

**LENGTH OF SERVICE & COST-EFFECTIVENESS  
IN THREE INTENSIVE FAMILY SERVICE PROGRAMS**

**FINAL REPORT**

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**August 1996**

This research was funded by Grant #90-CW-0964, Children's Bureau of the U.S. Department of Health and Human Services, Office of Human Development Services. The findings presented in this report represent the views of the authors, not of the funding agency.

## ACKNOWLEDGEMENTS

We would like to acknowledge the assistance of a number of individuals who contributed to this study in a variety of ways.

First, our thanks to the Research Coordinators at each study site who managed the day to day operations and data collection for the experiment: Thomas Wright in Portland, Kim Nash in Baltimore, and Judy Jensen in Pendleton. We also would like to recognize the contributions of the many IFS workers at these sites, too many to mention individually, who assisted in recruiting families and collecting data for this study.

For enlisting the cooperation of their agencies as study sites, we would like to acknowledge Al Durham (Baltimore), Jack Tovey (Portland), and Judy Jensen (Pendleton). Assistance in obtaining management information systems data to cross-validate self-report data was provided by Phillip King and Jan Butts (Baltimore), and Terry Peterson (Oregon).

Nina Hamilton provided invaluable assistance in the development of our interventions checklist, and Victor Groze helped in the early stages of developing our cost-effectiveness plan. Marcia Allen supported the NRC research staff through several years of data collection, analysis, and preparation of this report. Thanks are also due research assistants Anne Twohig Brunette and Lily Adu for their data entry efforts.

Finally, we gratefully acknowledge Project Officer Cecelia Sudia for her infinite support, patience, and good humor during this lengthy study.



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## CHAPTER 1

### INTRODUCTION

Time-limited service has been one of the defining characteristics of family preservation services. Crisis theory emphasizes the need to intervene when a family is receptive to change. Legislators and policy makers have endorsed the idea of short-term intensive programs that can prevent costly placements. Despite this agreement on the need for time-limited services, programs vary widely in their average length of service, from as little as 30 days to 10 months or more (Nelson, Landsman, & Deutelbaum, 1990). While there is no clear evidence about the optimal length of service, research has identified length as one of the few service variables positively correlated with outcomes (AuClaire & Schwartz, 1986; Cautley & Plane, 1983; Jones, et al., 1981; Turner, 1984; Nelson & Landsman, 1992). Furthermore, length is a key factor determining the cost of services (Haugaard & Hokanson, 1983). For these reasons, policy makers, administrators, and workers have all expressed a need for more definitive guidance on an appropriate time frame for family preservation services.

The primary purpose of this project was to use a scientifically valid experimental design to test the effect of length of service on client outcomes and cost-effectiveness in family preservation programs in two states. These effects were tested by randomly assigning families to three and six month service contracts and, in one site, to a control condition with no specified service length. Location of service provision (home or office), target populations, and staffing pattern (teams or individual workers, combined or separate case management) varied among the sites in the study. Data

collection began in the fall of 1989 and new cases were assigned through October, 1991.

### Background

Many previous studies of family preservation programs have lacked comparison or control groups, standardized measures of family change, or measures of recurrence of maltreatment. Self studies of the Homebuilders program, the most widely replicated family preservation program, have found placement rates of 9 to 38 percent in treatment groups and from 72 to 100 percent in comparison groups of families who could not be served because the program was full (for summaries of this research see Bath & Haapala, 1994; Blythe, Salley, & Jayaratne, 1994; Kinney, Haapala, & Booth, 1991, pp. 186-203; Nelson & Landsman, 1992, pp. 24-25). In addition, significant changes in child behavior, family functioning, and aversive contacts with family and friends have been documented in the research.

Two studies of other intensive family preservation (IFPS) programs based on the Homebuilders model have compared families randomly assigned to IFPS to families receiving usual services, which often included only monthly contacts and referral to other services. These studies found little or no difference in placement rates between the IFPS and control groups at the twelve month follow-up with placement rates ranging from 20 to 58 percent, including placements with friends and relatives (Feldman, 1991; Yuan & Struckman-Johnson, 1991). The one study to measure change in both the IFPS and service-as-usual control group found significant improvement in support, family functioning, parental functioning, and child

performance in the experimental group, but few significant differences between experimental and control groups three months after the end of IFPS (Feldman, 1991).

Neither have recent studies of systemically-based family preservation programs found significant differences in rates of placement when comparisons are made with families randomly assigned to regular child welfare services (McCroskey & Meezan, 1993; Schuerman, Rzepnicki, Littell, & Chak, 1993). However, studies have shown that family preservation services can postpone or shorten placement (Feldman, 1991; Froelich, 1992; Schwartz, AuClaire, & Harris, 1991), may reduce multiple placements (preliminary findings from McCroskey & Meezan, 1993), and are cost effective assuming 10-40 percent of at-risk children would have been placed in the absence of family preservation services (Landsman et al, 1993; University Associates, 1993). Moreover, brief multisystemic therapy has been found in several randomized trials to dramatically reduce placement and recidivism among juvenile offenders (Henggeler et al, 1993).

