRS***

### *Placement at closure.*

The permanent plans for children and families in this study that were receiving IFRS were consistent with federal policy: for 94% of children the reunification objective was the biological family of origin, and for 4% a relative was identified. All other categories (e.g., step parent, previous guardian, etc.) summed to account for the remaining 2% of children. These children were living in a variety of situations at the time of referral to IFRS, including out-of-home placements. Nearly a quarter (24%) were living with the biological parent, but a similar number (23%) were living with another relative, 3% were in relative foster care, 41% were in non-relative foster care, and 8% (combined) were in a group home, detention center or emergency shelter. The living situations of IFRS children at the time of intake and case closure are presented in Table 15.

As was true with IFPS cases, determination of the true success rate of IFRS cases is somewhat problematic, in that not all states could definitively indicate the legal status of the permanent plan at the time that the case was closed by the IFRS service providers. In order to use a consistent measure across all contributing jurisdictions, the proxy variable “living arrangement at case closure” was used as the measure for reunification. Bear in mind that a permanent plan of reunification with the biological parent may be changed to “permanent placement” with a relative, for example, and such an outcome satisfies the legal requirement for permanency, although it may not be classified as a successful reunification due to variations in state definitions of reunification. With the caveats of using “living situation at case closure” as a proxy, and acknowledging the differences in state definitions, it is known that 54% of children were living with the biological parents at case closure, and 13% were living with other relatives.

Table 15. Living Situation of IFRS Children

<b>Child Living Situation (N=622)</b>	<b>Number</b>	<b>Percent</b>
<b>Living Situation at Case Opening</b>	<b>519</b>	<b>83.4%</b>
<b>In-Home</b>	<b>248</b>	<b>47.8%</b>
Parent, Birth	123	23.7%
Parent, Adoptive	1	0.2%
Relative	117	22.5%
Friend	4	0.8%
Guardianship	3	0.6%
<b>Out-of-Home</b>	<b>271</b>	<b>52.2%</b>
Foster Care, Relative	15	2.9%
Foster Care, Non-Relative	211	40.7%
Group Home	35	6.7%
Detention/Jail	2	0.4%
Emergency/Shelter Care	4	0.8%
Runaway	3	0.6%
Other	1	0.2%
<b>Living Situation at Case Closing</b>	<b>581</b>	<b>93.4%</b>
<b>In-Home</b>	<b>401</b>	<b>69.0%</b>
Parent, Birth	311	53.5%
Parent, Adoptive	3	0.5%
Relative	77	13.3%
Friend	4	0.7%
Guardianship	6	1.0%
<b>Out-of-Home</b>	<b>180</b>	<b>31.0%</b>
Foster Care, Relative	2	0.3%
Foster Care, Non-Relative	136	23.4%
Group Home	21	3.6%
Detention/Jail	2	0.3%
Psychiatric Placement	2	0.3%
Runaway	4	0.7%
Other	13	2.2%

An additional small number (2%, combined) had been reunited with an adoptive parent, or former guardian. Together these categories sum to 69% of cases that can be considered to be successful reunifications, or alternative form of family permanence. Of the remaining 31% of children, 23% were in non-relative foster care, 4% were in a group home or a detention center,

and the remaining 4% were in some other type of placement (e.g. psychiatric hospital) or were on runaway status.<sup>3</sup>

Interestingly, although there were no between-state differences in the proportion of children placed out-of-home at the beginning of IFRS service (based on four states' data), there were differences among states with respect to out-of-home placement at case closure (chi square = 36.15, df = 5,  $p < .001$ ). Placement rates ranged from 0% (in Indiana, based upon only 7 cases) to 39% and 41% in North Carolina and Pennsylvania, respectively. Between these extremes were Washington (15%), Missouri (19%), and Colorado (21%).

