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National Family
Preservation Network

Safe children. Strong families.

**Family Assessment, Family Functioning,
and Caregiver Engagement
in
Family Preservation and Reunification Programs,
and the
Relation of These and Other Factors to
Reunification Service Outcomes**

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Introduction

The National Family Preservation Network (NFPN) conducted a study of intensive family preservation and reunification services in 2007. Comparisons of the outcomes of services intended to reunify families with the outcomes of services intended to preserve families (i.e., prevent out-of-home placement) indicated that there were more families that dropped out of reunification services than dropped out of preservation services, fewer reunifications were achieved than intact families preserved, and there were more reunifying families with problems in functioning at case closure than families receiving preservation services. These findings indicated that more research is needed in the area of intensive reunification services to determine why reunification services succeed or fail.

This study was designed to examine service outcomes for reunification families as a function of a variety of demographic and service variables. This study also was designed to explore associations between family engagement and assessment with service outcomes.

Reunification Study Method

Design

The design of this study was exploratory and descriptive, and relied on a combination of primary and secondary data. The data collection strategy paralleled the actual case practice process for reunifying families: case referral, acceptance of referral, assessment, case planning/goal setting, service delivery, reassessment (monitoring and documenting progress), case closure with or without step-down services as needed, and exit survey/interview.

Some of these data were typically available as secondary data from agency-wide information systems. Other data, however, were captured in real time as the case processes occurred, as cases closed and as families transitioned out of care. Reunification workers providing the families with services were the best source of that information due to their ongoing connection with families, their desire for families to succeed and for children to be safe. In addition to workers' observations and opinions, this study also attempted to capture parents'/caregivers' perceptions of engagement and worker/family interactions to explore the associations between those perceptions and service outcomes by conducting structured exit interviews with families and workers serving those families.

Participating Sites

NFPN began this study of reunification in 2012. An initial survey was conducted to aid in recruiting sites with similar programs. Four sites providing reunification services in four different states were selected. The following factors were common to all four programs:

- Referral for reunification services within 30 days of the child being returned
- Practice model includes a protocol to ensure safety of the child
- NCFAS-R/NCFAS-G+R ratings are used to assist the worker in identifying and prioritizing needs and services and developing the service plan
- Workers discuss the assessment findings strengths and needs with the parents
- Parents are involved in setting goals and developing the service plan

- 90% of families receive concrete services (rent, food, utilities, car repair, etc.)
- Step-down services are available to all families based on need

Three of the four programs are based on the Homebuilders® model that includes low caseloads, 24/7 availability, and frequent contact with the family. The fourth program was a less intensive model than the Homebuilders® model, with slightly higher caseloads and slightly longer service period, but the caseloads were reasonably low and the service period reasonably short. The range of length-of-services for all programs is 4-13 weeks, with caseloads of 6-12 families (programs with shorter service periods carry fewer cases).

Three additional sites were recruited to provide some general comparative information about intact (placement prevention) families: a statewide differential response program, and intensive family preservation services programs in Australia and Canada. These three sites completed the NCFAS-G and the exit instruments for the worker and the parent(s). A minimal set of data were collected on these families intended only to compare the family assessment data from placement-prevention families with those from reunification families, and to compare the exit instrument information between reunification and placement-prevention families. Because differential response programs serve families that present with lower risks than intensive family preservation services, the risk levels among families in that three-program cohort vary considerably, but all share the intended outcome of preventing removal and out-of-home placement of the child.

In order to capture engagement and other information from the parents' and caregivers' perspective, and to compare that perspective to the perspective of family reunification workers, NFPN developed exit instruments for both the worker and parent(s) to complete. These instruments contained questions relating to family engagement and worker/caregiver cooperation. Exit instruments were also developed for placement prevention families as a basis for comparison with reunifying families.

The exit instruments were constructed using Likert-type scales with a maximum of 15 questions. Both the worker and the parent(s) complete the questions at termination of services. During administration of the exit surveys, workers were asked to hand the survey to the parent(s) and wait while they completed it (usually within five minutes). The completed form was then placed in an envelope and sealed in the presence of the parent and was subsequently delivered by the worker to the agency staff designated to collect the data. If the family did not complete the services, attempts were made by the agency to follow up by phone/email to obtain the completed form, although return rates were quite low for families that discontinued services prior to completion.

Data Collection

All participating sites received written and verbal instructions for participation. A protocol for confidentiality and consent forms for parental participation were provided. Data collection templates were developed in Excel format for secondary data. These templates included definitions for the data categories. NCFAS ratings from the various NCFAS scales were also entered into these templates, as were the data from the exit instruments. The list of items included on the templates can be found in the Appendix.

Sites began collecting data at staggered intervals in April and May of 2012. The agreement was for sites to collect data for a period of at least 6 months. The first data set was submitted in November, 2012, and the last data set was submitted on February 7, 2013. All data were initially reviewed for completion, clarity, and confidentiality. Data sets with problems in one or more of these areas were returned to the site and sites were requested to correct or complete data entry and return the corrected/completed versions. Although some agencies and workers complied with this request, there were instances of missing data that could not be retrieved after-the-fact, as is typical when collecting data from real-world practice environments. Several sites reported difficulty in obtaining completed exit instruments from parents and had low rates of completion.

The remainder of this report presents the findings from a series of analyses, primarily on the reunification service population, and some comparisons between the reunification families and placement-prevention families relating to assessment of family functioning and family engagement.

Family Assessment Using NCFAS Scales

Reliability of the NCFAS Scales

The three primary sources of data for this study were secondary program data (demographics, service information, etc.), exit interview data where both the family primary caregiver and the family worker provided information (engagement/cooperation, etc.), and family assessment data from the North Carolina Family Assessment Scale. In order to discuss NCFAS data across and between the project sites and family types, it is important to assess the reliability of the NCFAS assessment data in the practice environments in which it was used, by the family workers who were using it.

Reliability is assessed by calculating Cronbach's alpha, a statistic expressing the internal consistency of scales individual items in relation to the domain to which they are attached. The reliability data are presented in Table 1. An examination of Table 1 quickly reveals that three different versions of the NCFAS were used by the participating agencies, and that the reliability of all three scales in the participating programs is generally very high. These observations are detailed below.

The three versions of the NCFAS used in this study were the NCFAS-R, NCFAS-G and the NCFAS-G+R. The NCFAS-R assists workers to assess family functioning in the following domains: environment, parental capabilities, family interactions, family safety, child well-being, reunification ambivalence, and readiness for reunification. The NCFAS-G does not include the "reunification domains" (ambivalence and readiness), but does include all other domains on the NCFAS-R, plus three additional domains: social/community life, self-sufficiency, and family health. The NCFAS-G+R includes all 10 domains.

The two types of families (placement prevention and reunification) were assessed by workers contributing to the study. The placement prevention families are families in which a child (or sometimes more than one child) has a confirmed allegation of child abuse, and the family situation is serious enough that child removal is being contemplated unless an alternative service plan can be brought to bear that assures child safety while the worker serves the family with a

plan intended to alleviate the risk conditions and improve family functioning to a level where the child can remain in the home. Reunification families are families in which a child (or more than one child) has been removed due to child abuse or neglect, and reunification of the child with the family is being contemplated if the risk factors that led to the removal have been addressed (or can be addressed) and family functioning can be demonstrated to be at a level that provides reasonable assurance that the abuse or neglect will not be repeated.

Table 1 presents the results of the reliability analysis of both types of families according to which version of the NCFAS was used by workers serving those families. Note (in Table 1) that all placement prevention families were assessed using the NCFAS-G, and all reunification families were assessed using either the NCFAS-G+R or the NCFAS-R. Within the table, cells marked NA indicate that either the use of the domains was not applicable (because when serving placement prevention families the reunification domains do not obtain, or that the version of the NCFAS being used with some families did not include the domains in question).

As a reliability statistic Cronbach's alpha ranges from 0 to 1.0, with 0 indicating no reliability of consistent use of items in relation to the target domain, and 1.0 indicating "perfect" reliability. By convention and agreement among psychometric researchers and scale developers, Cronbach's alphas above 0.7 are considered to be adequate for use in practice, alphas above 0.8 are considered to be strong, and alphas above 0.9 are considered to be very strong. A review of the alphas in Table 1 indicate that reliability is excellent at both intake and closure on the placement prevention families who completed services (and who were assessed using the NCFAS-G). In every case the Cronbach's alpha is above .800 and frequently above .900 at both intake and closure.

Among reunification families, reliability statistics for the NCFAS are also very good to excellent, for both the NCFAS-G+R and the NCFAS-R, with the exception of family safety at intake for the NCFAS-G+R, and slightly lower than expected reliability on parental capabilities and family health, at intake only. These alphas were .601 and .651, respectively, but both improved markedly at closure to .888 and .832, respectively. There is no parsimonious explanation for these lower-than-normal alphas, other than variability among program models, with some instances where the child has already been returned to the family by the court or the custodial agency before the reunification service agency receives the referral, thus obviating the use of some items on the domain (in the case of parental capabilities), or assigning ratings of "not applicable" or "unknown" to too many scale items (in the case of family health). This speculative explanation is supported by the marked increase in reliability statistics at closure at a point in time when workers have had much more family contact with the caregiver and other family members during the provision of services, and therefore are in a more informed position to assign ratings reliably.

Given the exploratory nature of the study, the alphas provide good-to-robust reliability with which to contemplate the assessment data in relation to service and outcome data.

