

THE REUNIFICATION OF CHILDREN WITH THEIR FAMILIES:  
A TEST OF INTENSIVE FAMILY TREATMENT  
FOLLOWING OUT-OF-HOME PLACEMENT

by

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Statement of the research problem. Between 50% and 75% of the children placed out of their homes will return to their homes. Of that number, upwards of 40% will be placed again in foster care. Nevertheless, efforts to strengthen families while promoting successful reunification are rarely undertaken. In this presentation, one such effort is reported.

Recent renewed emphasis on preserving families may be attributed, in large measure, to the influence of Public Law 96-272 with its requirement that reasonable effort be made to enable a child to remain with his or her parents. Because of this mandate, many child welfare agencies across the country have developed programs to prevent out-of-home placements. These "family preservation" services have the specific goal of reducing the number of foster care placements by strengthening families with children at risk of imminent placement. Although evaluations of these programs have been encouraging, few family preservation programs have focused on reunifying families after out-of-home placement even though the services would have the same long-term effect of reducing the numbers of children in out-of-home placements. Moreover, many questions persist in the evaluation of family-based programs designed to keep families together. For example, which services and which level of intensity of services are most helpful? Are services cost-effective? Many of the questions suggest that program evaluation has not kept pace with the expanded services. There is a need for longitudinal studies with rigorous designs.

Research background questions/hypotheses. Addressing this need for further research, a study was undertaken addressing the following research question: *Will the provision of intensive, in-home treatment to families increase the likelihood of children in substitute placements returning to their homes and remaining there?* In answering this question, the study utilized an experimental research design that provided for the comparison of a group of families receiving experimental, intensive, in-home treatment with a group of families receiving routine services. The following hypotheses were posited:

1. There will be a significantly greater proportion of children from the treatment group who will return to and remain in their homes.
2. The children from the treatment group will remain in their homes for a significantly longer period of time.
3. At the end of the 90-day treatment period, the families in the treatment group will demonstrate a significantly higher level of individual and family functioning.
4. At the end of the 90-day treatment period, the children in the treatment group will have significantly fewer problems and a higher level of social competency than those in the control group.
5. At the end of the 90-day treatment period, parents and children in the treatment group will have a significantly higher level of self-esteem than those in the control group.

In addition to testing the hypotheses, supplementary analyses of family-related factors and treatment-related factors associated with success or failure were undertaken. Because

these analyses were exploratory, no hypotheses were posited.

**Methodology.** A posttest-only experimental design was utilized to assess the degree to which (a) routine child welfare reunification services and (b) intensive, family-based reunification services were differentially effective in returning children who were placed in substitute care to their biological homes.

In July 1989, a state agency implemented a federally-funded program designed to reunify families after out-of-home care. Of approximately 450 families with children in out-of-home placements, 110 were randomly selected and assigned to a treatment or control group. Intensive, in-home, family-based treatment, utilizing a modified version of the Homebuilders™ model, was provided to children and their families in the treatment group for 90 days, while routine child welfare services were provided to those children and families in the control group.

The experimental treatment was provided in the home and with a family focus. The services were brief (not more than 90 days), relatively intense (at least three visits per week per family), oriented toward the provision of concrete services (such as transportation or cash assistance), and focused on skills training (such as communication skills, parenting skills, and anger management skills).

Data were collected from three sources: (a) caseworkers involved with the families, (b) parents and children--through pencil-and-paper questionnaires and as reported to interviewers, and (c) agency management information systems. These data were collected at three points in time: (a) at the end of the 90-day test period, (b) at the end of a six-month follow-up period, and (c) at the end of a 12-month follow-up period.

**Results.** Based on the findings, it appears that the experimental services were effective in enabling families to reunify. By the end of the treatment period, 93% of the 57 treatment children had returned to their homes, contrasted with 28% of the 53 control children ( $\chi^2 = 48.68$ ,  $df = 1$ ,  $p < .001$ ). The difference between reunification status of the families in the two groups at the end of a 6-month follow-up period was significant but not as dramatic as the difference at the end of the 90-day treatment period. After 6 months, 70% of the treatment children were home contrasted with 41% of the control children ( $\chi^2 = 9.18$ ,  $df = 1$ ,  $p = .002$ ). The erosion of the treatment effect--the difference between the two groups--suggested the need for a further follow-up, and data were collected again at 12 months following end-of-treatment. After 12 months, 77% of the treatment children were home contrasted with 49% of the control children ( $\chi^2 = 9.40$ ,  $df = 1$ ,  $p = .002$ ).

In addition to more treatment children returned home, treatment children were also in their homes for a longer period of time than control children. Treatment children were in their homes 72.7% of the time during the 90-day treatment period ( $M = 65.4$  days) compared to 16.4% for control children ( $M = 14.8$  days;  $t = 10.05$ ,  $p < .001$ ). Again, the difference between the two groups at the end of the six-month follow-up period, though less dramatic, was statistically significant. Treatment children were in their homes 77.9% of the 180 days ( $M = 141.7$  days) compared to 37.2% for control children ( $M = 65.6$  days;  $t = 5.14$ ,  $p < .001$ ). During a second six-month follow-up, treatment children continued to spend significantly more time (83.2%,  $M = 151.4$  days) at home than control children

(45.4%,  $M = 82.6$  days;  $t = 4.67$ ,  $p < .001$ ).

In this study, some children who returned home through intensive services were, again, placed out of the home. Moreover, other children were able to return home regardless of the services they received. Nevertheless, there was an enduring, statistically significant difference in reunification rates between those who did and did not receive the intensive services. Hence, the families in the treatment group were studied further to determine the characteristics of the services that made reunification possible. The variables most predictive of successful reunification were parental attitudes. These attitudes reflected parents' positive relationships to their children, their belief that home was the best place for the child, their opinion that the treatment was helpful, and their feeling that their caseworker cared about them. Other predictors were the parents' education, attainment of treatment goals, and problem resolution. Most failure correlates fell into two categories: (a) treatment interventions that reflected excessive time spent with difficult problems (e.g., managing crises, clarifying problem behavior, or referral to other services); and (b) child problems (e.g., drug and alcohol use, truancy, running away, and depression).

Utility for social work practice. This study contributes to the already existing evidence that intensive, in-home, family-based services enable many families to remain together. Practice and policy implications of this study include the appropriateness of a broad range of intervention skills with a practical orientation that addresses the primary needs of the families served. However, additional questions are raised such as the appropriateness of providing intensive services to families with multiple problems who may be classified as poor candidates for reunification. Although families with fewer problems are more likely to be reunified, findings from this study provide guidelines for the kinds of services most needed or the appropriate level of intensity of the services needed in order to preserve families which might otherwise remain separated.

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