Assessing the Effects of Family-Centered Out-of-Home Care on Reunification Outcomes

Cathleen A. Lewandowski, Ph.D.
Ph.D., The University of Kansas, 1997
Assistant Professor, Social Work Program Coordinator
Wichita State University
Wichita, Kansas

Statement of the Research Problem

There has been an increased interest in family-centered approaches to out-of-home care due in part to the inadequacies of state child welfare agencies to meet children's need for permanency. However, little is known about the effectiveness of family-centered approaches in improving reunification outcomes. The aim of this research is to contribute to the knowledge base on family-centered out-of-home care programs by assessing one model's effectiveness in improving reunification outcomes. This model is the Family-Centered Out-of-Home Care pilot project, developed by Missouri's Department of Family Services.

Three dominant views of children's needs have emerged over time, a generic view, a child-centered view, and a family-centered view. The generic view, prevalent from the nation's beginnings until the middle of the 19th century, did not distinguish between the needs of children and the needs of adults. Rather, assistance was provided to people in need, without regard to age or to the ways the needs of children may differ from those of adults. Beginning in the 1850's, a child-centered view emerged, where children's needs were distinguished from adults' needs. This view holds that not only do children have unique needs, but that these needs can be understood outside the context of children's biological families. The latter half of the 20th century saw the emergence of the family-centered perspective. The family-centered perspective, like the child-centered perspective, maintains that children have unique needs. However, unlike a more child-centered perspective, the family-centered perspective holds that children's unique needs can best be understood within the context of their biological families.

Though the term "family-centered practice" is relatively new, family-centered practice principles have a long standing tradition that dates back to early social case work. Like early social case work, family-centered practice views clients' concerns within the context of their family and their unique situations.

Traditionally, child welfare has maintained a child-centered approach to practice. Families have often been seen as the "cause" of their children's problems, and attempts to

involve them could only interfere with the intervention planned to meet children's needs. Thus, viewing the family as the problem rather than as a resource has been a significant barrier to implementing a family-centered approach in child welfare agencies today.

As a family-centered approach, Missouri's Family-Centered Out-of-Home Care (FCOHC) pilot program represents a philosophical shift from a child-centered to a family-centered approach to services. FCOHC stresses the importance of identifying families' strengths as well as their problems. Translated into practice, the biological family, rather than the child, is the identified client because this is the most desirable means of providing for children's needs.

One critical component of the FCOHC model is inviting families, particularly biological parent(s), to participate more fully in the assessment and treatment planning process while their children are in out-of-home care. Providing assessment and treatment to biological families as soon as their children enter out-of-home care allows workers to quickly assess whether families are capable of caring for their children's needs.

FCOHC services augment already existing foster care services, which continue to be provided in both pilot and comparison counties. The key aspects of the FCOHC model are having one identified worker assigned to a family, conducting assessment and intervention team meetings, and increasing the number of assessments to document families' progress when it occurs. Increased team and worker involvement as soon as children enter out-of-home care is stressed throughout children's stay in out-of-home care.

Research Questions

This study assessed the effects of Family-Centered Out-of-Home Care (FCOHC) on reunification outcomes and on foster care service delivery. The study's conceptual model depicted the hypothesized relationships between family and child characteristics, group membership, standard foster care services, and reunification outcomes. The set of family and child characteristic variables are exogenous variables and were included as control variables. These variables are total barriers to reunification, reason for removal, whether a child is from a single parent family, child's age, and total number of previous placements. Group membership is also an exogenous variable, indicating whether children were in the FCOHC pilot or comparison group. The set of nine foster care service variables are endogenous variables, as their variance is explained by the exogenous variables and other endogenous variables in the model. These service variables are total number of team meetings, number of attendees at team meetings, on-going assessment, identification of family strengths, total types of services provided while the child is in out-of-home care, and total worker contacts with the child, parent(s), relative(s), and with collateral agencies. These nine service variables measure the aspects of foster care service delivery

that were expected to increase as a result of FCOHC. The outcome, or dependent variables are reunification, placement recidivism, and time in out-of-home care.