Table 1. Reliability of NCFAS-G and -G+R with these Families and Workers, using Cronbach's Alpha as the Reliability Statistic

	Placement Prevention*		Reunification†			
	NCFAS-G		NCFAS-G+R		NCFAS-R	
NCFAS-G, -R and -G+R Domains	Intake	Closure	Intake	Closure	Intake	Closure
Environment	.913	.922	.983	.983	.908	.887
Parental Capabilities	.838	.869	.601	.888	.893	.859
Family Interaction	.881	.903	.943	.964	.886	.810
Family Safety	.862	.919	.974	.977	.901	.767
Child Well-Being	.894	.869	.962	.954	.960	.935
Social / Community Life	.833	.822	.956	.967	NA	NA
Self-Sufficiency	.920	.887	.974	.967	NA	NA
Family Health	.800	.813	.651	.832	NA	NA
Ambivalence	NA	NA	.709	.888	.903	.858
Readiness for Reunification	NA	NA	.984	.964	.914	.891
N‡	181	166	67	66	80	77

* All PP cases assessed using the NCFAS-G

† Reunification families may have been assessed using either the NCFAS-G+R, or the NCFAS-R. The “R” version does not include the domains of Social/Community Life, Self-Sufficiency, or Family Health. Individual programs contributing data to the study used one of these two versions but not both.

‡ These Ns represent maximum possible Ns in each column. As is typical when using data from practice environments, small amounts of data were sometimes missing so an individual cell entry might be based on a few less members in the total sample.

NA = Not Applicable. In the case of Placement Prevention cases, the Ambivalence and Readiness for Reunification domains are not relevant. In the case of reunification cases, the NCFAS-R does not include the domains of Social/Community Life, Self-Sufficiency, and Family Health.

Comparative Profiles of Families in the Placement Prevention and Reunification Samples as a Function of NCFAS-G, NCFAS-R, and NCFAS-G+R Domain Ratings

This section of the report presents information on the assessments conducted on the different types of families and cohorts. Two approaches to organizing the data are taken: the first examines the proportions of the two types of families as a function of being assessed to be “at or above baseline/adequate” at intake and closure; the second examines the mean assessment ratings at intake and closure and tests the differences between the means for statistical significance.

Table 2 presents the information on the first of these approaches, presenting the cohorts’ level of functioning in relation to baseline. This is an important level of functioning in that “baseline/adequate” is the level of functioning at or above which no child protection mandate is warranted. Normally, if domains are rated in the problem range, services are definitely warranted, and if multiple, or moderate-to-serious problems are noted, a CPS mandated intervention may be necessary. Families with mild problems, while possibly presenting risks to the child or impediments to adequate parenting, are likely to benefit from differential response, or assessment track approaches to voluntary service, rather than mandatory services, or no services at all.

Placement Prevention Assessment Ratings

Table 2 reflects the kinds of profiles that are quite expected among the two family types: placement prevention (which in this case includes differential response families) and reunification families. The proportions of families in the placement prevention families that are assessed to be below baseline/adequate at intake range from 11% (social/community life) to 35% (child well-being). These define the typical range of intake ratings observed among placement prevention families. Of course, the counterfactual is that two thirds to 90% of these families are not rated below baseline on the domains (i.e., they are functioning adequately at least, and at best exhibit strengths on several domains). Furthermore, families present with various combinations of strengths and problems, a reality that the organizing framework of the NCFAS assessment strategy captures so that an individualized service plan can be constructed for each family.

Examination of the assigned ratings for this group (placement prevention) at closure reveals that substantial progress was made during the service period. The proportions of families rated below baseline at closure range from 6% to 13%. The domain with the largest proportion in the problem range is self-sufficiency, which is a domain that may be difficult to impact meaningfully during a brief service period. Nonetheless, the proportion of families falling into the problem range on this domain was reduced by nearly half (25% to 13%). Child well-being, the domain with the largest number of families (35%) below baseline at intake, was reduced by two thirds, to 12%. It is frequently the case that families do not make substantial progress on all domains, nor that all domains are above baseline at closure. However, if the risks are minimized,

Table 2. Percent of Families Rated in the Problem Range of Ratings (i.e., functioning below Baseline/Adequate) at Intake and Closure on NCFAS Domains

NCFAS-R and -G+R Domains	Placement Prevention		Reunification	
	Intake	Closure	Intake	Closure
Environment	16%	6%	23%	13%
Parental Capabilities	30%	8%	53%	15%
Family Interactions	22%	8%	37%	13%
Family Safety	19%	6%	42%	12%
Child Well-Being	35%	12%	45%	17%
Social/Community Life*	11%	4%	8%	2%
Self-Sufficiency*	25%	13%	29%	14%
Family Health*	28%	8%	30%	12%
Ambivalence	NA	NA	19%	6%
Readiness for Reunification	NA	NA	25%	10%
N	184	172	80 or 67	80 or 66

*Although the NCFAS-R and the NCFAS-G+R share 7 domains, the 3 asterisked domains do not appear on the NCFAS-R, therefore the N's contribution to the statistics on these 3 domains is smaller, as noted in the bottom row of the table.

and the trajectory of family functioning is improving, it may be quite reasonable to reduce the level of service (or stop altogether), particularly if the service environment and program model can provide step-down services on an as-needed basis after the initial service period ends.

To summarize the observations for the placement prevention families, about a quarter to a third of all families are rated in the problem range on one or more of the domains, although individual families have distinctly different problem profiles. Families appear to make substantial progress, and at closure, with the exceptions of self-sufficiency and child well-being (cut 13% and 12% respectively) 8% or less of all families in the cohort are still rated as being in the problem range on various domains.

The large majority of placement prevention families make sufficient progress that their families can remain intact at the end of the intensive service period. However, not all families make sufficient progress and in the interest of child safety or a children's or parent's ongoing needs for services, children may be placed out of home. Unfortunately, placement data at the end of service for families in the study in the placement prevention cohort were not available. However, it was possible to identify families who did not complete the normal period of service. In many, if not most cases, when early service termination occurs it is because a child has been placed in out of home care. When those families not completing service from the placement prevention cohort in this study are examined, their ratings on the NCFAS domains set them apart from the families that did complete services. As a group, those families that did not complete the normal period of service presented with more numerous problems. The proportions of families rated in the problem range at intake, range from one quarter (25%) on environment to more than half (55%) on child well-being. In fact, the two domains with the largest proportions falling below baseline are parental capabilities (45%) and child well-being (55%). This is a telling observation, because these two domains are among the most important to be above baseline in order to recommend leaving the child in the care and custody of the caregiver.

Also quite telling is that even though many of these families made progress on many domains (with only two exceptions the proportions rated below baseline at closure range from 0 to 11%), these same families tended to make much less progress on the parenting and child well-being domains, where 33% and 44%, respectively, were still rated below baseline/adequate at the time that services ended or were terminated by the service provider. It should be noted that workers provided closure NCFAS ratings on only 9 families. Therefore, these "progress" estimates may be optimistic, as more than half of the families that experienced cessation of services were not available to conduct closure assessments on the NCFAS. This may be because the family absconded from the jurisdiction, the child was placed out of home and the family refused to continue to have further contact with the agency, or other unknown reasons.

Reunification Assessment Ratings

The reunification families present a somewhat different profile than the placement prevention families with respect to being below baseline/adequate at intake. Recalling that the reunification families comprise families in which risks were sufficiently high, and/or functioning sufficiently low, that at least one child was removed from the home, the task facing the workers at the time of intake is to identify the problem areas that need to be addressed in order to return the child to the parent/caregiver. Looking at the intake ratings of the reunification families, with the

exception of the social/community life domain (in which 8% of families were rated below baseline) about one fifth (19%) to one half (53%) of families were rated below baseline on one or more of the domains. Again, families present with various combinations of problems and strengths and present different profiles of strengths and needs, but as a group, the reunification families present with more numerous problems per family than was true for the placement prevention families. Like the placement prevention families, the two domains with the largest proportions of families rated below baseline are parental capabilities (53%) and child well-being (45%). These ratings are consistent with the history of child removal from these families.

Note that because these are reunification families and the workers are using NCFAS scales that include the reunification domains, these families are also rated on reunification domains of ambivalence and readiness for reunification. About one fifth (19%) to one quarter (25%) of families were rated below baseline on these domains at intake. These are important domains with respect to reunification, being specifically tailored to address unique reunification issues.

The reunification group made substantial progress on all domains. At closure, the proportion of families rated below baseline has dropped to into the teens or less on all domains and to single digits on several.

A limitation of the presentation strategy employed in Table 2 is that even though it details the proportions of families below baseline/adequate at intake and closure, it does not present the average ratings on the domains, nor does it detail the amount of progress made. Computation of group mean ratings is required to examine these features of the data, and this presentation approach is employed in tables 3 and 4.

Group Mean Ratings on the NCFAS at Intake and Closure: Placement Prevention Families

Beginning with the placement prevention families (Table 3) note that the intake mean ratings range from 2.89 to 3.25. Using the standard NCFAS scale schema, a rating of 1 is “clear strength,” 2 is “mild strength”, 3 is “baseline/adequate,” and 4, 5, and 6 are “mild, moderate and serious” problem, respectively. Thus, most of the mean ratings are very close to baseline/adequate. Recall from the previous discussion that most families do not present with problem ratings across multiple domains, and when the majority of families are rated as being at or above baseline, these ratings tend to mitigate the appearance of problem ratings on each domain. However, it is noteworthy that the overall group means are slightly below baseline/adequate on all domains except environment and social/community life.