In addition, most studies have found that relevant areas of family functioning improve, that children are protected at least as well as in other in-home child welfare programs, and that both families and workers are more satisfied with family preservation services than with regular child welfare services (Feldman, 1991; Froelich, 1992; Henggeler et al., 1986; Landsman et al, 1993; McCroskey & Meezan, 1993; Szykula & Fleischman, 1985). In Illinois, the Family First program was more successful than regular services in reducing placement and repeated maltreatment in cases involving chronic neglect and serious physical injury even though, since most

referred families were not at imminent risk of placement, there was no difference between the Family First and control groups in initial placements (subsequent placement rates have not been reported) (Schuerman, Rzepnicki, Littell, & Chak, 1993).

Existing research describes the wide variety of program models which have been developed and points to several variables which are related to service effectiveness. Variability is found in target population, service delivery, and location of services. Some programs primarily serve cases of abuse and neglect of young children, while others serve families with emotionally and behaviorally disturbed youth. Some provide comprehensive direct services, including family therapy, parent education, resource development, and community support. Others provide therapeutic counseling directly, and rely on case managers to coordinate concrete and supportive services. Some see families primarily in the home; others, in the office.

Evidence from several studies of programs of different types suggests that it is more difficult to prevent placement among families with adolescents (AuClaire & Schwartz, 1986; Haapala, 1983; Nelson & Landsman, 1992; Rzepnicki, 1987; Showell, et al., 1987; Berry, 1990; Szykula & Fleischman, 1985) and in cases involving child neglect (Berry, 1990; Nelson & Landsman, 1992; Yuan & Struckman-Johnson, 1991). A variety of correlates of placement, including age of the at-risk child, age of the primary caretaker, reason for referral, and degree of behavioral dysfunction in the children suggests that family preservation workers may need to adopt specialized strategies in treating families with adolescents and in cases involving

child neglect.

### Purpose and Hypotheses

The purpose of this research project was to test the effect of length of service, as specified in a pre-treatment service contract, on the outcomes and cost of service in family-systems oriented family preservation programs in Oregon and Maryland. On the basis of prior research it was expected that some types of families, if served over a longer period of time, might have better outcomes including lower placement rates. However, longer periods of service cost more per family, so even though placement rates may be lower, extended services may not be cost-effective. Finally, previous research and practice experience had indicated that different client populations not only experience different levels of success, but might benefit differentially from longer or shorter service contracts. Therefore, several hypotheses were advanced:

1. Families randomly assigned to six month contracts will experience more positive changes and lower placement rates than those assigned to three month contracts.

2. The direct costs of providing longer services will be offset by a reduction in placement costs.

3. Families experiencing problems with neglect, substance abuse, or delinquency and those with children already in placement who are assigned to six month service contracts will have lower placement rates than those assigned to three month service contracts.

## Expected Outcomes

The findings of this study will provide guidance on the optimal length of service for different types of programs, service delivery models, and client populations in family preservation services, both in terms of cost and effectiveness. This information will be useful to policy makers in setting legal requirements and realistic expectations of programs, to planners and administrators in designing and monitoring programs and in setting performance standards, and to supervisors and workers in caseload management and contracting with families.

Previous research on family preservation services has been descriptive and broad-based in an attempt to isolate key variables for further study. Much is now known about the range of program models, services, and client populations being served under the rubric of family preservation services. Studies have also identified specific factors which are related to outcome. This research builds on other studies and advance the state of knowledge about treatment- and cost-effectiveness of family preservation services under controlled conditions of varying length of service.

This type of research is one step toward building a scientifically validated model of family preservation practice. In most instances, past reforms in social services and child welfare were introduced and became normative without any clear evidence of their effectiveness or cost. (Head Start is a notable exception). Although services to prevent placement are mandated in P.L. 96-272, the form of these services is not. It is hoped that research will contribute not only to the

shaping of public policy and family preservation practice in the future, but will help to establish a systematic model of formulating and validating child welfare policy.

## CHAPTER 2

### METHODOLOGY

In order to test the effects of length of service under different conditions, two programs with differing client populations, services, and service delivery patterns were selected to participate in the research project. Both are called Intensive Family Services, but the program in Oregon is operated primarily through purchase-of-service contracts with private providers, while the program in Maryland is part of the public social services system. Three sites were studied in the two states:

#### Study Sites

1. INTENSIVE FAMILY SERVICES, in Multnomah County, (Portland) Oregon, is a private agency that contracted with the Children's Services Division of the Oregon Department of Human Resources (CSD) (now the State Office for Services to Children and Families) to provide in-home services to families with severe problems of sexual abuse, status offenses, and delinquency. Originally workers teamed in over three-quarters of the cases to provide therapeutic counseling over a four month service period. Each family also had a CSD case manager.

2. INTENSIVE FAMILY SERVICES in Pendleton, Hermiston, and Baker, Oregon. Private therapists contracted with the State to provide in-office intensive services to families. Although the site actually comprised four therapists and their client families in three small cities, it will be referred to throughout this report as "Pendleton."