FCOHC is designed to improve continuity of care, increase team and family involvement, and provide more timely and meaningful assessments and interventions. By augmenting standard foster care services with FCOHC, it was expected that standard foster care services would be enhanced and reunification outcomes would be improved. In terms of the conceptual model, it was expected that FCOHC would have a direct effect on reunification outcomes and on foster care service delivery. Differences in reunification outcomes can be attributed to differences in group membership and foster care services.

The first research question derived from the model is:
what is the effect of FCOHC on reunification, placement recidivism, and time in out-of-home care?

The second research question is:
what is the effect of FCOHC on foster care services?

Methodology

The study design most closely resembled a nonequivalent control group design, and compared the reunification outcomes of children whose families received FCOHC services in pilot counties with those whose families received standard foster care services in comparison counties. The study took place in Missouri, during the period of fall 1994 through spring 1996. The counties in this study were largely rural, though a few counties contained metropolitan areas.

In all, 374 children were selected for the sample; 220 from pilot counties and 154 from comparison counties. There were some differences between the two groups on the demographic variables included in the conceptual model as control variables. Children in the FCOHC pilot group were older than comparison county children at placement, with the average age being 10.7 and 7.7, respectively ($t = 5.16$, $df = 313.64$, $p = .000$). Pilot county children had an average of 1.3 previous placements, while comparison county children had an average of .81 placements ($t = 2.773$, $df = 372.00$, $p = .007$). The groups did not differ significantly on total number of barriers to reunification, ethnicity or gender of children, reason for removal, or in the number of children from single parent families.

Data were collected from children's case records and from the state's computerized data base. To avoid skewing results, only one child from a family was selected for the sample when families had more than one child placed in out-of-home care at the same time. The data collection instrument was a case record review form that was developed specifically for this study. To assess the form's reliability, agreement percentages and

Cronbach's alpha were calculated as a measure of interrater reliability. These tests of reliability indicated that there was a high degree of internal consistency in the way reviewers recorded data from case records.

Reunification was defined as whether the child was reunified with his/her biological parent(s) within the initial 12 months of the study period. Placement recidivism was defined as whether a child returned to out-of-home care during the 18 month study period. Only the 269 children who exited out-of-home care during the study period were included in the analysis for placement recidivism. Time in out-of-home care was defined as the total number of days the child was in out-of-home care during the 18 month study period. Thus, children who returned to out-of-home care had two out-of-home placement periods that were included in this measurement.

When measuring service variables, family strengths and services were continuous variables, indicating the total number of strengths and services provided to families while their children were in out-of-home care. The remaining service variables, team meetings, team attendance, on-going assessment, and worker contacts with children, parents, relatives, and collateral agencies were measured as the ratio of the total number of that service per total days the child was in out-of-home care.

To assess the effect of FCOHC on outcomes, each of the outcome variables were regressed on the group membership variable while controlling for family and child characteristics. Of the three outcome variables, time in out-of-home care is a continuous variable while reunification and placement recidivism are dichotomous variables. Consequently, multiple regression was used when time-in-out-of home care was the dependent variable, and logistic regression was used when reunification and placement recidivism were the dependent variables.

The analysis of the effect of FCOHC on foster care services took place in three stages. First, factor analysis was used to identify underlying constructs among the nine service variables included in the conceptual model. Second, multivariate analysis of variance (MANOVA) was used to compare group means on the nine individual service variables and on the service factors. Third, multiple regression was used to regress the service factors on group membership while controlling for family and child characteristics to assess the effect of FCOHC on the individual service factors.

Results

Findings from the logistic regression analysis indicated that FCOHC did not have an effect on reunification, when controlling for family and child characteristics. Children who

were removed due to physical abuse were least likely to be reunified during the study period. FCOHC did have an effect on placement recidivism, though not in the desired direction. Children from the pilot group were 2.6 times as likely to recidivate than comparison children when other variables remained unchanged. While comparison counties reunified more children, pilot county children spent somewhat fewer days in out-of-home care, on average, than comparison county children. These differences, however, were not statistically significant.