Looking at the group mean ratings at closure, the means range from 2.60 to 2.87, all of them being above baseline/adequate. The pre/post differences between-group means range from 0.17 to 0.41. While these differences appear to be modest, recall that service plans are likely to focus primarily on those domains that were in the problem range at intake, and since most families do not have a problem on most domains, the differences are based largely on the improvements made by the 20% to 40% of families that presented at intake with problems on each individual domain. For example, if 20% of families improve one full scale increment (on the 6-point NCFAS scale) the overall group mean would increase by 0.2, relative to its pre-service mean. When viewed from this perspective, these seemingly modest improvements in Table 3 become more impressive.

It is also noteworthy that the two domains showing the most improvement are parental capabilities and child well-being. This finding is consistent with NFPN's 2007 study of IFPS services in which 10% to 18% of families were found to continue to have moderate or even serious problems at case closure, and any negative change in child well-being was associated with very high probability of child placement. More families struggle with "parental capabilities" than any other domain. These two domains (parental capabilities and child well-being) are perhaps the most important domains relative to post-service decisions about child placement versus non-placement, as many other domains (e.g. environment, self-sufficiency, health) can be addressed over time, after the intensive service period has concluded, assuming that the child is safe, the parent/caregiver is demonstrating competence, and the well-being of the child is not in danger.

Differences between the group means at intake and closure should be in the "right" direction (i.e. reflecting movement towards the "strengths" range of ratings) and should be reliable (i.e. not likely due to chance). The differences in the group means in Table 3 have already been determined to be in the right direction, and to test for statistical significance (determining that the observed differences are not due to chance), each pair of means was tested using the t-test for repeated measures data (in this case being analogous to test/retest within the same families). The t-values, degrees of freedom associated with each test, and the probability levels of the t-values are presented in the three right-most columns of Table 3. The t-values range from 4.35 to 7.75, at $df = 167$ or 168 , depending on the individual test. These t-values indicate robust and systematic differences between the means, and in each case the probability that the result are due to chance is less than 1 in 1000 ($p < .001$).

Table 3. NCFAS-G and -G+R Ratings at Intake and Closure for Placement Prevention Families; and Significance Testing of the Group Mean Differences.

NCFAS-G and -G+R Domain*	Mean Rating at Intake	Mean Rating at Closure	Pre/Post Difference	t value	Degrees of Freedom	Significance
Environment	2.87	2.60	0.27	5.56	168	p < .001
Parental Capabilities	3.20	2.78	0.41	7.75	168	p < .001
Family Interactions	3.02	2.76	0.27	5.94	168	p < .001
Family Safety	3.07	2.77	0.30	5.28	167	p < .001
Child Well-Being	3.25	2.87	0.38	7.15	167	p < .001
Social/Community Life	2.92	2.76	0.17	4.45	167	p < .001
Self Sufficiency	3.01	2.82	0.19	4.35	167	p < .001
Family Health	3.13	2.80	0.32	6.50	167	p < .001

Note: The NCFAS employs a 6-point scale wherein 1=Clear Strength, 2=Mild Strength, 3=Baseline/Adequate, 4=Mild Problem, 5=Moderate Problem, and 6=Serious Problem.

Group Mean Ratings on the NCFAS at Intake and Closure: Reunification Families

Switching to the reunification families, a similar examination of pre/post service group means reveals similar levels of family functioning at intake for this group, compared to the placement prevention group. These data are presented in Table 4. The means range from 2.52 to 3.45, or about one half scale increment above and below baseline/adequate. And, similar to the placement prevention service findings, the reunification families' group means are all above baseline at closure. However, the magnitude of change is much larger for the reunification families than for the placement prevention families. Examination of the pre-/post differences in this service group's means reveals that the improvements ranged from 0.25 to 1.06 scale increments. Furthermore, the largest gains are achieved in parental capabilities, family interactions, family safety, and child well-being (0.81 to 1.06 scale increments). These are substantial improvements, again because most families do not present at intake below baseline on most of these domains. Thus, the individual families who are working on these issues with their family workers are making substantial improvements in order to affect the means of the larger groups so dramatically.

As with the placement prevention pre/post differences, it is necessary to test the relationships for the reunification families to assure that the results are not due to chance. The same approach is used for the reunification/completed services families: t-test for repeated measure. The t-values, degrees of freedom and significance levels are presented in the three right-most columns of the table. The t-values range from 3.11 to 13.21, indicating robust and systematic differences, all significant at $p < .001$. The degrees of freedom for each test are presented, and it should be noted that the degrees of freedom vary due to the NCFAS-R, which was employed with 66 families in this group, not having the domains of social/community life, self-sufficiency, or family health.

With respect to reunification families that did not experience a successful outcome of services, there is insufficient pre-/post data ($N = 10$ or fewer) to calculate parametric statistics such as the t-test. However when the proportions of families rated as being at or above baseline/adequate or below baseline/adequate at intake and closure (similar to the presentation of total group data presented previously in Table 2), there was very little change in the proportions above and below baseline/adequate, and changes that did occur were as likely to reflect deterioration as they were to reflect improvement.

Table 4. NCFAS-G and -G+R Ratings at Intake and Closure for Reunification Families; and Significance Testing of the Group Mean Differences.

NCFAS-G and -G+R Domain*	Mean Rating at Intake	Mean Rating at Closure	Pre/Post Difference	t value	Degrees of Freedom	Significance
Environment	2.83	2.40	0.44	6.40	143	p < .001
Parental Capabilities	3.45	2.40	1.06	13.21	143	p < .001
Family Interactions	3.04	2.19	0.85	10.08	143	p < .001
Family Safety	3.19	2.34	0.86	9.77	144	p < .001
Child Well-Being	3.29	2.48	0.81	11.65	144	p < .001
Social/Community Life*	3.52	2.20	0.32	4.88	64	p < .001
Self Sufficiency*	2.71	2.46	0.25	3.11	64	p < .001
Family Health*	2.74	2.38	0.35	4.11	64	p < .001
Ambivalence	2.98	2.42	0.56	8.12	119	p < .001
Readiness for Reunification	2.85	2.33	0.52	5.70	141	p < .001

Note: The NCFAS employs a 6-point scale wherein 1=Clear Strength, 2=Mild Strength, 3=Baseline/Adequate, 4=Mild Problem, 5=Moderate Problem, and 6=Serious Problem.

*df for these domains are smaller than other domains in the table due to the NCFAS-R not including these three domains.

Reunification Services: A Detailed Discussion

Reunification Sample: Caregiver and Child Characteristics

The reunification families are the primary focus of this study, and they are the families for which participating programs provided demographic, services and outcome information. This section of the report presents the characteristics of the families in the reunification sample, including a comparison of the completing and non-completing families.

Family Caregiver Demographics and Characteristics

The demographic summary of the groups is presented in Table 5. In the majority of families, the primary caregiver is female; 81% of the service completing families and 77% for non-completing families. This small difference is likely due to chance, given the small number of non-completing families comprising that cohort. The racial makeup of the cohorts is nearly identical, 70% and 71%, respectively, being White, 14% and 12% being Black, and the remainder (16% and 17%) being of mixed race or classified as “other.” With respect to ethnicity, only 8% and 7% of the completing families and non-completing families were identified as being Hispanic. The remainder in both groups were either designated as non-Hispanic or as “unknown,” with the number of “unknowns” varying considerably, thereby limiting more detailed analyses.

Examination of marital status, employment and household income does reveal some between-cohort differences. Although there is not a large difference in the total number of single (almost always single-female) headed households, among families completing services 23% were either widowed, separated, or divorced, compared to only 6% of non-service completing families. There is no parsimonious explanation for this difference, although it may be an artifact attributable to sample sizes.

With respect to employment, slightly fewer completers were employed full time (31%) than non-completers (38%), and there are large differences with respect to part-time employment, in that 16% of completers were employed part-time compared to 31% of non-completers. When collapsed across these two categories, those completing services seem to have less labor force attachment as a group (47%) compared to those who did not complete services (69%). There were no meaningful differences between completers and non-completers with respect to household income. 75% of completers had incomes below \$20,000 compared to 70% of non-completers.

Table 5. Characteristics of **Primary** Caregivers in Reunification Families Completing (Comp.) and Not Completing (Non-Comp.) Expressed as Percentages of Caregivers Displaying the Characteristic (N=133 for Completers, N=17 for Non-Completers).

Variable	Category	Comp.	Non-Comp.
Caregiver Gender	Female	81%	77%
Race	White	70%	71%
	Black	14%	12%
	Mixed + Other	16%	17%
Ethnicity	Hispanic	8%	7%
	Non-Hispanic	90%	67%
	Unknown	3%	27%
Marital Status	Single	43%	65%
	Married	26%	29%
	Dom. Partner	8%	0%
	Widow Sep./Div.	23%	6%
Employment	Full Time	31%	38%
	Part Time	16%	31%
	Unemployed	34%	25%
	Disabled/Retired	19%	6%
Household Income	< \$10,000	44%	41%
	\$10K to \$20K	31%	29%
	\$20K to \$30K	20%	12%
	> \$30,000	5%	18%
Biological Father	Known	84%	93%
	Located	71%	82%
	Worker Contact	40%	35%
	In Service Plan	39%	29%
	Involved w/Child	54%	29%
Substance Abuse	None	73%	59%
	Alcohol	8%	6%
	Marijuana	12%	12%
	Scheduled Drugs	0% to 9%	0% to 12%
Mental Health Issues	General	30%	40%
	Depression	26%	15%
Domestic Violence	All	19%	27%

In addition to the standard demographics, discussed above, the participating agencies also provided information on the biological fathers' contribution to the family, the issue of substance abuse by the caregiver, mental health issues, and domestic violence. Even with deference to random differences associated with the small sample size of the non-completing cohort, there do not appear to be differences between the cohorts with respect to whether the biological father is known (84% for completers versus 93% for non-completers), has been located (71% for completers versus 82% for non-completers), or is in contact with the family worker (40% for completers versus 35% for non-completers). Thus, there is a slight trend for more fathers to be known and located among the non-completing families, but more interestingly, many more fathers are involved in the service plan and involved in their children's lives among the service-completing families such that 39% of fathers in service-completing families are involved in the service plan versus 29% for non-completers, and 54% of fathers in service-completing families are involved in their children's lives versus only 29% among non-completers.

