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National Family
Preservation Network
Safe children. Strong families.

IFPS and IFRS: Findings and Implications for Practice

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Introduction

The National Family Preservation Network (NFPN) was established in 1992 with the mission of serving as the primary national voice for the preservation of families. NFPN's mission has been achieved through supporting a successful model for family preservation: Intensive Family Preservation Services (IFPS). In turn, the success of IFPS programs are based on adherence to standards that include:

- Staff are available 24 hours a day, 7 days a week
- Staff have small caseloads (2–4 families at a time)
- An IFPS worker sees a family within 24 hours of referral
- IFPS services are generally delivered in the family's home
- Intensive services (5–20 hours per week) are provided
- Services are available and provided on evenings and weekends
- Services are time limited to 4–8 weeks total

High-fidelity models of IFPS consistently show high success rates. Studies demonstrating the success of IFPS include two control group studies (Blythe and Jayaratne, 2002; Fraser, Walton, Lewis, Pecora, and Walton, 1996); a retrospective study using event history analysis (Kirk and Griffith, 2004); and a study that compared high-fidelity IFPS programs, based on the HOMEBUILDERS® model, with low-fidelity programs (WSIPP, 2006).

IFPS has also been successfully applied to reunification cases in the form of Intensive Family Reunification Services (IFRS). Studies in three sites nationwide (Kirk, 2002), and separate studies in Utah (Lewis, Walton, and Fraser, 1995) and Missouri (Pierce and Geremia, 1999) of reunification models that utilized IFPS standards showed high rates of reunification. IFPS practice methods have also been applied to preserving post-adoptive families (Berry, Propp, and Martens, 2007).

Recent research involving IFPS and IFRS using assessment tools has provided another outcome measure, family functioning, and the tools are also used for case planning and program evaluation. The North Carolina Family Assessment Scale (NCFAS) for intact families and the North Carolina Family Assessment Scale for Reunification (NCFAS-R) are used by over 450 agencies nationwide and in Australia and Canada. An NFPN-sponsored study in 2007 that employed the tools for data collection found that IFPS works equally well with families of color, families involved in substance abuse, and families with a referring problem of neglect. Findings on IFRS showed that it works best with families involved in physical abuse and is also very effective with families involved in substance abuse. The research conducted last year forms the basis for this paper and may be viewed online at <http://www.nfpn.org/ifps-research-report>.

A detailed analysis of current findings related to IFPS and IFRS and implications for practice follow. In addition, NFPN sets forth a model of IFRS to test nationwide.

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IFPS Findings

1. IFPS has a well-developed theory and models of practice. High-fidelity IFPS programs have consistently demonstrated their effectiveness in the outcome measure of preventing out-of-home placements of children. A recently completed study (NFPN, 2007) suggests that these positive results of IFPS are not diminished when working with families of color, families involved with substance abuse, or families referred for neglect.
2. Development of a family functioning assessment scale, the North Carolina Family Assessment Scale (NCFAS), has provided another outcome measure for IFPS by measuring families' progress in the following domains: Environment, Parental Capabilities, Family Interactions, Family Safety, and Child Well-Being.
3. Intake and closing ratings for the NCFAS when used with high-fidelity IFPS programs show remarkable consistency within each domain in three recent studies. (See Chart 1.) The measurement is the percentage of families at baseline or above at intake and at closing. "Baseline or above" means that there is no legal, moral, or ethical reason for public intervention. The ratings indicate that the domain of Parental Capabilities has the lowest percentage of families at baseline or above at the beginning of IFPS but the greatest percentage of increase by case closure.
4. Between 10% and 18% of families continue to have moderate or serious problems at case closure of IFPS services. (See Chart 2.) The highest percentage of families struggle in the area of Parental Capabilities.
5. Some families regress during IFPS services, moving from more positive ratings to less positive or negative ratings. The domain of Family Interactions shows the highest percentage of negative change. (See Chart 3.)