3. INTENSIVE FAMILY SERVICES, Baltimore City Department of Social Services, Baltimore, Maryland. IFS provided time-limited, in-home intensive family treatment and support services to a largely minority, inner-city client population facing problems of child abuse and neglect. Comprehensive services which included access to flexible funds were delivered by a professional-paraprofessional team over a 90-day service period.

Further description of the history, structure, and evaluations of these programs provides a context within which to understand the findings of this study.

Oregon Intensive Family Services

The Intensive Family Services program was first developed in Oregon to provide an alternative to substitute care when children faced removal from their homes. In 1979 the legislature allowed the Children's Services Division of the Department of Human Resources to divert funds from foster care to fund demonstration projects in four counties. Services were initially purchased from private providers of family therapy, but in 1982 when the program was expanded to an additional twelve counties, private providers were not available in five of them, so special service units were established in the district offices (Nelson & Landsman, 1992).

Whether provided directly or through purchase-of-service contracts, all the programs followed the same legislative guidelines mandating that, on average, programs maintain an 120-day service period, caseloads of eleven, and a 75 percent rate of placement avoidance during the service period. The theoretical

base of the program was family systems theory and families were treated as a whole to help them find more functional and satisfying ways of meeting their needs. Many of the interventions were drawn from structural, strategic, brief, and communications-based family therapy. Concrete and supportive services were provided by a CSD case manager. About half the families were assigned two therapists, 36 percent to a single therapist, and the rest received teamed interventions as needed (Nelson & Landsman, 1992, pp. 15-16).

Although in the beginning most of the treatment in Oregon IFS programs was in-home, outcome data indicated few differences between in-home and office-based services, so several programs used office-based interventions after an initial assessment in the home (Showell & White, 1990). In a study of six IFS sites, treatment was found to be focused on family dysfunction with case objectives aimed at increasing the family's use of other counseling and supportive services. In addition to family therapy, the services provided directly by IFS most frequently included individual counseling, information and referral, and case management (Nelson & Landsman, 1992. pp. 95-99, 199).

Internal studies of Oregon's IFS program indicated a 34 percent placement rate one year after the end of services. Services were judged to be most successful with disrupted adoption and sexual abuse cases and least successful with child neglect (Showell, 1985; Showell, Hartley, & Allen, 1988). The six-site descriptive study cited above found IFS programs to be more focused and less intensive than the other family-based programs studied. At termination of services,

however, the IFS programs had among the lowest placement rates in the study, 11 to 15 percent. In addition, nearly 90 percent of the families were rated by case coders as showing positive change in behavior, family structure, emotional climate, and perception of their problems. Families who received longer periods of service were more successful in avoiding placement (Nelson, Emlen, Landsman, & Hutchinson, 1988).

### Maryland Intensive Family Services

In 1984 the Maryland Department of Human Resources implemented pilot projects to prevent out-of-home placement of children in nine jurisdictions. The next year they expanded Intensive Family Services (IFS) to five more sites. Consultation on program design and training, provided by the National Resource Center on Family Based Services (now the National Resource Center for Family-Centered Practice), drew on the home-based, family systems approach developed by Families Inc. of West Branch, IA in the 1970s. The IFS program deployed teams of two workers, one professional and one paraprofessional, to work with caseloads of six families in their homes for a maximum of 90 days. Contact was made with the family within five days of referral and teams had flexible working hours, a 24-hour hotline, and flexible funds to purchase goods and services (Maryland Department of Human Resources, 1987).

Unlike more crisis-oriented programs, the Maryland IFS program accepted families thought by referring workers to be at risk of having a child placed within as long as six months and focused primarily on cases new to the child welfare

system, excluding caregivers with chronic mental health or substance abuse problems who had not sought or responded to treatment. Interventions included a broad array of strategic and structural family therapy techniques as well as parent education, skills training, supportive services, and concrete services. These interventions were usually provided by the worker alone or the aide alone. The most frequent services included individual counseling, family counseling, parent skills training, parent aide services, and transportation. An average of \$681 to \$795 per family in flexible funds was spent on furniture, household equipment, and rent. Smaller amounts were used for clothing, recreation, and other household necessities (Maryland Department of Human Resources, 1987).

Evaluation of the first 100 cases seen in the Maryland pilot programs found a placement rate of only 10 percent and a reduction in foster care placements in the pilot counties. Data from standardized forms completed in all the sites showed family improvement in caretaker support and home conditions, however, families with sexual and substance abuse problems did not improve (Maryland Department of Human Resources, 1987). A federally-funded evaluation of the Maryland IFS program that compared 80 IFS families with 180 families who received traditional child protective services found placement rates of 18 and 33 percent respectively. In addition, IFS cases were assessed as improved in employment, housing, child protection, and support for the primary caretaker (Pearson & King, 1987).

#### Sample Selection

In order to assess the effects of length of service on treatment outcomes,

starting in the fall of 1989 families referred for services in Baltimore and Pendleton were randomly assigned to either three month or six month service contracts. Random assignment was accomplished through charts derived from tables of random numbers and administered by a senior secretary in Portland and by the research coordinators in Pendleton and Baltimore. In Portland, families were randomly assigned to one of three groups: 1) three months, 2) six months, or 3) no formal time limit. Many families in the "no time limit" group received the agency's standard four months of treatment, although no actual time limit was imposed and many families in the "no time limit" group received more or less than four months of services. There were no non-treatment control groups in this study.