Information on substance abuse is difficult to interpret due to incomplete data, and the lack of uniformity in the way agencies record drug use/abuse. About three quarters (73%) of completers and three fifths (59%) of non-completers are identified as having no drug/alcohol issues at intake. About the same number in each group are identified as having alcohol problems (8% and 6%), and marijuana dependency (12% in both groups). With respect to narcotics, hallucinogens, and other scheduled drugs, there were no between group differences with the proportion of users in both groups ranging from 0% to 12%, depending on the substance or drug.

Mental health issues affect more non-completers (40%) than completers (30%), but not by a large margin. On the other hand, completers were more likely to exhibit depression (26%) than non-completers (15%). The incidence of reported domestic violence is somewhat higher among non-completers (27%) than completers (19%).

None of these differences is large, and success or failure of a service plan is not always predictable, nor is success always related to these types of variables. However, it is surprising that none of these traditional predictor variables appear to have influenced the likelihood of families completing or not completing services, with the exception that non-completers may be slightly more involved with substance abuse, may be more likely to be victims of domestic violence, and may have less meaningful involvement of biological fathers in the service plans and children's lives than those who complete services.

Child Characteristics

Children in these families also present with various risk factors and other concerns, and with varied histories between themselves and their caregivers. Some of these child-centered variables are presented in Table 6. For these two cohorts, the very large majority of children are the biological children of the caregiver at the time of intake (93% for service-completing families and 88% for non-completing families). A few of these children (4% and 6%) are grandchildren of the caregivers, and a very small number of them were adopted children (1% of completers and 6% of non-completers) or have some other relationship with the caregiver, such as guardianship or living with a relative (2% of completers).

*Table 6. Characteristics of **Children** in Reunification Families Completing (Comp.) and Not Completing (Non-Comp.) Services, Expressed as Percentages of Caregivers Displaying the Categorical Description of the Characteristic Variables*

Variable	Category	Comp.	Non-Comp.
Relationship with Caregiver	Bio Child	93%	88%
	Adopted	1%	6%
	Grandchild	4%	6%
	Other	2%	0%
Living Arrangement at Intake and (Closure)	Bio Parent	61% (88%)	59% (56%)
	Relative/Friend	16% (9%)	0% (13%)
	FC Relative & Non-Rel.	19% (3%)	24% (31%)
	Group Home/Inst.	5% (0%)	18% (0%)
CW/CPS/Risks at Intake	None	33%	41%
	Physical Abuse	20%	19%
	Sexual Abuse	7%	0%
	Neglect (all)	52%	29%
	Family Conflict	24%	38%
	Adopt Disrupt	4%	0%
	Other	20%	0%
Other Concerns at Intake	None	42%	47%
	Child Behavior	34%	42%
	Beyond Parent Control	30%	35%
	Delinquency	8%	12%
	Truancy	7%	6%
	In-School Problems	21%	18%
	Pregnancy	2%	6%
	Inapp. Sexual Behavior	4%	18%
	Developmental Disability	16%	12%
	Mental Health	26%	41%
	Suicidal Thoughts	4%	6%
	Handicap/Medical	4%	6%
	Substance Abuse	4%	6%
	Other	7%	0%
Child Living with Parent 3 Months After Closure	Yes	86%	43%
	No	14%	50%
	Don't Know	0%	7%

About the same proportion of children in both cohorts were living with their bio-parent(s) at the time of intake (61% completers, 59% non-completers), but among the remainder there are differences between the cohorts. For the completers, 16% of children were living with relatives,

versus 0% for non-completers; 19% of children in completer families were in foster care, compared to 24% for non-completers; and only 5% of children in completer families were in group homes, versus 18% for non-completers. Some portion of these apparent differences may be attributable to the small Ns in the non-completer cohort, but the trends are there, nonetheless.

The two cohorts also present with different risk profiles that seem more likely to be predictive of service success. A surprisingly high number of children in both cohorts were identified as having no CPS (abuse/neglect) risk factors at intake (33% of completers, 41% of non-completers) which implies that many of the issues the families are dealing with are parent or caregiver centered, rather than child centered. Where risks were identified, there are some differences: the largest proportion of completers are at risk of neglect (52% versus 29% for non-completers), and there is substantially more family conflict identified in non-completing families (38%) than in completing families (24%). There did not appear to be any differences between the two groups with respect to the likelihood of physical abuse (20% and 19%).

In addition to the risks posed to the children in their families, participating agencies also provided some information on risks posed by the children themselves, through their own behavior or circumstances. For example, as can be seen in Table 6, 30% and 35% (completers and non-completers, respectively) are indicated as being beyond the control of their caregiver. In-school problems are evident in 21% and 18%, respectively; and inappropriate sexual behavior appears to affect the non-completers to a much larger degree than completers (18% versus 4%). Similar proportions of children in both cohorts (16% and 12%) are indicated as being developmentally disabled; and but more children in the non-completing families present with mental health issues (41%) than is true for completing families (26%).

Information on placement outcomes suggests that the completing families make considerable progress during the service period, with the number of children living with their bio-parents increasing to 88% at closure, and the number of children living in both relative and non-relative foster care is down to a mere 3% at closure. Conversely, among the families that did not complete services, the number of children living with bio parents decreases to 56%, and the number of children living with relatives increases from 0 to 13%; and in foster care from 24% to 31%.

Agencies were asked to provide information on the living arrangement of children 3 months following closure, but some agencies could not report this information. The data that were reported are presented in Table 6, but caution is necessary with respect to drawing any conclusions from the data, because the proportion of children in the “don’t know” category could affect the apparent placement trends if it were to be discovered that they were, or were not, definitively, living with their parents at that time. Having said that, it appears that although there is little attrition in families that completed services (88% to 86%) but there is substantial attrition among non-completers, (56% to 43%). In both cohorts, there is greater attrition in the non-completing cohort.

Bearing in mind the demographic, risk and placement profiles of the families and children, the remainder of this report explores the influence of various service factors and engagement on NCFAS ratings and placement outcomes.

Associations Between Service Variables on Family Functioning and Placement Outcomes of Children

Among the service variables that participating agencies were asked to provide are whether or not a family meeting occurred, whether concrete services were provided, whether step-down services were provided, and the number of service hours provided during the intensive service period. Table 7 provides information on the utilization of some of these services. Although the number of both types of families participating in family meetings is comparable (48% for completing families versus 41% for non-completing families), there are large differences between the two family types with respect to receipt of concrete services (53% for completing families versus 8% for non-completing families). Perhaps not surprisingly, families that did not complete services receive no step down services (0%), whereas nearly half (46%) of completing families receive some step down services after the initial service period concluded.

Recall that the division of families into “service completing and service non-completing” is a construct of the author based upon post-hoc examination of the total array of family information, and that the absence of services used by non-completers may have contributed to families *becoming* non-completing: that is, the absence of concrete services, for example, may have contributed to their not benefiting from other services offered during the service period, resulting in the termination of services by the agency, the withdrawal of voluntary participation by the family, or the intervention by the court to remove the child. The separation of the service population into those that completed the service period according to agency policy (and in most cases successfully), and those that did not, creates a useful mechanism for examining the correlates of success and the lack thereof with respect to services. Thus, in Table 7 it can be seen that families that did not participate in or receive any of these services overwhelmingly did not complete their service plans, but cause and effect cannot be attributed to non-receipt of these services without further study.

Table 7. Proportions of Reunification Families Receiving Different Types of Services, for Families Who Completed Services (Comp. Families, N=133) and Families Who Did Not Complete Services (Non-Comp. Families, N=17)

Type of Service	Comp. Families	Non-Comp. Families
Family Meeting*	48%	41%
Concrete Services†	53%	8%
Step Down Services‡	46%	0%

* As used here, the term “family meeting” implies a formal assemblage of family members, service providers, advocates, agency staff, etc., in a form similar to the Family Group Conferencing model.

† Concrete services comprise a variety of expensed services such as rent, utilities, food, car repairs, etc., identified as impediments to effective parenting

‡ Step-down services include ongoing voluntary access to the family worker, “booster-shot” services, aftercare, ongoing counseling, child care, etc., intended to alleviate backsliding from progress made during the period of more intensive services.

Hours of Service Received by Family

One of the more interesting observations in these data are the average number of hours of service received by families over the course of their participation in their service plans. These data are presented in Table 8. Note that the duration of services among completers spans 13 weeks, but that the Ns drop off over time, reflecting the fact that some of the contributing programs operate a model that provides services for 4 to 6 weeks, or for up to eight weeks, or up to 12 weeks (often including a 13th week). For the first 8 weeks, across all program models, the average weekly mean number of contact hours ranges from 5.6 hours to 7.6 hours, or, basically, 6 to 8 hours per week. The longer service model provides fewer hours per week, but for a longer period of time, and during the latter weeks of that model, the number of contact hours drops from about 2.6 to 1.3 hours per week over a 5 week period, prior to the mandated end of the service period. These data from the completing families are markedly different than data from the non-completing families.