Of the family and child characteristics, the total barriers to reunification identified in the case record decreased the odds for reunification, and was predictive of increased time in out-of-home care. Having a previous placement with the state's public child welfare agency decreased the odds for reunification but had little effect on recidivism or time in out-of-home care. Being from a single parent family increased the odds for placement recidivism but had little effect on reunification or time in out-of-home care. Children whose reason for removal was sexual abuse, homelessness, or physical abuse, were less likely to be reunified than children placed for other reasons. Children who were removed at the request of their parents were most likely to be reunified.

The second research question asked, what was the effect of FCOHC on the delivery of foster care services. Hotelling's T for the set of nine service variables indicated that the two groups differed in the amount of services provided during the study period ($p < .01$). Based on the univariate F statistics for the individual service variables, FCOHC counties had, on average, more team meetings and more attendees at these meetings though these differences were not statistically significant. FCOHC pilot counties identified significantly more strengths and their families received almost twice as many types of services, on average, than comparison counties ($p < .02$). Comparison counties conducted significantly more assessments, on average, than pilot counties ($p < .05$). Comparison counties had somewhat more individual contacts with parents, children, relatives, and collateral agencies than pilot counties though these differences were not significant ($p > .05$).

The factor analysis of the nine individual service variables produced three factors, identified as team, agency, and family involvement. Based on a test of the univariate F's associated with the three factor scores, the two groups differed significantly on agency and family factors. Group membership was then regressed on the three service factors while controlling for family and child characteristics, to assess the effect of FCOHC on foster care services. Of the three service factors, group membership had an effect on both agency and family involvement. FCOHC had the most significant effect on the factor family involvement, which was one of the objectives of the family-centered model. This finding suggests that workers in pilot counties were successful in increasing family involvement and in providing more services to families while their children were in out-of-home care. However, FCOHC counties had less agency involvement than

comparison counties. There was little difference between the two groups on the factor, team involvement.

Implications for Social Work Practice

In terms of practice implications, these findings suggest that increasing family involvement alone is not sufficient to improve reunification outcomes. Improved outcomes may require the ongoing involvement of the team and the child welfare agency as well. Full implementation of a family-centered approach, where the family is as involved as the agency and the team, may require additional resources. For example, caseload sizes in pilot counties were not decreased. Given the additional requirement to implement the FCOHC model, workers may have had to prioritize what services they would provide. Since increasing family involvement was stressed, FCOHC workers may have spent more time with families and less time providing standard agency services. Decreased caseloads may be needed to foster increased involvement of all key participants and assure timely reunification.

Based on these findings, a practice model was developed that could foster the involvement of the team, the agency, and the family. With the exception of families where severe abuse or neglect occurs, a family-centered model could benefit the majority of families served by child welfare agencies. The model, named the FAT model, for family, agency, and team, is based on the three service factors identified in this research that may contribute to improving reunification outcomes. This model recognizes the biological family as an equal and integral participant in achieving successful reunification, while upholding the importance of the team process and agency involvement.

The two contributions that families make in achieving successful reunification are their unique strengths, and full participation in the assessment and treatment process. As families may be unaccustomed to thinking about their strengths, workers need to be adept at identifying family strengths and in teaching families to capitalize on them. Participation in the assessment and treatment process means that families attend scheduled meetings, help develop the plan for intervention, achieve treatment goals, and visit their children regularly.

The most critical contribution made by the agency in achieving successful reunification outcomes was ongoing assessment. Ongoing assessment means that workers are engaged in a continuous process of monitoring a family's progress towards removing barriers to reunification and in achieving their goals. The many case management activities workers perform, such as arranging meetings, keeping all parties informed of critical events, monitoring visits, identifying appropriate out-of-home placements, attending court, and locating needed service resources, are critical in determining the

overall time a child is in out-of-home care. Though these tasks can go unnoticed, performing these tasks poorly can extend a child's time in out-of-home care.