*NCFAS-R ratings and placement at closure.*

The data from the NCFAS-R are revealing with respect to the relationships between the domains of family functioning and the likelihood of successful reunification (see Table 16). Unlike the relationship between the NCFAS and IFPS placements, the intake ratings on the five domains on the NCFAS-R that are the same as the NCFAS did not predict subsequent placements among children in reunification cases. The most logical explanation for this difference is that most reunification families are not in crisis at the time that reunification services are begun because the child(ren), often the focus of the crisis, have been removed from the home and the parental and child behavior that is often observable during crises is less visible. Thus, families that would appear to be behaving in the extreme during crises appear to be less chaotic and emotionally stable. However, the intake ratings on the two domains added to the

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<sup>3</sup> The total number of successful reunifications is likely to be somewhat higher than indicated due to the case recording practices in some states. For example, it is known that in some cases the IFPS provider returns case management authority to the custodial agency at the time that the case recommendation is for reunification to be made the legal status of the family at the next scheduled court hearing, but the IFRS agency providing the data for this study could not confirm that the custodial agency or court acted favorably upon that recommendation. In those cases, the child could have been living with the biological parent, or in foster care pending court action, rendering the proxy measure somewhat biased against indicating successful reunification.

NCFAS to transform it into the NCFAS-R do predict subsequent placement. This observation supports the relevance of these two domains to the unique aspects of reunification cases.

Table 16. IFRS Families Experiencing an Out-of-Home Placement at Case Closure for NCFAS-R Domains by Ratings at Intake and Closure

Domain Rating	Percent of Families for NCFAS-R Domain						
	Environment	Parental Capabilities	Family Interactions	Family Safety	Child Well-Being	Ambivalence	Readiness
<b>At Intake</b>							
Clear Strength	33	33	13	33	0	8	0
Mild Strength	23	33	26	38	25	29	23
Baseline/Adequate	33	30	28	30	38	36	23
Mild Problem	40	30	44	33	38	43	40
Moderate Problem	31	40	38	41	30	42	43
Serious Problem	53	44	50	41	46	50	58
Chi-Square <sup>1</sup>	9.04	4.26	9.51	3.07	8.04	11.53*	20.31**
<b>At Closure</b>							
Clear Strength	40	32	19	26	11	11	12
Mild Strength	21	22	33	28	27	39	22
Baseline/Adequate	36	27	24	32	36	30	33
Mild Problem	45	41	41	40	47	53	50
Moderate Problem	39	51	62	68	52	59	59
Serious Problem	71	56	64	40	50	60	56
Chi-Square <sup>1</sup>	18.74**	17.64**	26.15***	17.04**	16.31**	26.46***	31.44***

<sup>1</sup>For each chi-square statistic df=5.

\*p<.05

\*\*p<.01

\*\*\*p<.001

Intake ratings of moderate or serious problem on ambivalence are associated with 42% and 50% likelihoods of placement, respectively, after IFRS services. Even an intake rating of

mild problem on ambivalence is associated with a 43% likelihood of placement. These placement probabilities are significantly higher than the remainder of the scale ratings, which ranged from 8% to 36% (chi square = 11.53, df = 5,  $p < .05$ ). Moderate or serious problem ratings at intake on the readiness for reunification domain are even more strongly predictive of future placement, with post IFRS placement probabilities of 43% and 58%, respectively. These are higher than all other scale point ratings (chi square = 20.31, df = 5,  $p < .01$ ).

Moderate to serious problem ratings at closure on all NCFAS-R domains are highly likely to result in placement. In many cases, the likelihood of placement exceeds 50% with these ratings. Although there is some non-linearity with respect to closure ratings on environment and likelihood of placement (e.g., mild problem ratings have a higher placement probability than moderate problem ratings), the serious problem rating is associated with a 71% placement probability. Moderate and mild problem ratings are associated with 45% and 39% placement probabilities. These are significantly higher than the strength ratings (chi square = 18.74, df = 5,  $p > .01$ ).

On virtually all other domains, the relationships between more problematic ratings and placement probabilities is more linear, and the increased probabilities of placement for those ratings are statistically significant: For parental capabilities moderate and serious problem ratings at closure are associated with 51% and 56% probabilities of placement, compared to all other scale points ranging from 22% to 40% (chi square = 17.64, df = 5,  $p > .01$ ). For family interactions, moderate and serious problem ratings at closure are associated with 62% and 64% probabilities of placement, compared to all other scale points ranging from 19% to 41% (chi square = 26.15, df = 5,  $p > .001$ ). For family safety, moderate and serious problem ratings at closure are associated with 68% and 40% probabilities of placement, compared to all other scale