Table 8. Average Number (and Standard Deviation) of Contact Hours Workers Logged with Reunifying Families Who Completed Services (Comp.) and Families Who Did Not Complete Services (Non-Comp. Families)

Week of Service	Comp. Families			Non-Comp. Families		
	N Comp.	Mean Number of Contact Hours	Standard Deviation	N Non-Comp.	Mean Number of Contact Hours	Standard Deviation
1	111	7.6	5.7	12	3.5	3.4
2	111	7.6	5.7	12	3.5	2.6
3	111	7.4	5.8	9	2.6	1.9
4	109	7.3	5.7	6	2.1	2.2
5	101	5.6	5.2	5	1.9	0.8
6	79	5.8	5.8	4	2.5	1.2
7	75	6.4	6.5	4	2.6	1.9
8	72	6.4	7.6	3	1.6	0.4
9	44	2.2	2.2	3	1.2	0.1
10	42	2.6	3.0	2	0.4	0.5
11	40	2.2	3.1	2	1.6	0.2
12	36	1.4	0.5	1	0.5	-
13	32	1.3	0.3	1	1.8	-

* Note that there was variation among the programs with respect to the service period, with some being limited to 8 weeks, which is why the Ns drop after that point. They drop both as a function of the program design and a function of families naturally completing or not completing services at different times. In the Non-Comp families, no families remained in service beyond 9 weeks, and some withdrew quite early in the available service period. Also, the total N for completing families was 99, but service-hours data were not available for 22 families, and means are based on valid percent estimates.

Among non-completing families the maximum number of contact hours occurs during the first week, and is only 3.5 hours. Immediately families begin to attrite from services (observed in the steadily declining Ns as the weeks go by), with remaining families receiving 1 to 2.5 hours of service per week until week 9, after which there remain only one or two families in this group that are still receiving any services. Again, the cause/effect relationships cannot be determined without further study, but the fact that these families receive literally half, or less than half the contact hours per week that completing families receive suggests that they are either never successfully engaged by the programs, or they are reluctant participants (and eventually non-participants), or workers have determined that risks to the children (or to the workers themselves) are too high and are moving to place children in out-of-home care, or some other as yet unknown constellation of factors that result in few hours of service either offered or received, and resulting collapse and premature end of the service plan.

Family Engagement and its Relation to Service Completion

Alignment of Caregiver/Family Worker Perceptions: Placement Prevention

In addition to examination of the NCFAS-R and G+R in relation to reunification families and their service outcomes, this study also endeavored to examine the factors associated with family engagement, alignment of the perceptions of both the caregiver and the family worker with respect to the family's needs, and whether or not a particular family was likely to complete normal period of service or terminate services prematurely (whether that termination was initiated by the family or the service agency). This examination was undertaken because in addition to the degree of seriousness and number of problems a family exhibits at intake, it is theorized that another possible contributor to success, or the lack thereof, may be the degree to which families engage with the worker in the service process, and the degree to which the caregivers' views of his/her circumstances align with those of the worker. This study collected information on these variables by conducting exit interviews with caregivers and their family workers in both the placement prevention and reunification family cohorts.

The exit interview instruments were developed specifically for this study and are intended to obtain information relating to issues associated with successful service planning & delivery based on assessment data, and the experiences of workers and families during the execution of the service plan. They are not intended to focus on the "usual suspects" of family demographics (e.g., age, race, ethnicity, education, etc.), case characteristics (e.g., type/severity of child maltreatment, units of service, duration of service plan, time-related markers such as time between child removal and referral for reunification services, etc.), or typical child welfare case measures (e.g., duration of out of home placement, number of placements, levels of care, type of reunification or other case resolution, etc.). Those data are necessary for analysis but will be obtained through other data collection mechanisms.

The questions on these exit interview instruments were designed to correspond generally with some of the items on the NCFAS Scales, with special emphasis on the NCFAS-R domains relating of Caregiver/Child Ambivalence and Readiness for Reunification. Likert scale items were developed that asked family caregivers and the family's social worker similar questions

relating to many of the items comprising the domains, as well as additional items relating specifically to the subjective level of engagement experienced by workers and caregivers. For example, with respect to the reunification domains, the family workers were asked to agree or disagree (using a 7 point scale) that the caregiver was eager to have the child returned home. Similarly, the caregiver was asked to agree or disagree (using the same 7 point scale) whether he or she was eager to have the child returned. Similar pairs of questions were developed for Child Ambivalence, Disrupted Attachment, Pre-Reunification Home Visitations, Resolution of Risk Factors, Completion of Service Plans, Understanding of Child Treatment Needs, and Establishment of Backup Support and Service Plans.

With regard to engagement, caregivers were asked whether or not they trusted the reunification worker and thought the worker had been helpful. The family workers, in turn, were asked whether they were able to establish a trusting relationship with the caregiver and provide needed help. Data derived from all of these exit interview questions are presented and summarized in Tables 9 and 10.

Table 9 focuses on the placement prevention families and workers. These data are partitioned by whether or not the family completed the service plan and by type of respondent (caregiver or family worker). The questions asked of each party (caregiver or worker) are listed in the left-most column. The letter in parenthesis following the item number (either a C or a W), indicates the phrasing of the questions as they were posed to the client or the worker, respectively. The responses are summarized in the right-most four columns. The summary statistic is derived by summing the proportions of responses at each of 7 Likert-scale response options ranging from strongly agree to strongly disagree, where agreement is being determined in relation to the statements on the exit instrument. Because we are looking for both the individual perceptions and the alignment of perceptions between workers and caregivers, the bifurcation of responses occurs at the interval above “neutral.” That is, if a respondent selected any of the negative (disagree) options, or the neutral option, these are combined to form the “at or below” neutral response proportion. The three “agree” options are similarly summed to form the “above neutral” proportion. In this manner, the “neutral” responses are interpreted as not being affirmative, and therefore not contributing to good engagement or alignment.

Complete wording of the interview questions and exact proportions of caregivers and family workers “agreeing” can be found in Table 9, but summarizing the caregiver responses among families that completed survives, the large majority (more than 90% in most cases) of caregivers agreed that:

- The caregiver understood the child’s needs and how to meet them;
- The family worker helped them to know what to do to keep their child;
- The worker helped the caregiver set service goals;
- The worker provided the necessary services to accomplish the goals;
- The caregiver trusted the worker;
- The worker showed the caregiver how to obtain ongoing or future services/resources;
- The caregiver had established a support network in the community; and
The caregiver had made necessary changes to keep the family together.

Only on two items (receipt of concrete services if needed, and learning new ways to keep children safe), did the summed proportions of caregivers drop below 90%, and these were in the high 70s, still a large majority in agreement.

Turning to the family workers' responses, there is a very high degree of alignment of the workers' perceptions with those of the caregivers. The summed worker responses are within 1 to 5 percentage points of the caregivers' responses in every case, even those items associated with concrete services and learning new child caring skills (workers' perceptions in these cases were actually slightly more optimistic than those of the caregivers). These data reflect a high degree of engagement and trust on the part of the caregiver, and a high degree of alignment between caregivers and workers on all of these items.

The responses for non-completing families present a very different picture of engagement and alignment. Whereas 80% of caregivers said they understood their child's needs and how to meet those needs, workers agreed in only 55% of cases, barely a majority. Only one third (33%) of caregivers agreed that they had received the concrete services that they needed. In fact, workers were in fairly good alignment with these families, in that only 40% agreed that the families received the requisite concrete services that might have helped them complete their services. Although 80% of caregivers trusted their family workers, workers agreed only 65% of the time that they were in a trusting relationship during the service period. Interestingly, all (100%) of the caregivers who contributed to the exit survey data said they had a good support system in place and knew how to get help therefrom, but workers agreed with this in only 60% of cases. Although the small number of caregivers from the non-completing group contributing to the survey invoke a requirement for caution with respect to generalizing these results, the trends are clear among the placement prevention non-completing families that they did not engage as well with workers, they were not as trusting of their workers, and workers were more pessimistic about caregivers' capabilities and their overall family situation in the community. These families failed to complete services and some of them had their children removed and placed in out-of-home care.

Table 9. Placement Prevention Families: Proportion of Responses Above “Neutral” and At or Below “Neutral” Given by Caregivers and Family Workers to Questions from the Exit Instruments

Caregiver (C) and Worker (W) questions from the Exit Surveys, where content between questions was constructed to align.	Completed Services				Discontinued Services			
	Caregiver Responses		Worker Responses		Caregiver Responses		Worker Responses	
	Above	At/Below	Above	At/Below	Above	At/Below	Above	At/Below
(C) 1. I understand my child’s needs and know how to meet those needs. (W) 1. The caregiver exhibits confidence and skill in understanding the child’s needs and knowing how to meet them.	97%	3%	93%	7%	80%	20%	55%	45%
(C) 2. My family worker helped me know what I needed to do to keep my child at home.	92%	8%	NA	NA	80%	20%	NA	NA
(C) 3. If needed, I received concrete services (rent, utilities, car repair, food, etc.) for my family. (W) 2. If needed, the caregiver received concrete services (rent, utilities, car repair, food, etc.).	78%	22%	82%	18%	33%	67%	40%	60%
(C) 4. My family worker helped me set goals and make a plan to meet those goals. (W) 3. The caregiver participated in the development of the goals and identification of services needed to meet the goals.	91%	9%	96%	4%	40%	60%	60%	40%
(C) 5. My family worker got me the services I needed to keep my child at home. (W) 4. I was able to obtain for this family all the services identified in the case plan.	92%	8%	94%	6%	NA	NA	NA	NA
(C) 6. I learned new ways to care for my child and keep my child safe. (W) 6. The caregiver demonstrated new skills and care for the child to keep the child safe.	77%	23%	80%	20%	NA	NA	NA	NA