Although the IFS client families were assigned to three month, six month, or unlimited service contracts, the workers were under no obligation to adhere rigidly to this schedule if they believed the family needed less time in IFS. If the length of service was extended more than one month beyond the prescribed service period, special permission was required. Overall, only 14 percent of families in the three month groups received services for more than four months, and only 8.8 percent of families assigned to the six month groups received services for more than seven months.

The primary experimental variable, then, was the length of time specified in the contract, rather than the actual amount of time spent in IFS. It was found, however, that the mean number of days that families in each group spent in IFS

was close to the time specified in the contracts (see Table 1). In Portland, both the six month group and the no time limit group differed significantly from the three month group on the number of days spent in IFS ( $F[3,185] = 15.7, p < .0001$ ). In Pendleton and Baltimore, the six month groups spent significantly more time in IFS as well (Pendleton:  $t [73] = -2.23, p < .05$ ; Baltimore:  $t [175] = 21.26, p < .001$ ).

In the Baltimore site, 243 families were referred for Intensive Family Services during the study period. Of these, 19 refused services altogether, and 31 accepted services but refused to participate in the research. Thus, of the 224 families who were referred and accepted services, 13.8 percent refused to participate, resulting in a total N of 193 families. The Pendleton site had a similar rate, with 9.2 percent of 87 eligible families refusing to participate. The highest refusal rate was found in Portland (see Table 2), where 504 families were referred and eligible for services, 203 refused services altogether, and 109 declined participation in the research. Thus, of the 301 families in Portland who actually received IFS, 109 refused to participate in the research, a refusal rate of 36.2 percent. Four of the remaining 192 cases were excluded from the analysis due to incomplete data, resulting in a final Portland sample of 188 families.

In each site, the sample was fairly evenly distributed between the groups. Of the 188 usable Portland cases, 60 families (31.9%) were assigned to three month contracts, 55 (29.3%) were assigned to the six month group, and 73 (38.8%) were in the "no time limit" group. There are more families in the "no time

limit" group since a higher percentage accepted services and a higher percentage agreed to participate in the research. No significant differences in participation rates were found among the three groups, thus no violation of random assignment is indicated. In Pendleton, 39 families (49.4%) were assigned to the three month group, and 40 (50.6%) were in the six month group. In Baltimore, 94 families (48.7%) were randomly assigned to the three month group, and 99 (51.3%) were in the six month group. Overall, the procedure resulted in no significant a priori differences among the three month, six month and no time limit groups which would indicate bias in assigning families to different service contracts.

#### Research Instruments and Procedures

At intake, after obtaining a signed Consent Form to participate in the research from the families, IFS workers completed a Face Sheet, which included demographic information, a subscale of stressful life events from Richard Abidin's Parenting Stress Index (Abidin, 1983), (alphas = .53 in Portland, .63 in Pendleton and .26 in Baltimore) placement and service history, legal status of the case, imminence of placement for each child, reasons for referral, and a list of case objectives. In addition, workers in Pendleton and Portland completed a shortened version of the Child Welfare League of America's Child Well-Being Scales (Magura & Moses, 1986), which focused primarily on the Parental Disposition subscale (alpha = .80 in Portland, .89 in Pendleton), and the Child Performance subscale (alpha = .83 in Portland, .67 in Pendleton). A family member (most often the primary caregiver) completed the Self-Report Family Inventory (SFI), which is part

of the Beavers family assessment measures (Beavers & Hampson, 1990).

Cronbach's alpha for the SFI was .92 in both Oregon sites.

In Baltimore, a more complete version of the Child Well-Being Scales was used in place of having the families fill out the Self-Report Family Inventory. This version contained the Parental Disposition subscale (alpha = .87), the Household Adequacy subscale (alpha = .77), the Child Performance subscale (alpha = .76), and a subscale constructed by the researchers comprising items related to neglect (the Neglect subscale, alpha = .81). A total Child Well-Being score was computed for all families (alpha = .79 in Portland, .90 in Pendleton, and .81 in Baltimore). The Global Health/Pathology Scale, another of the Beavers family systems measures, was also completed on each family by the worker.

Each month the case was open, workers completed a Monthly Update on the family. This included reports of abuse or neglect, placements, a checklist of interventions used with the family during that month, the life stress subscale of Abidin's Parenting Stress Index, and the National Resource Center's Family Systems Change Scale (Nelson & Landsman, 1992). The Family Systems Change Scale is an instrument on which workers indicate family improvement, stability, or deterioration along twelve dimensions, including adult skills and knowledge, family structure/hierarchy, affect or emotional climate, negative community involvement with the family, and other dimensions of family functioning. An improvement rate was calculated for the Family Systems Change Scale which indicates the proportion of the twelve domains in which improvement had occurred. The alphas

for this measure were .90 in Portland, .89 in Pendleton and .89 in Baltimore.

Workers also reported on the amount of time spent with each family.