points ranging from 26% to 32% (chi square = 17.04, df = 5,  $p > .01$ ). For child well-being, moderate and serious problem ratings at closure are associated with 52% and 50% probabilities of placement, compared to all other scale points ranging from 11% to 46% (chi square = 16.31, df = 5,  $p > .01$ ). For ambivalence, moderate and serious problem ratings at closure are associated with 59% and 60% probabilities of placement, compared to all other scale points ranging from 11% to 53% (chi square = 26.46, df = 5,  $p > .001$ ). And, for readiness for reunification, moderate and serious problem ratings at closure are associated with 59% and 56% probabilities of placement, compared to all other scale points ranging from 12% to 50% (chi square = 31.44, df = 5,  $p > .01$ ).

*NCFAS-R change scores and placement at closure.*

For most domains, knowing whether change occurred, and in which direction change occurred, is also predictive of placement after reunification services (see Table 17). Recall that movement in one direction or another does not automatically indicate that movement was sufficient to cross from the problem range into the strength range, or vice versa. Similarly, a finding of “no change” might be a good thing if the initial rating is in the strength range, or a bad thing if it is a moderate or serious problem. However, on every domain, the differences in probabilities of placement are strongly and significantly associated both with movement per se, and with direction of movement.

For environment, the relationship between occurrence and direction of change, and post service placement was not significant. Although families experiencing a positive change had the lowest placement rate (30%), this rate was apparently not different enough from the rates associated with no change and negative change (42% and 36%) to be significant. Furthermore,

the no change group of families had a slightly higher placement rate than did the negative change group. There is no parsimonious explanation for this non-linearity, although it seems similar to the non-linearity observed on the individual scale point ratings and probability of placement.

Table 17. IFRS Families Experiencing an Out-of-Home Placement at Case Closure for NCFAS-R Domains by Measured Change from Intake to Closure

Measured Change	Percent of Families for NCFAS-R Domain						
	Environment	Parental Capabilities	Family Interactions	Family Safety	Child Well-Being	Ambivalence	Readiness
Negative	36	50	38	44	41	45	42
None	42	45	44	45	44	38	49
Positive	30	26	28	27	28	30	27
Chi-Square <sup>1</sup>	4.10	12.87**	7.81*	9.60**	6.89*	3.25	12.21**

<sup>1</sup>For each chi-square statistic df=2.

\*p<.05

\*\*p<.01

For parental capabilities, however, any positive change is associated with a 26% probability of placement after IFPS; experiencing no change is associated with a 45% probability of placement; and any negative change is associated with a 50% probability of placement. These differences are significant (chi square = 12.82, df = 2, p < .01).

For family interactions, any positive change is associated with a 28% probability of placement after IFPS; experiencing no change is associated with a 44% probability of placement; and any negative change is associated with a 38% probability of placement. There is a slight nonlinearity in these data, but positive change is significantly different from no change or negative change (chi square = 7.81, df = 2, p < .05).

Family safety is only slightly more compelling, with any positive change being associated with a 27% probability of placement after IFPS; experiencing no change being

associated with a 45% probability of placement; and any negative change being associated with a 44% probability of placement. These differences are significant (chi square = 9.61, df = 2,  $p < .01$ ).

For child well-being, any positive change is associated with a 28% probability of placement after IFPS; experiencing no change is associated with a 44% probability of placement; and any negative change is associated with a 41% probability of placement. The slight nonlinearity re-emerges in these data, but, again, positive change is significantly different from no change or negative change (chi square = 6.89, df = 2,  $p < .05$ ).

The rates of placement associated with changes on ambivalence are not significant. The placement probabilities are linear and comport with the logic of positive change being associated with decreased likelihood of placement. However, the differences are not large enough to be statistically reliable.

For readiness for reunification, compelling differences are evident. Any positive change is associated with a 26% probability of placement after IFPS; experiencing no change is associated with a 49% probability of placement; and any negative change is associated with a 42% probability of placement. There is a slight nonlinearity in these data, but positive change is significantly different from no change or negative change (chi square = 12.21, df = 2,  $p < .01$ ).