Caregiver (C) and Worker (W) questions from the Exit Surveys, where content between questions was constructed to align.	Completed Services				Discontinued Services			
	Caregiver Responses		Worker Responses		Caregiver Responses		Worker Responses	
	Above	At/Below	Above	At/Below	Above	At/Below	Above	At/Below
(C) 7. I trust my family worker and think that the worker has been successful. (W) 7. I was able to establish a trusting relationship with this caregiver and provide needed help.	97%	3%	98%	2%	80%	20%	65%	35%
(C) 8. My family worker shared with me how I can obtain help or services after my case is closed. (W) 8. The caregiver was informed of how to obtain booster and step-down services at case closure.	92%	8%	95%	5%	NA	NA	NA	NA
(C) 9. I know how to get help and support from family, friends, neighbors, church, etc., if I need help with my child. (W) 9. The caregiver has an adequate support system in place (family, friends, neighbors, church, etc.) in the event of needing help with the child or experiencing a crisis.	94%	6%	92%	8%	100%	0%	60%	40%
(C) 10. I have made changes in my life that will help me keep my family together from now on. (W) 5. The caregiver has made changes necessary in his/her life in order to keep the family safely together.	90%	10%	88%	12%	NA	NA	NA	NA
(W) 10. The caregiver engaged with me within the first 3 weeks of the referral.	NA	NA	93%	7%	NA	NA	80%	20%

(N responses from caregivers who completed services = 146; N responses from workers of families who completed services = 164; N responses from caregivers who discontinued services = 5; N responses from workers of families who discontinued services = 20)

Note: NA entered in boxes indicates that particular questions were either worker or caregiver-specific, or were not asked of “discontinued” families.

Alignment of Caregiver/Family Worker Perceptions: Reunification

Shifting to the reunification families, it should be noted that the items on the exit instruments are somewhat different, and more numerous, because the issues associated with reunification are somewhat different than those associated with placement prevention. However, the degree of engagement of the caregivers and the degree of alignment of caregiver and family worker perceptions are remarkably similar to those previously observed among the placement prevention families and workers, both for completing and non-completing families. These data are presented in Table 10. The construction schema for Table 10 is identical to that of Table 9. Summarizing the results of the caregivers' responses for families completing services, we find that virtually all (94% to 97%) of caregivers agreed that:

- The caregiver was well prepared to have the child returned home;
- The caregiver understood the child's needs and how to meet them;
- The family worker helped the caregiver know what to do to get the child back;
- The worker helped the caregiver set appropriate service goals;
- The worker got the family the services needed to have the child returned home;
- The caregiver learned new ways to care for the child and keep the child safe;
- The worker shared how to obtain ongoing and additional services, if needed;
- The caregiver had a network of support in the community and knew how to get help therefrom;
- The caregiver had made changes in his/her life to help keep the family together;
- The caregiver felt that the child was happy to be back home.

Remarkably, when the data from the reunification family workers' analogous questions are juxtaposed to those of the caregiver, near perfect alignment is observed: worker responses are within a few percentage points of caregiver responses. There were several engagement items where caregivers were not in such strong agreement with the statement, but even then the workers' responses to analogous questions were in excellent alignment. For example, while still a majority, 77% of caregivers felt that they had sufficiently regular visits with their child during the period of separation and a similar number of workers (82%) agreed. Only 22% of caregivers expressed fear that they might do something in the future to harm their child and 31% of workers agreed. Among families that successfully completed reunification services, the only items where there was less than perfect alignment was with respect to the receipt of concrete services such as rent or utilities. Only 57% of caregivers felt they had received the services in sufficient quantity, whereas 81% of workers felt they had provided the services in sufficient quantity. There is no apparent parsimonious explanation for this moderate difference in opinion between 24% of caregivers and workers. However, not all programs have the same resource base that can be used for the provision of concrete services and some workers may have felt that they provided all that they could and that the services were sufficient to meet basic necessities, whereas some caregivers may have felt the quantity was insufficient.

Overall, among families successfully completing reunification services the degree of caregiver engagement and trust evident in these data and the alignment of caregiver and worker perceptions of their relationship and the provision of services is consistent with the fact that these families all completed services and or reunited with their children. Even with respect to the

provision of concrete services where there was some difference of opinion between caregivers and their workers, a majority of both felt that the services were sufficient to affect a successful reunification.

However, like the previous observations from the placement prevention data, when the same types of comparisons are conducted for the reunification families that did not complete services (most of whom did not have their children returned home, or the children were returned to out-of-home care), compelling differences in engagement and alignment are observed. Among the families not completing reunification services, 80% of caregivers felt that they were well prepared to have their child returned, compared to 59% of workers. Although 93% of caregivers felt they understood their child's needs and how to meet them, workers agreed in only 65% of cases. Literally all (100%) of caregivers in non-completing families stated that they had a community support system in place and knew how to access services therefrom, while only 59% of workers agreed.

Overall, the slightly lower numbers of caregivers in agreement with the scale items, and more importantly the misalignment of perceptions among caregivers and their family workers in the reunification/non-completer families, are consistent with unsuccessful efforts to engage these families, enter into a trusting relationship, and to do what needs to be done to effect a successful reunification.

Table 10. **Reunification Families:** Proportion of Responses Above “Neutral” and At or Below “Neutral” Given by Caregivers and Family Workers to Questions from the Exit Instruments.

Caregiver (C) and Worker (W) questions from the Exit Surveys, where content between questions was constructed to align.	Completed Services				Discontinued Services			
	Caregiver Responses		Worker Responses		Caregiver Responses		Worker Responses	
	Above	At/Below	Above	At/Below	Above	At/Below	Above	At/Below
(C) 1. I feel that I was well prepared to have my child returned to me. (W) 1. The caregiver(s)/parent(s) were well prepared to have the child returned.	95%	5%	89%	11%	80%	20%	59%	41%
(C) 2. I had regular visits with my child when we were living apart. (W) 2. The caregiver had regular visits with the child prior to being reunified.	77%	23%	82%	17%	100%	0%	88%	12%
(C) 3. Since I got my child back I’ve been afraid that I might make a mistake and lose my child again. (W) 3. The caregiver has expressed some fear that the child might be removed again due to the caregiver’s problems.	22%	78%	31%	69%	NA	NA	NA	NA
(C) 4. I understand my child’s needs and how to meet those needs. (W) 4. The caregiver exhibits confidence and skill in understanding the child’s needs and knowing how to meet them.	94%	6%	92%	8%	93%	7%	65%	35%
(C) 5. My reunification worker helped me know what I needed to do to get my child back. (W) 7. The caregiver understood what he/she needed to do to get the child back.	97%	3%	91%	9%	79%	21%	71%	29%

Caregiver (C) and Worker (W) questions from the Exit Surveys, where content between questions was constructed to align.	Completed Services				Discontinued Services			
	Caregiver Responses		Worker Responses		Caregiver Responses		Worker Responses	
	Above	At/Below	Above	At/Below	Above	At/Below	Above	At/Below
(C) 6. My reunification worker helped me to set goals and make a plan to meet those goals. (W) 8. The caregiver participated in the development of the goals and identification of services needed to meet those goals.	98%	2%	99%	1%	86%	14%	82%	17%
(C) 7. My reunification worker got me the services I needed to be ready to get my child back. (W) 9. I was able to obtain for this family all of the services identified I the case plan.	94%	6%	92%	8%	86%	14%	NA	NA
(C) 8. I learned new ways to care for my child and keep my child safe. (W) 10. The caregiver demonstrated new skills to care for the child and to keep the child safe.	96%	4%	97%	3%	NA	NA	NA	NA
(C) 9. I trust the reunification worker and think that the worker has been helpful. (W) 11. I was able to establish a trusting relationship with this caregiver and provide needed help.	97%	3%	98%	2%	87%	13%	76%	24%
(C) 10. The reunification worker shared how I can get help or services after my case is closed. (W) 12. The caregiver was informed of how to get booster and step-down services after case closure.	97%	3%	99%	1%	NA	NA	NA	NA

Caregiver (C) and Worker (W) questions from the Exit Surveys, where content between questions was constructed to align.	Completed Services				Discontinued Services			
	Caregiver Responses		Worker Responses		Caregiver Responses		Worker Responses	
	Above	At/Below	Above	At/Below	Above	At/Below	Above	At/Below
(C) 11. I know how to get help and support from family, friends, neighbors, church, etc., if I need help with my child. (W) 13. The caregiver has adequate support system in place (family, friends, neighbors, church, etc.) in the event of needing help with the child or experiencing a crisis.	99%	1%	90%	10%	100%	0%	59%	41%
(C) 12. I have made changes in my life that will help me keep my family together from now on. (W) 6. The caregiver has completed all tasks that were necessary for successful reunification.	99%	1%	93%	7%	NA	NA	NA	NA
(C) 13. If needed, I received “concrete services” (rent, utilities, etc.) from my reunification worker. (W) 5. The caregiver received concrete services necessary to provide basic necessities for the child.	57%	43%	81%	19%	71%	29%	71%	29%
(C) 14. I think that my child is happy to be home again. (W) 14. The child is happy to be at home again and has adjusted well.	98%	2%	97%	3%	NA	NA	NA	NA
(W) 15. The caregiver engaged with me within the first 3 weeks of the referral.	NA	NA	98%	2%	NA	NA	77%	23%

(N of responses from caregivers who completed services = 133; N of responses from caregivers who discontinued services = 15; N of responses from reunification workers of families who completed services = 14; N family reunification workers of families who discontinued services = 14)

Factors Associated with Successful Reunification

This section of the report examines the relationships between service variables (e.g., occurrence of a family meeting, provision of concrete services, etc.) and other analytic variables (e.g., presence of biological father in the service plan, presence of caregiver substance use, depression, etc.) with respect to the reunification of families when the intensive service period has ended, whether by successful completion of services, or withdrawal/discontinuation of the services.