At termination of IFS services, the Child Well-Being Scales were completed a second time, and in Pendleton and Portland, a family member again completed the Self-Report Family Inventory. In addition, a Termination Summary was filled out by the worker. This contained items relating to change of residence, reports of abuse or neglect, placement of children, a summary of family problems identified and/or addressed during treatment, Abidin's Life Stress Scale, a checklist of additional services which may have been received by the family, and the Family Systems Change Scale. It also elicited the IFS workers' opinions regarding the family's progress. In particular, workers were asked whether they regarded the case a "success", "more a success than a failure", "more a failure than a success" or "a failure", and to give reasons for their rating. Workers also indicate the degree to which each objective recorded on the Case Objectives sheet has been achieved: "substantially," "partially," "not achieved", or "changed." In addition to these measures, at termination IFS families were asked to complete a Family Satisfaction Form, which was adapted from Magura and Moses' (1986) Parent Outcome Interview. Using this form, families indicated which services they found most helpful, which ones were not particularly helpful, and how they felt about IFS in general.

The first post-treatment follow-up was completed six months after termination. Workers attempted to locate project families and complete a follow-up

which included data on current residence of family members, placements since termination, reports of abuse and/or neglect, Abidin's Life Stress Scale, legal actions in the case, a summary of family problems, services used by the family since termination, and the Family Systems Change Scale. The Child Well-Being Scales were completed for the third time, and the family again responded to a brief survey regarding their satisfaction with IFS. In Portland, the Self-Report Family Inventory was completed as well. This process was repeated at twelve months after termination, yielding two follow-up measures after termination for most families. Difficulty in following families in the Pendleton site led to a decision not to pursue follow-up with that site. Due to the time limits of the study, not all families in Portland and Baltimore were reached for follow-up, however, all families receiving services in all three sites were followed up for placements and maltreatment reports using agency information systems for a twelve month period following termination of IFS services.

Information about IFS workers was obtained through a survey distributed to all workers at each site. This instrument was based on a longer worker survey developed for a previous research study on family-based placement prevention services (Nelson, Emlen, Landsman, & Hutchinson, 1988). This survey elicited information about worker demographics and work experience, salary and morale, beliefs about best practices and families who benefit most from intensive services, and relationships with other community agencies and providers. Additional questions about core values of the county system of care (Alter & Hage, 1992)

were introduced in this study.

### Data Analysis

Data were entered into the University of Iowa's mainframe computer in system files using the Statistical Package for the Social Sciences (SPSS, Inc., 1988). After cleaning and aggregating the data, frequency distributions, contingency tables, t-tests, and oneway analysis of variance were used to describe the sample, services, and outcomes in each site and among the treatment groups in each site. The effect of the independent variable, length of service contract, on outcomes was tested using hierarchical analysis of variance, controlled contingency tables, and t-tests. Predictors of placement in each site were identified using t-tests, chi-square tests, and logistic regression. Cost effectiveness was assessed by comparing actual costs of placements made during the year following the intervention with the direct costs of providing IFS in order to determine cost-neutral, or break even points, and the relative cost effectiveness of the different treatment groups in each site. The statistical methodologies used in the logistic regression and cost analysis are explained in more detail in Appendix I and II.

### Problems and Barriers

At the time the original proposal was submitted, four sites had agreed to participate in the study: the Portland and Baltimore sites included in this report as well as programs in Boulder, Colorado, and in Central Minnesota. During the summer before random assignment was to be implemented, the program in

Boulder, Colorado, which was an office-based placement prevention program in the county department of social services, dropped out of the study. The average length of service in this program was nine months, so implementing three and six month service contracts would have changed their program considerably, an experiment that was of less interest to the workers than to the administration. After a lengthy search including telephone contacts with 18 programs based on the Homebuilders' model, an effort to randomly assign families to 30 and 45-day contracts in a Homebuilders-type program was abandoned. The Colorado site was replaced with a second site in Oregon, an office-based IFS program, centered in Pendleton.

After one year of data collection in the Minnesota site produced only six usable cases, it too was dropped from the study. The site actually comprised three counties in central Minnesota that contracted with several private agencies in the area to provide family preservation services. Although the counties were enthusiastic about the study, the private providers did not comply with data collection protocols. After a change in project coordinators produced no better results, data collection was terminated.

Instrumentation also proved to be difficult since there are few outcome measures that are suitable for practice-based research in child welfare agencies. After a lengthy search and negotiation with workers at each site, a shortened version of the Child Well-Being Scales, consisting primarily of the Parental Disposition subscale, was accepted at each site. In addition, workers agreed to

complete monthly time records and to do six month and twelve month follow-up interviews if the project coordinators located the families for them. In the Oregon sites they also administered the Self Report Family Inventory to the primary caregiver in the family and in Baltimore they completed additional Child Well-Being Scales on household conditions and neglect. Due to population and service characteristics in Baltimore, use of the Self Report Family Inventory was not deemed appropriate.

In the Oregon, Colorado, and Minnesota sites, part time research coordinators were hired from among the staff to monitor case assignment and data collection. In Baltimore, negotiating a contract with the state and hiring a coordinator from outside the agency took nearly a year. Despite this delay, the consistency and quality of project management was better in the Maryland site because the coordinator could devote her full attention to the project.