Findings from this study suggest that the ratio of team meetings to total number of days in out-of-home care and the total number of attendees at team meetings contributed to reducing time in out-of-home care. It is assumed that if key players are attending meetings, they are engaged in the process of making collaborative decisions, assuring that services are provided, and are advocating for the child's best interests. In a sense, team meetings and attendance were proxy variables for these team processes.

As a single study, this research does not provide the definitive answer on the effectiveness of a family-centered approach, though it did provide some insights. The practice principles inherent in a family-centered approach, such as identifying family strengths and increasing family involvement are similar to early social casework methods, and are consistent with social work values. Thus, child welfare agencies may choose to implement a family-centered approach because increasing family involvement is worthwhile in itself. Research is needed to further examine the relationship between FCOHC and increased placement recidivism and to assess the direct effect of family, agency, and team involvement on reunification outcomes.

References

Abbott, G. (1938). The Child and the State. Vol 2, Chicago, IL: University of Chicago Press.

Albers, F.C., Reilly, T., & Rittner, N. (1993). Children in foster care: Possible factors affecting permanency planning. Child and Adolescent Social Work Journal, 10(4), 329-41.

Allen, R.I., & Petr, C.G. (1995). Family-centered service delivery: A cross-disciplinary literature review and conceptualization. Lawrence, KS: The University of Kansas, Beech Center on Families and Disability.

Barth, R.P., Snowden, L.R., Ten Broeck, E., Clancy, T., Jordan, C., & Barusch, A.S. (1985). Contributors to reunification or permanent out-of-home care for physically abused children. Journal of Social Service Research. 9(2/3), 31-45.

Birt, C.J. (1956). Family- centered project of St. Paul. Social Work. 1 (October), 41-47.

Block, N.M. & Libowitz, A.S. (1983). Recidivism in Foster Care. New York: Child Welfare League of America.

Braziel, D.J. (Ed.) (1996). Family-Focused Practice in Out-of-Home Care: A Handbook and Resource Directory. Washington, DC: CWLA Press.

Burt, M.R. & Balyeat, R.R. (1977). A Comprehensive Emergency Services System for Neglected and Abused Children. New York: Vantage Press.

Chestang, L.W. & Heyman, I. (1973). Reducing the length of stay in foster care. Social Work, 18(1), 88-92.

Claburn, W.E., Magura, S., & Chizeck, S.P. (1977). Case reopening: An emerging issue in child welfare services. Child Welfare. 56(10), 655-64.

Cole, E. (1995). Becoming family-centered: Child welfare's challenge. Families in Society: The Journal of Contemporary Human Services, 76(3), 163-172.

Emlen, A., Lahti, J., Downs, G., McKay, A., & Downs, S. (1978). Overcoming Barriers to Planning for Children in Foster Care. Washington, DC: U.S. Department of Health, Education, and Welfare.

Fanshel, D., & Shinn, E.B. (1978). Children in Foster Gare: A Longitudinal Investigation. New York: Columbia University.

Fein, E. & Staff, I. (1993). Last best chance: Findings from a reunification services program. Child Welfare. 72(1), 25-40.

Festinger, T. (1994). Returning to Care: Discharge and Re-entry in Foster Care. Washington, DC: Child Welfare League of America.

Finch, S.J., Fanshel, D., & Grundy, J.F. (1986). Factors associated with the discharge of children from care. Social Work Research and Abstracts. 22(1), 10-18.

Frankel, H. (1988). Family-centered, home-based services in child protection: a review of the research. Social Service Review. 62(1), 137-57.

Gibson, T.I., Tracy, G.S., & DeBoard, M.S. (1984). An analysis of variables affecting length of stay in foster care. Children and Youth Services Review, 6(2), 135-145.

Goerge, R.M.(1990). The reunification process in substitute care. Social Service Review, Sep, 1990, 422-457.

Goldstein, A., Freud, A., & Solnit, A.J. (1973). Beyond The Best Interests of the Child. New York: Free Press.