*NCFAS-R baseline/adequate functioning and placement at closure.*

Unlike the findings for the NCFAS and placement-prevention families, being at or above baseline on the NCFAS-R domains appears to have some predictive association with placements or other forms of unsuccessful reunification; or, conversely, being below baseline at intake is associated with unsuccessful reunification. Intake ratings below baseline on three of the seven

NCFAS-R domains (family interactions, ambivalence, and readiness for reunification) are associated with subsequent placement rates above 40% (42%, 44%, and 45%, respectively). Clearly, for many families, progress in these areas should be a focus of the intervention plans.

Table 18. IFRS Families Experiencing an Out-of-Home Placement at Case Closure for NCFAS-R Domains by a Rating of Baseline/Adequate or Above at Intake and Closure

Rated Baseline/ Adequate or Above	Percent of Families for NCFAS-R Domain						
	Environ- ment	Parental Capabil- ities	Family Interact- ions	Family Safety	Child Well- Being	Ambiva- lence	Readi- ness
<b>At Intake</b>							
No	39	37	42	38	37	44	45
Yes	30	30	27	32	33	30	22
Chi-Square <sup>1</sup>	2.91	1.24	7.64**	1.30	.523	5.26*	15.48***
<b>At Closure</b>							
No	46	48	53	50	49	56	54
Yes	30	26	27	30	29	29	24
Chi-Square <sup>1</sup>	7.85**	14.94***	18.84***	10.28**	9.99**	17.17***	25.88***

<sup>1</sup>For each chi-square statistic df=1.

\*p<.05

\*\*p<.01

\*\*\*p<.001

Being at or above baseline at IFRS closure, however, is predictive of placement with respect to all seven domains. Across all domains, the placement rates of children are only half to two-thirds, approximately, the placement rates of children whose families are below baseline at closure, and in every case, the differences are statistically significant. Families at baseline or above at closure experienced a 30% placement rate, compared to 46% for those below baseline (chi square = 7.85, df = 1, p < .01). For parental capabilities, the placement rate for families at or above baseline was only 26%, compared to 48% for those below baseline (chi square = 14.94, df

= 1,  $p < .001$ ). Similarly, for family interactions, the placement rate for families at or above baseline was 27%, just about half the placement rate (53%) of families below baseline (chi square = 18.84,  $df = 1$ ,  $p < .001$ ).

Although not quite as compelling, the placement rates for families at or above baseline at closure on both family safety and child well-being were about three-fifths that of families below baseline. For family safety, the rates were 30% and 50%, respectively (chi square = 10.28,  $df = 1$ ,  $p < .01$ ), and for child well-being the rates were 29% and 49%, respectively (chi square = 9.99,  $df = 1$ ,  $p < .01$ ).

Predictive associations for ambivalence and readiness for reunification were highly significant, with placement rates approximately half those for families below baseline. Being at or above baseline at intake on ambivalence was associated with only a 29% placement rate, compared to a 56% rate for those below baseline (chi square = 17.17,  $df = 1$ ,  $p < .001$ ). For readiness for reunification, the rates were 24% and 54% respectively (chi square = 25.88,  $df = 1$ ,  $p < .001$ ).

#### *IFRS outcomes associated with race and substance use.*

As with IFPS families, race and substance use are important variables in child welfare research due to the longstanding issue of racial disproportionality and the capacity of parents (and service systems) to address substance use as a problem associated with ineffective or unsafe parenting and with placement. The same race and substance-use variables examined for IFPS were examined for IFRS families, including the family assessment ratings and placement rates of children of different races before and after IFPS services, and the use of alcohol and other substances in relation to assessments and service outcomes.

Like IFPS, there were no differences in the rates of placement at the beginning of IFRS services. However there were significant differences in child placement rates at closure, with Other (all non-White and non-Black race categories) experiencing the lowest placement rate (26%). Whites had a slightly higher placement rate (31%), but Blacks had a significantly higher placement rate (46%) than both other groups (chi square = 7.03, df = 2,  $p < .05$ ).

Because these differences in placement outcomes were not observed in the IFPS/placement-prevention data, the intake/closure data for reunification families were examined to see if families of different racial groups were more or less likely to be rated as having experienced a positive change on the NCFAS-R domains, as a result of having had IFRS services. No significant differences were observed across racial groups in families experiencing positive change for environment (47% to 54%), parental capabilities (53% to 59%), child well-being (53% to 59%), ambivalence (42% to 48%), or readiness for reunification (47% to 64%).