Chart 1: NCFAS Ratings of Baseline or Above at Intake and Closing

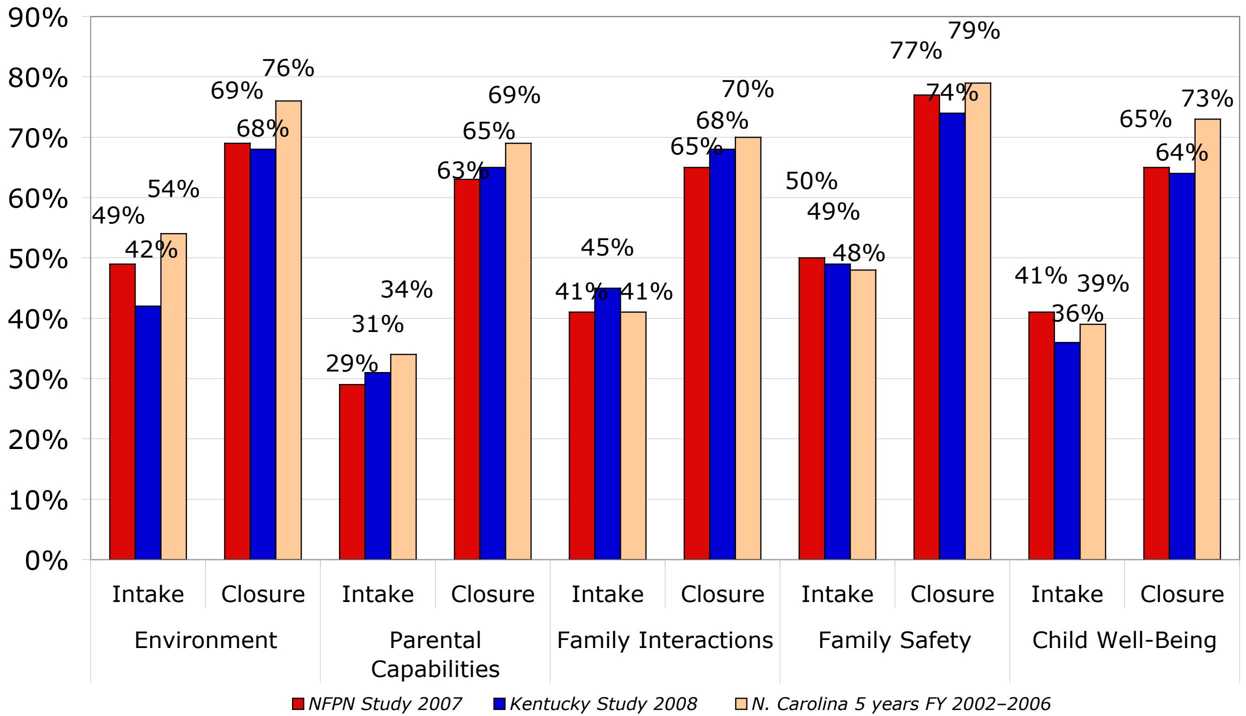


Chart 2: Percentage of Families with Moderate or Serious Problems at Case Closure NFPN Study 2007