In order to assure sufficient cell sizes to conduct Chi-square computations on the cross-tabulated variables of interest, the placement outcomes have been recoded into two categories. The first of these categories, labeled “parent,” comprises biological parents, adoptive parents and relatives. The second is labeled “foster care,” and refers to any out-of-home placement not subsumed in the parent category. Among them are various types of foster care, shelter care, group homes or institutional care, etc. This taxonomic schema is consistent with federal policy defining “successful reunification,” and is logically consistent with agencies’ efforts to reunite children with the family of origin or relatives, following a period of out-of-home care of any sort that is court sanctioned.

Note that in this section placement rates are based on one focus child per family, rather than all children in the study (a number that is substantially larger than the number of families). This change will cause the placement rates discussed hereinafter to vary somewhat from placement rates reported in earlier sections of the report. The shift to ‘one-child-per-family’ reporting is made to reduce the possible impact and bias of sibling groups disproportionately affecting placement rates in groups with smaller Ns. In effect, this section reports the rates of ‘families experiencing the placement of the focus child’ rather than the placement rates of all children from all families.

Using this taxonomic schema to define placement outcomes, and cross tabulating that variable with the “completed services/did not complete services” dichotomy, we observe that 96% of focus children in families that completed services were living with their families at closure, compared to 64% of focus children in non-completing families. This difference is large, and is statistically significant ($\text{Chi}^2 = 24.4$ at $\text{df} = 1$, $p < .001$). Although not all programs keep tracking placements after case closure, among those that did we know that three months after case closure 85% of children in families that completed services were still living at home, whereas only 46% of children in non-completing families were still at home, the non-completing families experiencing approximately twice the attrition rate. This difference is also statistically significant ($\text{Chi}^2 = 11.19$ at $\text{df} = 1$, $p < .001$). The magnitude and statistical reliability of these differences suggests that this analytic approach will assist in the identification of relationships between other variables and placement of children at closure and thereafter, if those differences exist.

Service Related Variables

The three primary service variables provided by participating agencies include the provision of a family meeting (e.g., Family Group Conference), the provision of concrete services (rent, utilities, car repairs, child supplies, etc.); and step-down services (less intensive services to support the family after the period of intensive services has ended, e.g., advocacy, counseling, a

home visit by the worker to coach the caregiver through a crisis, etc.). The impact of each of these services is examined by determining the living arrangement of the oldest (focus) child in the family at the time of intensive service closure, and again three months later (when the participating agencies could provide that information).

Family Meetings

With regard to whether or not family meetings occurred, slightly more than one half (55%) of workers provided data on this variable indicating whether a family meeting occurred or did not occur. Thus, data are missing on this variable for the balance of families. Among those reporting, however, just under half (46%) of the focus children had experienced a family meeting. Among those, 97% were living at home at the close of service compared to 91% of the focus children in families that did not participate in a family meeting. Given the sample size, this small difference is well within the bounds of chance, and was statistically insignificant. At three months post service, both groups had experienced very similar attrition: 83% of focus children from family meeting families were still living with the parent, compared to 77% of families not experiencing a family meeting. This service variable appears to have had no appreciable impact on post service placement of reunification families in these programs. The reader should note, however, that family meetings, as a service model, were originally developed and applied as a front-end service in placement prevention families (across all risk levels). The impact of family meetings in placement prevention families was not examined in this study.

Concrete Services

Practice wisdom has long defended concrete services as a linchpin in intensive services, especially those based on crisis theory. In this study, the results of the examination of this service variable appear to be equivocal. At the time of service closure, 95% of focus children in families that received concrete services were living at home, compared to 90% of children in families that did not receive them. Upon first examination, there appears to be no benefit associated with concrete services for these families. However, at three months post service, 85% of children in families that received the service were still living at home, compared to 69% for families that did not. This is not an inconsequential difference, and the apparent trend approached statistical significance. Thus, concrete services appear on their face to have a delayed positive impact. However, we know from earlier discussions in this report that not all families received concrete services, so it is possible that it was the receipt of concrete services that permitted the initial parity between the two family groups in the placement rates at the end of services, and that there is some enduring quality relating to the receipt of concrete services that attenuates attrition of preferred placement outcomes. This is a research question that needs to be studied directly, prospectively, with a larger sample and accurate assessments of the exact needs and services responses to those needs via concrete services.

Step-down Services

The findings for the value of step-down services are quite positive. Among families that had either started to receive step-down services or who were anticipating them at the close of the service period, 95% of focus children were living with the parent, compared to 90% of children in families not receiving or being offered step-down services. This difference is not statistically significant. However, the impact of step-down services becomes evident at three months post service (three months during which the step-down families are receiving some combination of

services, and of course, the comparison families are not). For the step-down families, 96% of the focus children remained at home with the parent. However, among the comparison families, only 65% of focus children were living at home. This difference is large and statistically significant ($\text{Chi}^2 = 7.93$ at $\text{df} = 1$, $p < .01$). It cannot be argued from these findings that every reunifying family needs step-down services, but for families that apparently do need them, they appear to be effective for bolstering the durability of the reunification. Like the observations relating to concrete services, these findings on step-down services from this exploratory and descriptive study beg the research question about step-down services in a similar manner: the services need to be studied prospectively with detailed assessment of post intensive-service needs, services applied to those needs, and the results of those services not only on placement but broader family functioning.

Non-Service Variables

Non-service variables include a variety of case-related issues that may affect outcomes for the children, such as whether or not the biological father is present and participating in the service plan; whether the caregiver has mental health issues, struggles with addiction, is a victim of domestic violence, and so on. Participating agencies provided information on many of these variables for exploration in this study. Due to differences in the way agencies record certain data, many of these variable are reduced to dichotomous form (i.e., yes/no to the issue of domestic violence), which limits the analytic possibilities, but each of the variables was examined in relation to its impact on child placement at the end of the intensive service period, and, where possible, at three months post intensive service.

Father Involvement

Given recent interest in fatherhood and biological fathers' involvement in their children's lives as a protective factor, agencies were asked to indicate whether the focus child's biological father had been identified, located, contacted by the worker, whether the bio-father was involved in the case plan, and then, albeit somewhat more subjectively, if the bio-father was involved in the child's life. Although this work is ongoing throughout the service period, the following data represent the status of each variable relating to the bio-father at the close of the intensive service period: the bio-father had been identified in 86% of focus children's families (and in 96% of these cases the child was living at home at the end of the intensive service period). In 73% of cases, the biological father had been located (with 95% of children living at home at the close of service). In 40% of cases the biological father had been contacted by the worker (and 94% of these children were living at home at the close of service). In 38% of cases workers reported that the biological father was involved in the service plan (with 96% of these children living at home at the close of service). Finally, workers reported that in half of these families (50%) the biological father was actively involved in the child's life (and 97% of these children were living at home at the close of service). In every case where the biological father had been identified, located, contacted, that included in the service plan, or was judged to be actively involved in the child's life, the children fared slightly better than their counterparts where these factors did not obtain. However, in no case was the difference is large enough or systematic enough to achieve statistical significance.

At 3 months post service the data related to all of these levels of involvement had changed slightly, and in each case the impact of father involvement appeared to benefit the children in terms of sustaining the reunification outcome by a few percentage points. However, the differences were not large enough to achieve statistical significance. It should be noted, however that at 3 months post service the sample sizes had decreased due to some of the agencies contributing data to the study not continuing to track child placements after the close of the initial service period. Since father involvement appears to be beneficial, and was trending increasingly positive at 3 months post service, larger sample sizes (and therefore increased statistical power) may have resulted in significant findings. These trends and the positive contribution to family stability, should be studied further, with a larger sample and over a longer period of time.

Caregiver Substance Abuse

There was a slight trend for fewer focus children to be living with a parent at the end of the intensive service period if the caregiver struggled with substance abuse issues. However, the non-placement rates were still very high: 91% of focus children were living with a parent with substance abuse issues compared to 95% of children in the non-substance abuse families. The trend is not statistically significant. And at three months post service, the rates dropped for both type of families (81% and 88%, respectively) with the apparent (but not significant) trend favoring the non-substance abusing caregivers.

A similar pattern emerged with respect to use of marijuana, although the overall effects of marijuana on the family were slightly more detrimental than those associated with alcohol. At the close of the initial service period, 95% of focus children among non-marijuana using caregivers were living at home, compared to 87% among marijuana using caregivers. At 3 months later, those rates were 88% and 78%, respectively. None of these differences achieve statistical significance.

Caregiver Mental Health

Mental health issues of the caregivers did not affect placement rates. Both the initial rates of focus children living with a caregiver with mental health issues and those without were virtually the same: 95% in both cases. At three months post service, the attrition rates were also very similar (79% for mental health families, 85% for non-mental health families), with ongoing mental health issues perhaps very slightly negatively affecting placement stability.

Caregiver Depression

Similar findings were observed for caregivers with depression. At closure, the rate of focus children living with caregivers suffering from depression was 100%, compared to 96% for non-depressed caregivers. At three months, however, attrition rates suggests that caregiver depression may negatively affect placement stability, as the attrition rate for depressed caregivers children living at home exceeded that of non-depressed caregivers. In families with a depressed caregiver 85% of children were living at home at 3 months post service, compared to 89% among non-depressed caregivers.