However, for both family interactions (chi square = 12.47, df = 4,  $p < .05$ ) and family safety (chi square = 14.98, df = 4,  $p < .01$ ) there were significant differences in change scores as a function of race. For family interactions, the proportions of families experiencing positive change ranged from 44% (Whites) to 58% (Blacks). This difference was accompanied by larger proportions of Whites (18%) and Others (15%) experiencing negative changes on this domain compared to Blacks (4%). Again, very small Ns may have contributed to these differences, and there is no parsimonious explanation for the finding. Similarly, there were differences in the proportions of families experiencing positive change on family safety, as a function of race. In this case, Others had the largest proportion experiencing positive change (67%) followed by Whites (54%) and Blacks (49%). These differences are consistent with the placement

differences previously noted, in that Others had the lowest post-IFRS placement rates, followed by Whites and Blacks.

With respect to substance use, the same general caveats apply to the IFRS data as applied to the IFPS data. The indicated rates of substance use are low (5% for alcohol, 20% for other drugs, 9% for poly-drug use), and the N is small (113 families, total, where a substance problem was indicated). Unlike IFPS families, there were small variations in the type(s) of substances used, as a function of race. Black families had the highest proportions of drug-only families (27%) compared to Whites and Others (21% and 19%, respectively), and Others had the highest proportion of alcohol-only problems (11%) compared to Whites and Blacks (6% and 2%, respectively). Blacks had the lowest proportion of poly-substance use (3%) compared to other races in the sample (White at 12%, Others at 15%). These differences, although not large, were significant (chi square = 13.36, df = 6,  $p < .05$ ).

Among IFRS families, there were no differences across drug types with respect to the likelihood of child placement at intake, and there were no differences in the likelihood of placement at closure. Also, there was no difference between the closure rate of non-substance using families and any of the substance using groups. This finding is encouraging and suggests that as with IFPS services, IFRS services can deal with substance use among caregivers about as well as it can with the variety of other issues presenting at intake.

There are no clear trends on family assessment variables observable from the NCFAS-R data when those data are organized along the bivariate dimension of being at or above baseline, or below baseline, at intake, and those ratings are related to substance use. This may be due, at least in part, to the differences between the crisis-driven nature of IFPS families versus the more deliberate and rehabilitative nature of IFRS interventions. However, some differences do emerge

when families are rated at closure. On the environment domain, there are no trends exhibited at intake, and only an insignificant trend evident at closure, where 73% of non-substance using families are rated as being at or above baseline at closure, compared to 69% for alcohol only families, 60% for drug only families, and 52% for poly-substance families.

No trends are evident for parental capabilities at intake, although a significant trend does emerge at closure, with 68% of non-substance using families being rated at or above baseline, but only 44%, 48%, and 41% of alcohol using families, drug using families, and poly substance using families, respectively (chi square = 15.19, df = 3,  $p < .01$ ). The same pattern is evident for family interactions, with no trends evident at intake, but with 72% of non-drug families being at or above baseline at closure, and only 56%, 62%, and 55% of alcohol using families, drug using families, and poly-substance using families, respectively. However, the trend is not significant.

Ratings on family safety do not appear to be differentially affected by substance use at intake, although differences do emerge at closure, with 80% of non-drug families being rated at or above baseline, compared to 50%, 66%, and 55% for alcohol, drug, and poly-substance using families, respectively (chi square = 1.92, df = 3,  $p < .001$ ). Interestingly, no substance-related trends are evident on the domain of child well-being at either intake or closure.

Trends are, however, evident on the ambivalence and readiness for reunification domains when substance use is considered. On ambivalence, trends are not evident at intake. However, at closure 82% of non-substance using families are rated at or above baseline, compared to 68% of alcohol using families, 65% of drug using families, and 59% of poly-substance using families. These differences are significant (chi square = 12.61, df = 3,  $p < .01$ ). While it is gratifying to see such high proportions of substance-using families being rated at or above baseline on ambivalence at closure, the difference between the substance using families and the non-

substance using families is not trivial, ranging from 15% to 23%. Similarly, no trends are evident at intake on readiness for reunification, but at closure, 67% of non-substance using families are at or above baseline, compared to 60% of alcohol using families, 50% of drug using families, and 48% of poly-substance using families. These trends are very similar to those on the ambivalence domain, but are not as compelling.