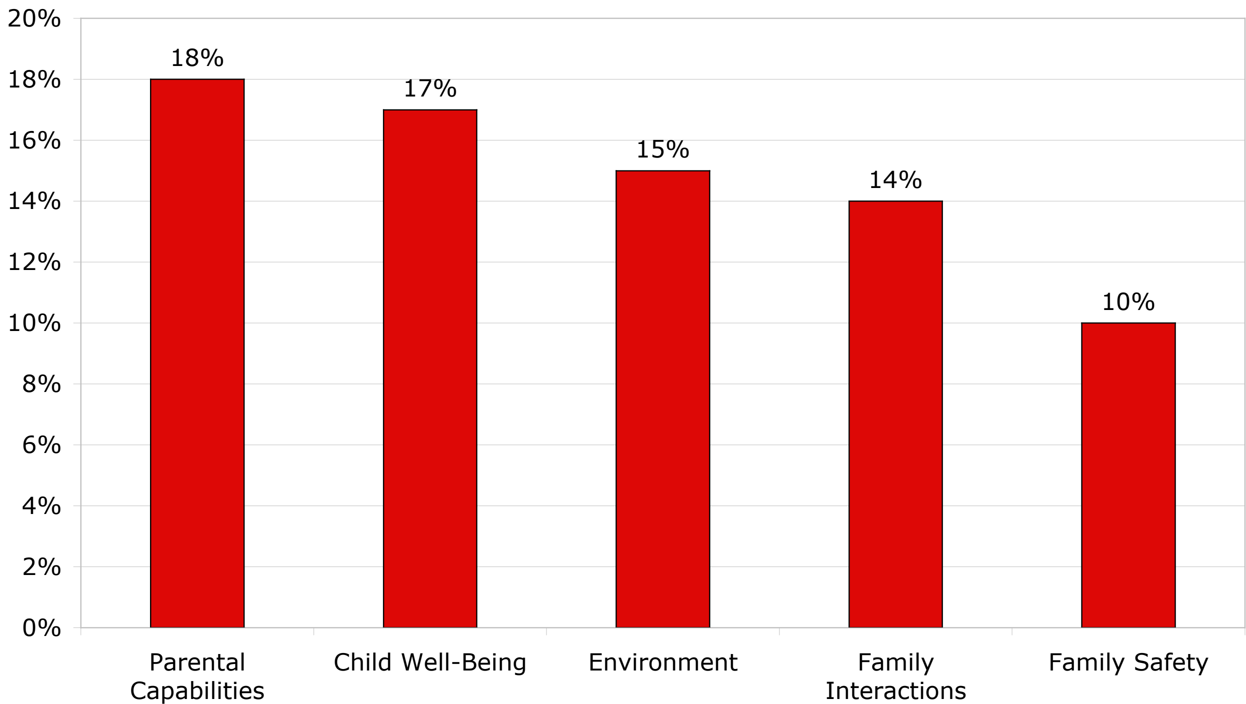
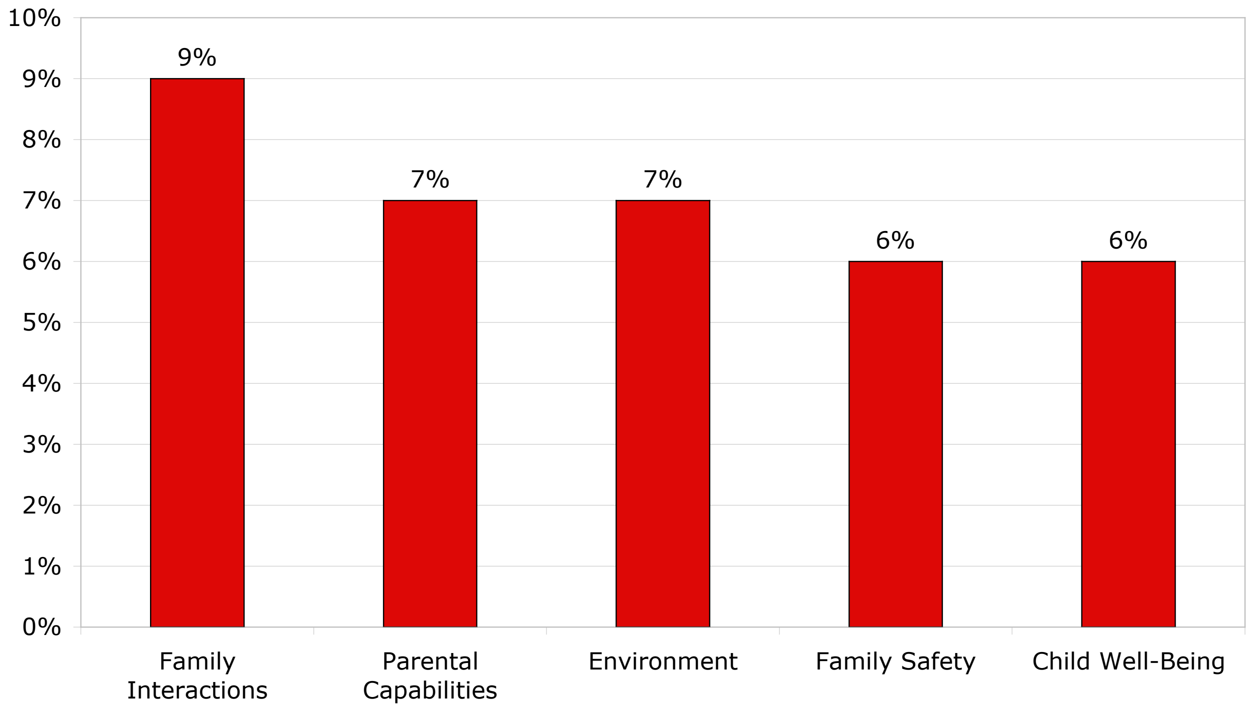