Random assignment was accomplished through charts derived from tables of random numbers and administered by a senior secretary in Portland and by the research coordinators in Pendleton and Baltimore. Refusal by families to participate in the research was minimal in Pendleton and Baltimore, however, a high proportion of families either refused services or refused to participate in the study in Portland. Although this does not appear to have affected the comparability of the treatment groups, it did result in a degree of self-selection into the study which may have affected the results in unknown ways.

With the number of sites, families, and data collection points, data

management proved a formidable task. Careful screening of instruments minimized missing data, but a missing page on one set of termination summaries reduced the number of cases with data on concurrent services. Although termination data and management information system data were collected on nearly all the eligible cases, over a third of the sample was lost at the six month follow-up, and over half was lost at 12 months, partly due to the exhaustion of study funding.

Originally conceptualized as 3-year study, data collection was extended for two years to assure adequate sample sizes in each site. Samples were filled more slowly than anticipated in part because fewer cases were opened than originally anticipated and because of sample loss described above. Both intake into the study and follow-ups were extended a full year. The final report was delayed because an error in accessing data from the management information system in Maryland resulted in the omission of follow-up data on a sizable number of cases. This error took several months to rectify and necessitated reanalysis of the Baltimore data.

CHAPTER 3  
EFFECTS OF LENGTH OF SERVICE IN OREGON

Introduction

Intensive Family Services is a private agency in Multnomah County, Oregon, which contracted with Oregon's Children's Services Division (now the State Office for Services to Children and Families) to provide in-home services to families with severe problems of abuse, sexual abuse, status offenses, and delinquency.

Originally, workers teamed in over three-quarters of the cases to provide therapeutic counseling over a four-month service period. Each family also had a CSD case manager. In Pendleton, Hermiston and Baker, Oregon, four private therapists made up the Intensive Family Service program. These therapists contracted with CSD to provide in-office intensive services to families. Although the site was actually composed of four therapists and their client families in three small cities, it will be referred to throughout this report as "Pendleton."

The referral and assignment procedure resulted in samples of 192 families in Portland and 79 in Pendleton. Incomplete data on four Portland families reduced that sample to 188. This chapter describes the populations served by the Intensive Family Services programs in each site. Changes in the sample sizes in relation to some sets of variables are due to incomplete or missing data on these variables.

Family Characteristics and Problems

Table 3 summarizes the demographic information from the three study sites, illustrating similarities and differences among the sites. In Pendleton, most of the

caregivers were white, two-thirds had a second adult in the home, and over half were married. In Portland, the sample was slightly more racially diverse, although the vast majority of caregivers were white. Half of the Portland families had a second adult in the home, and a third were married. Caregivers and children in the Portland site were younger, with average ages of 34.6 and 10.3 years respectively compared to 37.4 and 11.3 in Pendleton. Oregon families averaged just over two children and more often contained a stepchild or an adopted child, particularly in Pendleton where nearly 40 percent were blended families.

### Income and Employment

Information regarding family income and employment is summarized in Table 4. Over two-thirds of the primary caregivers in both of the Oregon sites were high school graduates and more than half were steadily employed. Second adults were also likely to be employed. Only 26 percent of the primary caregivers in Portland and 30 percent in Pendleton cited homemaking as their primary occupation. The Oregon caregivers were distributed among various occupational categories with about 15 percent in managerial or professional positions. When the second adult was employed, unskilled labor accounted for a quarter of the jobs in Portland and a third in Pendleton. Second adults in Oregon were more likely than those in Baltimore to have jobs in skilled labor, small businesses, and professional areas.

Pendleton and Portland families had roughly similar median monthly incomes (\$1200 vs. \$1000) and supported about the same number of people. Only about a third of the Pendleton and Portland families had yearly incomes under \$10,000.

## Referral and Legal Status

Table 5 summarizes referral information for all three samples. The most common purpose of referral was prevention of placement, accounting for around three-quarters of all referrals. Portland had the largest percentage of reunification cases (29.7%), followed by Pendleton (19.0%). This finding will have important implications for interpreting case outcomes, as reunification tends to be more difficult to achieve than placement prevention. Portland families were much more likely than those in the other sites to have experienced a previous child placement. Over half the Portland families and nearly a third of the Pendleton families had prior experience with the state child welfare agency and approximately the same percentages had current court involvement.

Workers were asked to indicate on a checklist the primary reason for the family's referral to IFS. The most common primary referral reason in the Oregon IFS sites was parent-child conflict (27.1% in Portland, 31.6% in Pendleton). The second most common primary referral reason in Portland was sexual abuse, with 12.2 percent of the cases. In Pendleton, physical abuse (12.7%) was the second most common reason for referral.

Families in the Oregon sites were frequently self-referred to the public agency (24.4% in Portland, 38.5% in Pendleton). Other common referral sources were public social services, the police, and the court system. Referral to IFS was most often made directly from intake in Pendleton (55.1%) and from an ongoing service unit (44.3%) in Portland. A fifth to a quarter of the families were referred

by child protective services.