Similar changes in the individual scale ratings on all domains across all drug categories are observable for the NCFAS-R data on IFRS families as were observed on the NCFAS data on IFPS families. However, the individual cell sizes are too small to report meaningfully (between 38% and 50% of the cells contain too few observations for reliable analyses of individual scale ratings across all domains on the NCFAS-R).

Recalling that there are no differences in placement rates of children at closure as a function of substance use at the time of intake, it is interesting to note the progress that families make when the data reflecting positive changes are analyzed (see Table 19). Across all intake ratings and all substance categories, substance using families make substantial progress. Sometimes they make as much or even more progress than non-substance using families. For example, 51% of non-substance using families registered a positive change on their rating on environmental concerns, but so did 63% of alcohol using families, 46% of drug using families, and 45% of poly-substance using families. Very similar findings were noted for parental capabilities (non-drug families, 60%; alcohol families, 69%; drug families, 45%; and poly-substance families 45%). This pattern is repeated across all domains, suggesting that IFRS is capable of impacting all families, regardless of drug use, but apparently being particularly capable of impacting alcohol using families. The advances made by these families during IFRS

services is likely responsible for the absence of differences in placement rates of children at the conclusion of IFRS.

Table 19. IFRS Families Experiencing Positive Change on NCFAS-R Domains by Caretaker Substance Use

NCFAS-R Domain	Percent of Families Experiencing Positive Change				Chi-Square <sup>1</sup>
	None	Alcohol Only	Drugs Only	Alcohol and Drugs	
Environment	51	63	46	45	13.46*
Parental Capabilities	60	69	45	45	9.49
Family Interactions	52	63	43	48	14.31*
Family Safety	55	69	43	62	11.88
Child Well-Being	59	63	41	52	10.40
Caregiver/Child Ambivalence	44	64	38	39	14.33*
Readiness for Reunification	54	64	41	46	17.04**

<sup>1</sup>For each chi-square statistic df=6.

\*p<.05

\*\*p<.01

*IFRS outcomes associated with type of child maltreatment.*

Child maltreatment data were available for 287 (86%) of the 332 families in the IFRS database. Of this number 52 (18%) were referred for physical abuse. An additional 29 (10%) were referred for sexual abuse, 209 (73%) for various forms of neglect, and 70 (24%) for family conflict. As was true with IFPS maltreatment data, these numbers sum to more than 100% because children are sometimes referred on the basis of multiple types of maltreatment. This mechanism for referral complicates analysis of maltreatment data as the analyses do not include unduplicated children. Thus, in the following analyses, each type of child maltreatment (e.g., physical abuse) is compared to all other families where the same type of maltreatment was

indicated as not occurring. However, the problem of comparing children to themselves (because they may have multiple maltreatment types) with respect to risk of placement cannot be avoided.

There were no significant differences in the capacity of IFRS to successfully reunify families in which the type of maltreatment was physical abuse, sexual abuse, or family conflict. However, IFRS was less successful reunifying neglectful families than other types of families, and there were fairly strong trends in other types of maltreatment that are likely to have achieved significance were it not for the problem of unduplicated counts (the same caveat applies to these data as applied to IFPS data: some children contribute to both sides of the analysis) and the lower Ns, which results in less statistical power.

IFRS services resulted in successful reunification of 75% of families in which physical abuse had been present, compared to the 64% rate for those where physical abuse was not indicated (Fisher's Exact test  $p = .19$ ). Thus, IFRS was relatively successful in addressing situations characterized as physically abusive. This is particularly true as compared to sexual abuse, where only 50% of families were successfully reunited, compared with 68% for those where sexual abuse was not indicated (Fisher's Exact test  $p = .061$ ). The success rate for neglect was 61%, compared to an 81% success rate for those where neglect was not indicated, a difference that was large and significant (chi square = 9.71,  $df = 1$ ,  $p < .01$ ). IFRS was also slightly less successful at reunifying families characterized by family conflict (58% success rate) compared with families not characterized by family conflict (69%) (Fisher's Exact test  $p = .107$ ).