Chart 3: Percentage of Families with Negative Change
NFPN Study 2007



Implications for Practice

1. IFPS has been proven very effective with high-fidelity models and works equally well with a variety of families including families of color, families involved in substance abuse, and families involved in neglect. Thus, IFPS should be included in a continuum of services for child and family-serving systems and provided at the point where children would otherwise be placed in out-of-home care. Families with a variety of presenting issues can be effectively served by IFPS, which means that most family-serving systems either need to establish or to strengthen and expand IFPS programs.
2. Research on IFPS is needed to further identify factors involved when families do *not* remain intact, to design and test step-down services (aftercare), and to study the long-term effects of IFPS on families.
3. Families receiving IFPS need the most assistance in the area of Parental Capabilities. Treatment methods in this area need to be improved to both increase the percentage of families brought to a minimum level or above of functioning at case closure and to reduce the number of families who are still experiencing moderate to serious problems in this area at case closure.
4. Step-down services need to be targeted to and designed for the families with moderate or serious problems or with negative change at case closure. Of special concern are families continuing to struggle in the areas of Parental Capabilities and Child Well-Being. Any negative change in Child Well-Being is associated with a very high probability of placement (NFPN Study 2007).
5. The NCFAS intake and closing ratings on families at baseline and above presented here provide a guide for agencies to use for comparison with their workers' ratings. If an agency has significantly higher intake ratings than those presented here, eligibility for IFPS may need to be tightened in order to target the appropriate families. Significantly lower closing ratings may indicate a need for more services or increased staff training. Lower intake ratings combined with higher closing ratings than those presented here may indicate a very successful IFPS program!

IFRS Findings

1. Unlike IFPS, Intensive Family Reunification Services (IFRS) programs are in the early stages of model development. There is less research on IFRS and the findings are more mixed than with IFPS. The available research does indicate that IFRS programs based on IFPS practice models are effective in reunifying families. An NFPN study in 2007 found that IFRS was very effective in reunifying families involved in physical abuse and substance abuse.
2. Development of a family functioning assessment scale, the North Carolina Family Assessment Scale for Reunification (NCFAS-R), provides an outcome for IFRS by measuring families' progress in the same five domains as the NCFAS plus two additional domains specific to reunification: Caregiver/Child Ambivalence, and Readiness for Reunification.
3. Intake and closing ratings in a recent study of the NCFAS-R are very similar to the NCFAS intake and closing ratings from the three IFPS studies in Chart 1 above; the two additional domains specific to reunification are also included. (See Chart 4.) Again, the measurement is the percentage of families at baseline or above at intake and closing.
4. Between 12% and 23% of families continue to have moderate or serious problems at case closure. (See Chart 5.) The highest percentage of families struggle in the area of Parental Capabilities, also the highest percentage for IFPS families. (See Charts 5 and 2.)
5. Some families regress during IFRS services, moving from more positive ratings to less positive or negative ratings. As might be expected, the domain of Readiness for Reunification shows the highest percentage of negative change. (See Chart 6.)

Chart 4: Comparing NCFAS and NCFAS-R Ratings of Baseline or Above at Intake and Closing: Averaged Ratings of the 3 IFPS Studies from Chart 1 compared to IFRS Ratings of the NFPN Study 2007