Table 6 summarizes legal actions at the time of referral to IFS. In Portland, social services had legal custody of one or more children in 28.7 percent of the cases, and protective custody in 18.6 percent. IFS was court-ordered for 18.1 percent of the families. Legal involvement was less frequent in Pendleton. In 8.9 percent of the Pendleton cases a child had been adjudicated delinquent, and IFS was court ordered for nearly 13 percent.

#### Service History

Table 7 summarizes service history prior to IFS intake. Nearly a third of Portland cases had prior placements, compared to 12.7 percent in Pendleton. Over nine percent of Portland cases had received IFS services in the past.

#### Stressful Life Events in the Year Prior to Intake

Richard Abidin's Life Events Scale was completed at intake in order to provide data on the kinds of stressful situations families were contending with as they began services. Table 8 shows the percentages of families indicating various experiences by site. In Portland, the five most frequently reported life events, each experienced by a quarter or more of the families, were moving to a new location, legal problems, alcohol or drug problems, entering a new school, and trouble at school. In Pendleton, trouble at school was reported by 38 percent of the families, followed by legal problems, beginning a new job, relatives moving in, moving to a new location, and a decrease in income. Of the three sites, Pendleton families reported the highest number of stressful events, averaging 3.7 in the

previous year. Portland families averaged 2.7.

### Problem Summary

At termination, therapists completed a checklist of 34 possible problems that may have been identified during IFS. Portland and Pendleton families had means of 4.5 and 5.2, respectively. Table 9 lists the percentages of families in which each type of issue was identified during the service period. In Portland, parenting problems were indicated most often (51.9%), followed by parent-child conflict, child behavior problems, other dysfunctional family interaction, marital or other adult problems, and adult drug or alcohol abuse. In Pendleton, parent-child conflict was identified as a problem in nearly three quarters of the families, followed by other parenting problems, child behavior problems, marital or other adult problems, school problems, and other dysfunctional interaction.

Table 10 shows overall mean intake scores on the Child Well-Being Scales, the Self-Report Family Inventory, and the Global Health-Pathology Scale used in this study. On the Health/Competence subscale of the Self-Report Family Inventory (SFI), (Beavers & Hampson, 1990), families in both Oregon sites initially rated themselves as "midrange" which indicates moderate problems in family functioning. Similarly, the workers' ratings of family functioning on the Global Health-Pathology Scale also averaged around midrange. The Parental Disposition and Total Child Well-Being Scale scores, weighted for seriousness of each item on a scale of 1 to 100 with low scores indicating more serious problems (Magura & Moses, 1986), were similar across all three sites, averaging around 80 at intake.

The differences between the samples is clearest in the Child Performance ratings, with families in Portland and Pendleton indicating far more difficulty with child behavior and school performance. Again, differences in the populations and modes of service provision led to decisions not to use the SFI in Baltimore, and to omit the household and neglect-related portions of the CWBS in the Oregon sites.

## Services

### Case Objectives

Part of the philosophy of IFS is that workers and families co-create and agree upon objectives for intervention. As would be expected given the different populations served in the Oregon and Baltimore IFS programs, case objectives differed among the sites. Workers listed up to seven objectives per family for this study, and at termination indicated to what extent each objective was achieved (i.e., substantially achieved, partially achieved, or not achieved). A content analysis led to a final list of thirty-three kinds of objectives. Table 11 lists the objectives and the percentages of families indicating each type of objective at least once. (It was possible to have more than one objective in the same general area.)

In all three sites, objectives having to do with parenting issues (e.g., discipline, setting limits, recognizing children's needs, age-appropriate behavior) were most common, with over half the families in Portland and 61 percent in Pendleton agreeing to work with the IFS therapist or team on parenting issues. Other important case objectives in Portland included those having to do with family relations (40.8%), counseling (27.7%), recovery from drug and alcohol abuse

(23.9%), and adult-child relationships (18.5%). In Pendleton, frequently specified objectives other than improving parenting skills included those relating to adult-child relationships (39.0%), family relations (28.6%), adult relationship issues (24.7%), and child behavior problems (24.7%). Thus, both Oregon sites focused a great deal on therapeutic and interpersonal objectives in working with families.

### Concurrent Services

At termination, workers indicated which, if any, other community services the family had received during IFS. Sample sizes are smaller for concurrent services for two reasons: some termination summaries were not completed by workers, and some forms were missing the page which included the concurrent services list. Results obtained are shown in Table 12. Services were divided into therapeutic, support, and concrete categories.

In Portland, the number of services received concurrently with IFS ranged from zero to nine, with a mean of 1.7. The most commonly received therapeutic service outside of IFS was individual counseling for a child (17.0%), followed by drug or alcohol treatment (11.1%). The most common support service in Portland was a substance abuse support group, received by 11.1 percent of the families. Aid to Families with Dependent Children (14.4%) was the most frequently utilized concrete service.

Most Pendleton families were not receiving any services in addition to IFS. They ranged between zero and five concurrent services per family, with a mean of 0.9. Nearly ten percent were receiving concurrent individual counseling for a

parent or a child. Pendleton IFS families rarely received either support or concrete services, although 6.3 percent received parent education classes and 6.3 percent received AFDC benefits.