Recall that the overall success rate of the IFRS programs in this study was 69%, less than the federal CFSR standard for reunification cases. There was also more variation among contributing states with respect to the program models used for IFRS than for IFPS. Thus, it appears that there is a need to test individual variations on the IFRS models more closely and to

examine the treatment components to attempt to determine the best intervention approach for different types of child maltreatment.

## Discussion

This project sought to examine the current state of Intensive Family Preservation Services as applied to placement prevention and reunification cases. A total of 7 state or private agencies from seven different states provided case-level data to the project; six provided data on placement prevention cases and six provided data on reunification cases. In addition to the information provided on service outcomes (placement or reunification), each of the agencies providing data also provided family assessment information using standardized tools designed for the practice model: the North Carolina Family Assessment Scale, or the North Carolina Family Assessment Scale for Reunification. Participating agencies also provided detailed information on their program models so that model fidelity could be estimated.

Analysis of the program fidelity survey data suggest that there was a high degree of model fidelity with respect to the structural components traditionally associated with IFPS: small caseloads, rapid response, 24/7 availability of services for families, working with the family in their home or other environment chosen by the family, etc. Some variation was observed, but all were deemed to meet a reasonable definition of “intensive.”

Between-site differences in demographics and other characteristics of families served were observed, some of which were due to geographical differences, such as race. Other differences suggested that states or programs may specialize with respect to the types of families generally referred for service. The outcome data might have been expected to show differential success in preventing placement associated with types of families served, but this was not the case. Across all types of maltreatment, across all racial categories, and even with respect to families in which alcohol or other drugs were identified as a family problem, the placement prevention rate averaged 93%, with no significant departures from that average.

This is potentially an important finding, because it suggests that IFPS may be similarly effective across a wide variety of family types and problem types and might even be a treatment approach that child welfare agencies could utilize to a greater degree when grappling with the issues of racial disproportionality or substance abuse. Historically, although most jurisdictions have sought to refer high-risk families to IFPS, some have excluded certain types of families (e.g. substance using families). These data suggest that exclusionary strategies may not be necessary for placement prevention cases.

These findings should not be overstated because there were limitations on the data, both in terms of the universality of its availability and in the manner of collection. In most cases, drugs other than alcohol could not be identified, and therefore had to be collapsed into an “other drug” category, which limited the degree to which different substances could be analyzed. Therefore, these findings are only suggestive, and additional research is needed.

Overall, the placement prevention rate of 93% is in keeping with previous research. Like other variables, however, the term placement prevention has varying definitions, ranging from original caregiver or biological parent, to more liberal definitions including other relatives or even family friends approved by the court. Again, additional research is needed to parse these differing definitions and to understand the differences that the definitions may have on overall success of IFPS services or the longer term success of thwarted placements or reunified families.

Focusing more specifically on the reunification cases, IFRS services were quite successful at reuniting families, achieving a 69% reunification rate. As detailed in the body of the report, the actual reunification rate is likely to be somewhat higher than 69% due to differences in case management practices across the sites. Some of the agencies contributing data could not always tell whether their recommendations for reunification were acted upon by

the court or the custodial agency after case management authority was transferred back to that agency. Although 69% may be respectable, and in line with the federal CFSSR standards, analyses also revealed that there is a high dropout rate among IFRS families. Fully 22% of FRS families at some point refused to continue with reunification services, presumably causing the permanent plan to be changed to TPR, or some other alternative to reunification. Once these changes occurred, agencies providing the data for the study could no longer track the children of families easily and the continuity of the cases was not available for analysis. This is another area where additional research is needed, but in which data collection can be anticipated to be very difficult.

Unlike the placement prevention cases, there were some small but significant differences in treatment outcomes among reunification cases that were related to race and type of maltreatment. These differences did not, however, include substance use, suggesting that IFRS is similarly effective with drug-using families as with other types of family problems. Returning to race and maltreatment type, IFRS appeared to be more successful reuniting racial minorities other than Blacks, least successful reuniting Blacks, and more effective reuniting families where physical abuse was identified than for other types of maltreatment, especially neglect.