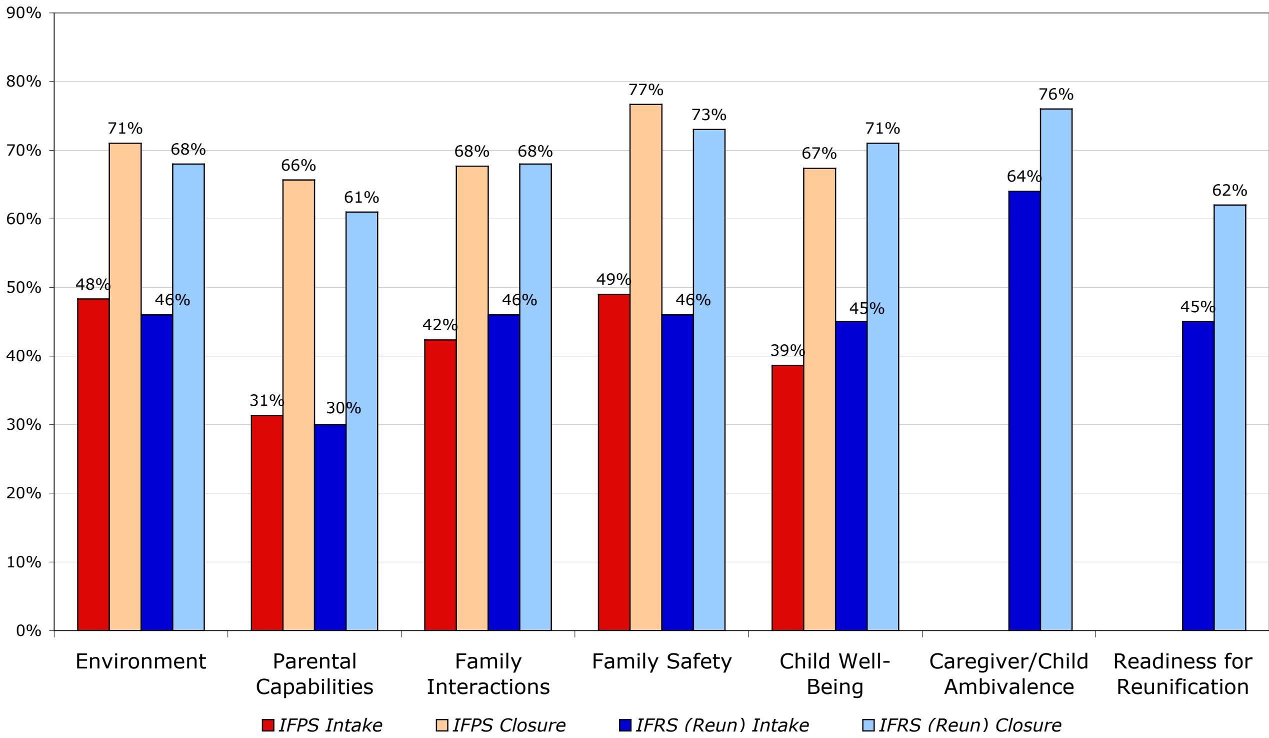
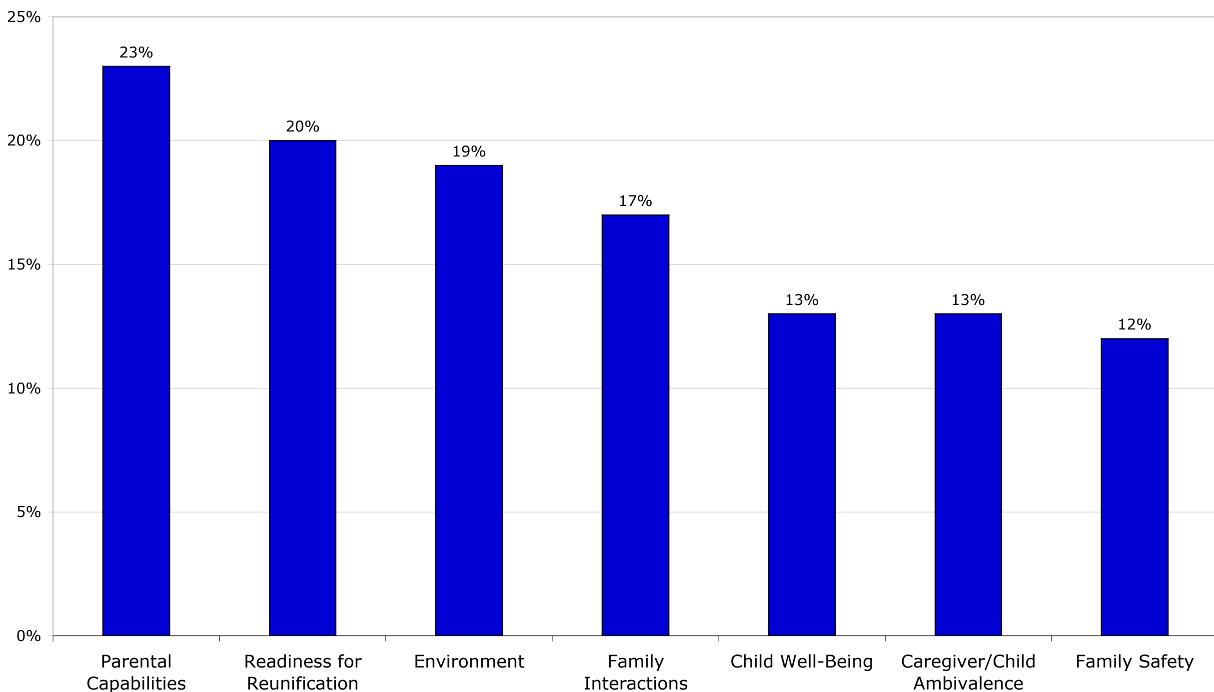