Hess, P.M., Folaron, G. & Jefferson, A. (1992). Effectiveness of family reunification services: An innovative model. Social Work, 37(4), 304-311.

Jones, M.A., Neuman, R., Shyne, A.W. (1976). A Second Chance for Families: Evaluation of a Program to Reduce Foster Care. New York: Child Welfare League of America.

Lahti, J. (1983). A follow-up study of foster children in permanent placements. Social Service Review, 56(4), 556-571.

Leeds, S.J. (1984). Evaluation of Nebraska's Intensive Services Project. Iowa City, Iowa: The National Resource Center on Family Based Services.

Lewis, R.R. (1994). Application and adaptation of intensive family preservation services to use for the reunification of foster children with their biological parents. Children and Youth Services Review, 16(5/6), 339-361.

Lindsey, D. (1992). Adequacy of income and the foster care placement decision: Using an odds ratio approach to examine client variables. Social Work Research and Abstracts, 28(3), 29-36.

Maas, H.S. (1969). Children in long-term foster care. Child Welfare, 48(6), 321-333.

Maluccio, A.N., Fein, E., & Olmstead, K.A. (1986). Permanency Planning for Children. New York: Tavistock Publications.

Mech, E.V. (1983). Out of home placement rates. Social Service Review. 57(4), 659-667.

Nelson, K., Emlen, A., Landsman, M., Hutchinson, J.; Zalensk, A.; Black, R.; Marcus, C.; Inskeep, C,; Leung, P. (1988). Factors Contributing to Success and Failure in Family Based Child Welfare Services. Iowa City Iowa: The National Resource Center on Family Based Services, School of Social Work, The University of Iowa.

Pardeck, J.T. (1984). Multiple placement of children in foster family care: An empirical analysis. Social Work, 29(6), 506-509.

Richmond, M. (1922). What is Social Case Work? An Introductory Description. New York: Russell Sage Foundation.

Ronnau, J. & Poertner, J. (1993). Identification and use of strengths: A family system approach. Children Today, 22(2), 20-23.

Rzepnicki, T. (1987). Recidivism of foster children returned to their own homes: A review and new directions for research. Social Service Review. 61(1), 56-70.

Sawyer, R. (1981). A method for achieving permanency for children in foster care. Children Today, 10(5), 19-21.

Seaberg, J.R. (1988). Placement in permanency planning: Own home versus foster care. Social Work Research and Abstracts, 4-7.

Scherz, F.H. (1953). What is family-centered casework? Social Casework. 34(8), 343-49.

Stein, T.J. & Gambrill, E.D. (1979). The Alameda Project: A two year report & one year follow up. Child Abuse and Neglect, 3(2), 521-528.

Turner, J. (1984). Reuniting children in foster care with their biological parents. Social Work 29(6), 501-505.

Walton, E., Fraser, M.W., Lewis, R.E., Pecora, P.J., & Walton, W.K. (1993). In-home family-based reunification: An experimental study. Child Welfare, 72(5), 473-487.

Wells, K. & Biegel, D.E. (Eds.) (1991). Family Preservation Services: Research and Evaluation. Newbury Park, CA: Sage Publishing.

Wulczyn, F. (1991). Caseload dynamics and foster care reentry. Social Service Review, 65(1), 133-156.

Wulczyn, F. H. & Goerge, R.M. (1992). Foster care in New York and Illinois: The challenge of rapid change. Social Services Review, 66(2), 278-294.

Ying-Ying, T.Y., & Struckman-Johnson, D.L. (1991). Placement outcomes for neglected children with prior placements in family preservation services. In Wells, K., & Bagel, D.E. (Eds.). Family Preservation Services: Research & Evaluation. New York: Sage Publishing.

Ying-Ying, T., McDonald, W.R., Wheeler, C.E., Struckman-Johnson, D., & Rivest, M. (1990). Evaluation of AB 1562 In-home Care Demonstration Projects: Volume I: Final Report. Sacramento, CA: Office of Child Abuse Prevention, Department of Social Services.