Domestic Violence

Even domestic violence, a variable known to put children at risk, did not have a differential effect on placement rates with these families. For focus children in families marked by DV, 97%

were living at home at the close of services, compared to 94% of non-DV families. At three months post service the attrition rates for those families were such that 79% and 83%, respectively, of children were living with a parent.

Child at Home Prior to Referral

This variable is interesting because it implies several possibilities for the agency receiving the referral. One possibility is that the custodial agency (or the court) has simply sent the child home and has made the referral for the service agency to attempt to provide safety and services. These can be very high-risk families. A different possibility is that the custodial agency has completed its own service plan, or court-imposed requirements, and now wants an in-home service component to finalize the work already begun, and perhaps carried to an advanced stage. These would be much lower risk families. Based upon the very high success rates of reunification we suspect that the latter is the case among the families in this study who were reunited prior to the referral. For those families in which the focus child was returned to the parent prior to the referral (44% of families) 94% of focus children were living with the parent at the time of service closure. For the remainder, those families whose children were returned at some point during the intensive service period but following the referral, or not returned at all, the rate was 87%. There is a trend in these data favoring the early return families, but the trend is not significant.

At 3 months post service, however, the trend has strengthened, with 84% of early return children living with a parent compared to 64% of post-referral return children, and the trend now closely approaches statistical significance ($\text{Chi}^2 = 3.39$, $\text{df} = 1$, $p = .066$).

Caregiver Race

There is an insignificant trend among these families for White families to have a slightly lower reunification rate at service closure than non-White families (90% and 100%, respectively), a difference that is statistically significant ($\text{Chi}^2 = 4.63$, $\text{df} = 1$, $p > .05$). At 3 months post service, the apparent trend remains but is diminished (87% and 78%), respectively, and is no longer statistically significant.

Marital Status

Marital status had no influence on placement outcomes for focus children. Rates across all four categories were above between 93% and 100%. The insignificance maintained three months after service closure, but low Ns and too many cells in the cross-tabulation (due to multiple categories of marriage and fewer families in the database at 3 months post service) precluded reliable computation of the Chi^2 statistic.

Employment Status

Employment status had no influence on placement rates at the end of service. Across four categories of employment, the rates of focus children living with parents ranged from 92% to 96%. At three months, the rates across the groups were all down, ranging from 71% to 89%. However, as with marital status, the Chi^2 statistic could not be computed reliably due to small ns in several cells.

Conclusion

Generally speaking, the results of this study closely resemble the results of NFPN's 2007 study with respect to success of IFPS services among placement-prevention and reunification families. In the present study, the assessment ratings at intake, particularly among the placement prevention families, indicated slightly higher levels of functioning than in the 2007 study, suggesting that targeting of the services to the higher-risk families may have been an issue, with more moderate risk families being served than the service is designed to serve. The success rates for both placement prevention and reunification families are among the highest observed to date.

In spite of the better-than-average intake ratings on family assessment variables, the families in this study present the typical profile of moderate and high-risk families comprising placement prevention and reunification populations: they struggle with parental capabilities and child-well-being. Often these are accompanied by issues relating to self-sufficiency (and therefore poverty-related neglect), and sometimes health issues that affect parenting. Bifurcating the two family types (placement prevention and reunification) into two subgroups of those families that did and did not complete services (which is not always the same as whether children are placed out of home or returned) permits an in-depth look at how these families progress, or fail to progress on the assessment domains of the NCFAS. For example, in the case of reunification families, those that did not successfully complete services actually showed deterioration on the domains of family safety and readiness for reunification. Both of these changes would lead towards recommendations to not reunify the families at the end of the service period.

The study also examined the relationships between placement outcomes and variables relating to services, demographic, and family circumstances. Of note is that virtually none of the demographic variables affected placement outcomes (although some trends were noted), affirming previous findings that IFPS is generally effective across the array of families involved with child protection and reunification services, even among families with issues long thought to present significant impediments to family preservation and reunification, including domestic violence, alcohol and other drug issues, and mental illness, including depression. Specifically, the impacts of IFPS were not diminished in this study by factors like caregiver substance abuse, domestic violence, mental health (including depression) being a single-parent household, and so on.

Perhaps the most important findings and observations in this study relate to major service variables (family meetings, concrete services and step-down services) and the involvement of fathers in children's lives during reunification, as a protective factor. Regarding family meetings, there was no impact of family meetings among reunification families on placement outcomes. It should be noted that only slightly more than half (55%) of workers indicated whether or not a family meeting had occurred, and among that group meetings occurred in slightly less than half (46%) of families. Thus, the test of the service was likely not very robust, and little information was available on the family meeting model(s) employed. So, this is not so much a finding that family meetings were of no value, or that they do not work as much as it is an observation that there did not seem to be an impact on placement rates with a minority of reunifying families.

The observation relating to concrete services is interesting, given their seeming importance to IFPS model design. There was virtually no apparent impact on placement rates for families that

received concrete services when compared to families that did not receive them, but alternative explanation for these findings are offered, including the possibility that parity in the placement rates was made possible because of concrete services delivered during the intensive service period, so that the benefit is manifested as families becoming more similar, rather than different at the end of the service period. This possibility is supported by the additional observation that there is an apparent trend for reunifications in families that received concrete services to be more durable than reunifications in families that did not.

Two important findings in this study relate to family engagement and to the impact of step-down services. Step-down services for families who need them significantly improved durability of reunifications. And, successful engagement with the caregiver, and alignment of views of the caregiver and family worker (as determined by independent assessment thereof) was associated with higher reunification rates and a greater likelihood of service completion than when trust was not established.

Finally, there is evidence that biological fathers' involvement in the lives of their children during reunifications can have a significant impact on the durability of those reunifications, although it did not appear to have a significant impact on initial placement rates at the end of the initial service period.

As with all exploratory studies, the observations noted need to be studied further, with more deliberate, prospective designs, and with larger sample sizes. However, several of the observations noted herein are based on sample sizes of more than 100 families, and are likely to hold up over time. Several suggestions for additional, focused research are offered in the body of the report, as are more comprehensive discussions of the various findings and observations noted in this section.

Appendix

Data Collection Template

Family Information

Family ID

Date Family Referred for Reunification Services

Date Family Completed Reunification Services

Date of Family Meeting

Date of Most Recent Child Out of Home Placement (If children have different dates, use date from oldest child)

Date Child Reunified (if children have different dates, use date from oldest child)

Date Family Dropped Out of Reunification Services

Did the family receive concrete services (e.g., rent, utilities, food, diapers, etc.)?

Did the family receive step-down services (booster, aftercare) following closure?

Total Direct Service Hours Per Week (# hours with 13 weeks listed)

Was the child still living with the parent(s) or caregiver 3 months following case closure?

Caregiver Information

Caregiver ID

Role In Family

- Primary Caregiver
- Other Caregiver

Date of Birth

Gender

Race

- White/Caucasian
- Black/African American
- Asian
- American Indian
- Hawaiian/Pacific Islander
- Multi-Racial
- Alaska Native
- Other (Specify)

Ethnicity

- Hispanic
- Not Hispanic
- Unknown

Marital Status

- Single
- Married
- Domestic Partnership
- Separated
- Divorced
- Widowed

Employment Status

- Employed FT
- Employed PT
- Seasonal/Intermittent
- Unemployed
- Homemaker
- Disabled
- Student
- Retired
- Other (Specify)

Income

- \$0 - \$10,000
- \$10,001 - \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- \$60,001 - \$70,000
- \$70,001 or more

Biological father was:

- Identified
- Located
- Contacted by worker
- Involved in Case Plan
- Involved with Child
-

Caregiver Substance Abuse

- None
- Alcohol
- Crack/Cocaine
- Hallucinogens
- Heroin
- Marijuana
- Methamphetamines
- Pain Killers
- Prescription Drugs
- Other (Specify)

Does Caregiver have Mental Health issues?

Does Caregiver have Depression?

Is Domestic Violence present in the home?

Children Information

Child ID

Role In Family

- Identified Child
- Other Child

Relationship to Primary Caregiver

- Child—Biological
- Child—Adoptive
- Child—Foster
- Grandchild
- Other Relative
- Non-Relative
- Other (Specify)

Living Situation at Case Opening/Closing

- Parent—Birth
- Parent—Adoptive
- Relative
- Friend
- Guardianship
- Foster Care—Relative
- Foster Care—Non-Relative
- Group Home
- Detention/Jail
- Psychiatric Placement
- Emergency/Shelter Care
- Runaway
- Other (Specify)

Child Maltreatment/Referring Problem:

- None
- Physical Abuse
- Sexual Abuse
- Neglect
- Family Conflict
- Adoption Disruption/Dissolution
- Other (Specify)

Child Areas of Concern/Problems:

- None
- Behavioral Problems

- Behavior Out of Parental Control
- Delinquency
- Truancy
- School Problems/Failure
- Youth Violence/Gang Involvement
- Teen Pregnancy
- Inappropriate Sexual Behavior
- Developmental Disability
- Mental Health Issues
- Suicidal Ideation or Attempt
- Handicap or Medical Illness
- Alcohol/Substance Use
- Other (Specify)

Assessment Tools

NCFAS-R or NCFAS-G+R

- Not Applicable
- Clear Strength (+2)
- Mild Strength (+1)
- Baseline/Adequate
- Mild Problem (-1)
- Moderate Problem (-2)
- Serious Problem (-3)
- Unknown

Exit Instruments

Form to be completed by worker when services were completed

Form to be completed by parent(s) or caregiver when services were completed

Form to be completed by worker when parent discontinued services

Form to be completed by parent when parent discontinued services