Chart 5: Percentage of Families with Moderate or Serious Problems at Case Closure NFPN Study 2007



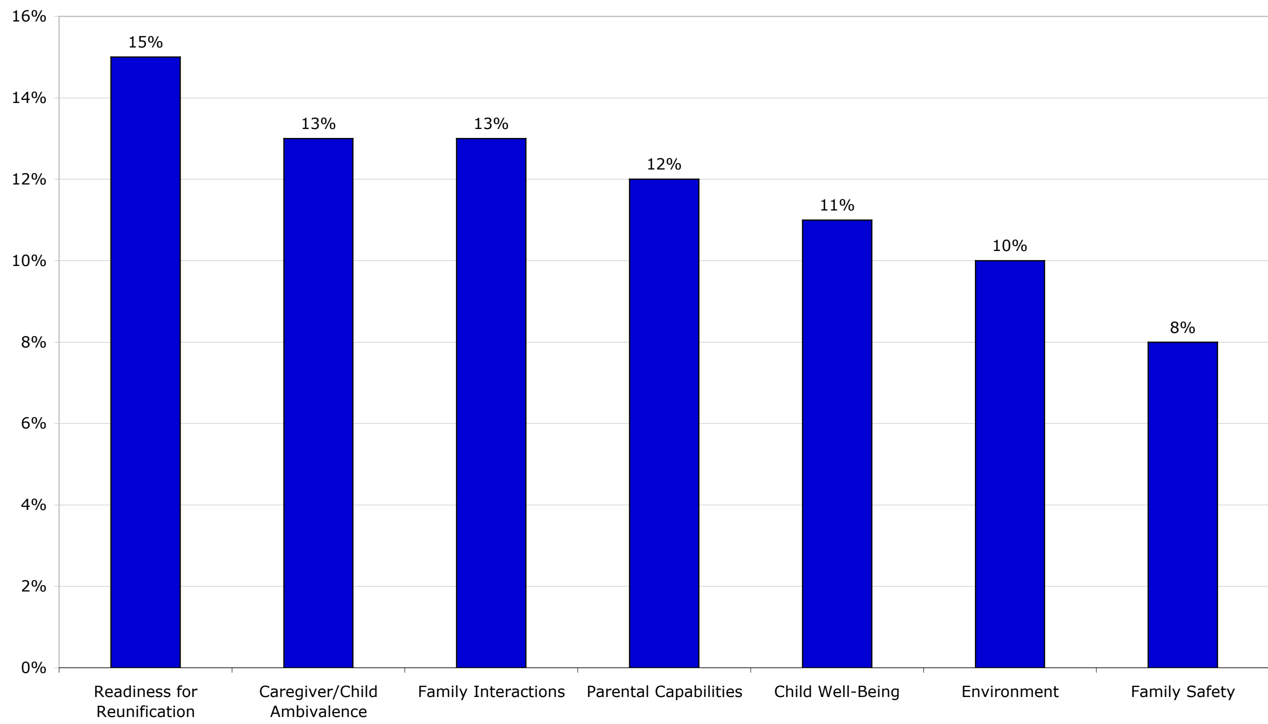


Chart 6: Percentage of Families with Negative Change
NFPN Study 2007
16%
14%
12%
10%
8%
6%
4%
2%
0%
15%
13%
13%
12%
11%
10%
8%
Readiness for Reunification
Caregiver/Child Ambivalence
Family Interactions
Parental Capabilities
Child Well-Being
Environment
Family Safety