Races included in the “other” category were American Indians, Asians, Pacific Islanders, caregivers of mixed race, etc. Due to the small numbers of some of these races represented in “other”, and due also to the uneven distribution of racial groups across the different sites, it not possible to delve very deeply into this finding with the present data. There is no parsimonious explanation as to why the Blacks had the lowest reunification rate. Again, the between group differences were small, but significant, suggesting that they may be due to unknown but systematic variables. Recalling that no similar finding emerged from the placement prevention

cases using IFPS, additional research is needed to see if this finding is replicable, and if so, to identify variables that could account for the difference.

The finding that IFRS is more successful with abuse cases than neglect cases differs from the findings associated with placement prevention cases, but is not illogical. If the abuse or neglect were of sufficiently high risk to warrant removal, then conditions needing to be changed in order to achieve reunification relate to the etiology of the original problem. Abuse is quite likely to relate to parenting skills or disciplinary practices that can be changed through instruction or modeling, behavioral contracting, and so on. Neglect may also be related to skills and attitudes, but is much more likely to be associated with other resource issues such as poverty, caregiver disability, unemployment or environmental factors. Some of these issues are more amenable to change or amelioration (e.g., parenting skills) during a brief intervention than are others (e.g., long term unemployment, disability). Thus, it is reasonable to expect a higher success rate during brief interventions for areas of family functioning that can be addressed briefly. However, the logic of this speculative explanation cannot be tested with the data in hand, nor does it imply that neglect cases are not appropriate for reunification services. Rather, a finding such as this should be used to search for intervention strategies that can address the longer-term problems associated with certain deficits in family functioning that lead to neglect.

One of the disappointing shortcomings of this study was the inability of the contributing agencies to provide meaningful information about step-down services. Although a large proportion of agencies provided step-down services to both IFPS and IFRS cases (the large majority, in both instances), ultimately the data had to be collapsed into a dichotomous variable: step-down services were provided or were not provided. The absence (from most agencies) of client tracking data indicating the status of IFPS or IFRS families at any point beyond the initial

service period (marked by case closure) precluded associating even the presence or absence of step-down services with longer-term success, let alone which types of services or what level of services were more or less effective at sustaining success. These types of data are essential for understanding the durability of IFPS and IFRS interventions, and are also essential for improving service models and their application to different types of problems (e.g., abuse versus neglect). Clearly additional research is needed on step-down services.

The family assessment data based on the NCFAS scales was very helpful in gaining understanding of family types and for gauging family progress. Both the NCFAS and the NCFAS-R were found to be very reliable with the respective service populations and with the workers providing the services. Reliability is discussed in detail in the body of the report and is defined as internal consistency of the scales, expressed as Cronbach's Alpha. Using the domains of family functioning contained in the scales, the family functioning profiles of families as assessed by workers were very much in keeping with the types of maltreatment, and both the direction of assessed change and the magnitude of changes were predictive of successful placement prevention and successful reunification. The NCFAS and NCFAS-R continue to appear to be of value as case practice tools for workers and as a source of program evaluation data.

In summation, this project sought to examine the state of IFPS services as practiced by agencies striving to achieve high program fidelity. The general findings of the project support the efficacy of IFPS for placement prevention cases, and also support their use in reunification cases, with the caveat that additional model strengthening and additional model specification is needed to improve the success rates for reunification.

As with most field research, problems were encountered with respect to data collection and differences in data definitions that required the collapsing of variables. This practice always results in a loss of detail and specificity, but is sometimes necessary in order to salvage an area of inquiry, even if the resulting inquiry is more general than originally anticipated. Also, as with most research, the results obtained in this project raise other research questions. Among these questions are those relating to the differences in findings between IFPS and IFRS cases with respect to outcomes associated with race and type of maltreatment; and questions relating to the efficacy of step-down services. Finally, although the findings in this study suggest that IFPS and IFRS are effective with families struggling with substance use, the drug data were limited, and were collapsed categorically. Thus, although the present findings are guardedly optimistic, they need to be replicated and analyzed at a deeper level with a large enough sample to differentiate the drugs of most interest.

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