Implications for Practice

1. The similarity in intake and closing ratings of the NCFAS ratings from 3 studies compared to the NCFAS-R ratings from the 2007 NFPN study seems to indicate that IFRS programs are targeting families who truly need and can benefit from the services. However, the NFPN study in 2007 found a 22% dropout rate in IFRS families compared with only a 9% dropout rate for IFPS families. The high dropout rate for IFRS may indicate some inappropriate targeting, perhaps using the service to justify filing for termination of parental rights (TPR). This issue needs further exploration. The 2007 NFPN study found that IFRS programs were most successful in reunifying families involved in physical abuse and were also successful with substance abusing families so these families should be included when determining eligibility criteria.
2. The Family Safety ratings for both the NCFAS and NCFAS-R consistently show that families are kept safe during services and it is the area of least concern at case closure. Thus, family-serving agencies can be confident that the high degree of safety ensured by IFPS and IFRS services makes them a reliable alternative to out-of-home placement. This is an important finding especially when tied to the effectiveness of IFRS with physical abuse and substance abusing families and the accompanying risk/safety concerns along with the high rate of out-of-home placements for these families. More research on reunification programs is needed, especially with regard to testing a nationwide model for intensive family reunification.
3. Families receiving IFRS need the most assistance in the areas of Parental Capabilities, Family Interactions, Caregiver/Child Ambivalence toward reunification, and Readiness for Reunification. The higher percentages of IFRS families with moderate or serious problems or negative change at case closure than for IFPS families may be an indicator of less well-developed service models for IFRS than for IFPS.
4. Step-down services need to be targeted to and designed for the families with moderate or serious problems or with negative change at case closure. Step-down services are more critical for IFRS families than for IFPS families because of the higher percentages of families with moderate or serious problems or negative change at case closure. In addition, *any* moderate or serious problem domain at case closure is associated with high probability of out-of-home placement (NFPN Study 2007).

Intensive Family Reunification Services (IFRS) Model

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

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

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

Time Frame to Meet with Family
The reunification worker meets with the family within 72 hours of the referral.

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

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

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

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

Rationale: Returning the child home within 15 days is included in successful models in research studies cited in this paper (Lewis, Walton, etc.; Pierce, Geremia). In addition, most strong IFRS

programs require the child to be returned home within 30 days. These time frames assume that the referring agency and court agree that the child can be returned home within 15–30 days.

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

Family Assessments

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

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

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

Caseload

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

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

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

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

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

Clinical Model

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

Rationale: About 40% of strong IFRS programs indicate that they have a specific clinical model (NFPN, 2007). Without a clinical model, it is impossible to know what interventions work with families. The National Clearinghouse on Child Abuse and Neglect (2006) cites a number of studies that looked at programs with a behavioral, skill-building focus and that address family functioning in multiple domains, including home, school, and community (Corcoran, 2000; Macdonald, 2001). Cognitive–behavioral models have been demonstrated to reduce physical punishment and parental aggression in less time than alternative approaches (Kolko, 1996, cited in Corcoran, 2000). The most effective treatment involves all members of the family and addresses not only parenting skills, but also parent–child interaction and a range of parental life competencies such as communication, problem solving, and anger control (Corcoran, 2000; Dore & Lee, 1999).

Direct Service Hours

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

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

Length of Intervention

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

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

Concrete Services

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

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

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

Step-Down Services

All families with moderate or serious problems or negative change at case closure, as measured by the NCFAS-R assessment tool, receive step-down services. Total direct service hours for step-down are 16–20 hours for a maximum of 60 days. A paraprofessional may complete the service hours when the family is stabilized, i.e. no longer exhibits serious problems or negative change.

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

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

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

Follow-Up Services

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

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

Staff Qualifications

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

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

Agency Support

All workers have supervisors with the ratio of supervisors to staff of 1:4 to 1:6. Data are collected electronically and a program evaluation is conducted annually. The agency provides

initial and ongoing training for all staff who have any contact with families. Quality control measures are in place and used to measure and improve performance.

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

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