### Termination

The most common reasons given for termination of IFS services were that the allowed time limit had been reached and that no further IFS services were needed (Table 13). About a fifth of cases in the Oregon sites terminated at least partially because families didn't keep appointments. After termination, over a third of the families in Portland and 45.8 percent in Pendleton received no further services (Table 13). Two-thirds of Portland and over a third of Pendleton families were transferred to at least one other agency for service.

### Outcomes

In the Termination Summary, workers were asked to rate the families on the Family Systems Change Scale, which indicates the degree of change in twelve domains of family functioning (Nelson & Landsman, 1992). Table 14 indicates the percentage of families who were rated as "improved since intake" on each of the domains. Overall, most families improved in several areas. Portland families averaged 2.9 areas of improvement. Pendleton families improved in 3.8 areas, on the average. In Portland, about half the families were rated as "improved" in adult skills and knowledge, family dynamics, affect and emotional climate, and the family's perception or definition of the problem. In Pendleton, two-thirds of the families improved in adult skills and knowledge, around sixty percent each

improved in adult behavior and child behavior, and about half improved in family structure, family dynamics, affect or emotional climate, and perception of the problem.

### Placements and Maltreatment Reports

Whether placement is measured at termination of services or over the year following termination of IFS, overall placement rates were low for all three programs in this study (see Table 15). Even when placement is defined as any placement at all in the twelve months following IFS, only 23 percent of the Portland families, and less than twenty percent of the Pendleton families had a child placed out of the home for any reason.

Throughout the course of IFS services, workers provided monthly updates on each family in their caseload. This included data on maltreatment reports made during the time the family was receiving Intensive Family Services. During IFS, Portland families had the lowest report rate, at just under seven percent, while reports were made on ten percent of the Pendleton families (Table 16). Data obtained from the state management information system indicated that, in the year following IFS, 6.4 percent of families in Portland and 5.1 percent in Pendleton had founded abuse or neglect reports (Table 16).

## Analysis of Treatment Groups

### Group Assignment

Random assignment to different lengths of service was accomplished by using a computerized random numbers generator. At referral to Intensive Family

Services, each family was randomly assigned to three month, six month or unlimited service groups (the latter in Portland only), based on the order in which the referral was received. The assignment was done by the secretarial or support staff, and no indications of bias in group assignment have been found. Although IFS client families were assigned to three month, six month or unlimited service contracts, the IFS workers were under no obligation to adhere rigidly to this schedule if they believed the family needed less time in IFS. The primary experimental variable, then, was the length of time specified in the contract, rather than the actual amount of time spent in IFS, although the mean number of days that families in each group spent in IFS was close to the time limit specified in their contracts (see Chapter 2.)

#### Group Differences at Intake

Oneway analysis of variance yielded no significant demographic differences among the three month, six month and no time limit groups in Portland, and only one significant difference in standardized scales (see Table 17). There was a significant difference between the three- and six-month groups on the Global Health/Pathology Scale, with the three-month group scoring a point higher on average than the six-month group ( $F [3,180] = 3.67, p < .05$ ). This indicates that Portland IFS workers perceived the three-month families as less healthy in overall functioning at intake to the program.

With regard to individual Child Well-Being Scale items at intake, the only difference among the three treatment groups in Portland was that caregivers in the

six month group showed greater ability to recognize problems ( $F [3,180] = 4.84, p < .01$ ) than those in the three month group.

Group t-tests performed on the demographic and other variables for the Pendleton site indicated only one statistically significant difference between the three-month and six-month treatment groups (see Table 18). Families in the six-month group, though they did not differ from the three-month group on any other intake variables, were four times more likely to have experienced a prior placement of a child than families in the three-month group ( $X^2 = 3.95, df = 1, p < .05$ ). No differences were found on any of the individual Child Well-Being Scale items.

#### Placement Information by Group

Information on child placements was obtained in two ways. On the Termination Summary, workers indicated whether a child was in placement, or a placement was being planned for a child, at termination. This variable, then, is a worker report on placement status at termination. In addition, information on placements in the year following IFS services was obtained through the state management information system. A variable was created to indicate whether or not a placement occurred at any time during the twelve months following IFS. Thus, we have two main placement variables: placement at termination (worker report) and placement in the twelve months following IFS (from the state management information system).

Placement status at termination and placement at any time within the twelve months following IFS was broken down by treatment group in crosstabulations. In

Portland, no statistically significant differences among the three treatment groups were found for frequency of placement at termination due to the small number of placements. When placement was measured as any placement occurring in the year following IFS, families in the three month group were significantly more likely than those in the six month group to have a child placed ( $X^2=8.6$ ,  $df=2$ ,  $p < .05$ ) (see Table 19a).

Although lower, the placement rate for reunification cases was not significantly different in the six month group (26.7%) compared to the three month (39.1%) and unlimited (35.3%) groups. The biggest contrasts among the groups occurred in cases involving prevention, substance abuse, and child behavior problems. In placement prevention cases, the twelve month placement rate was only 7.5 percent in the six month group compared to 29.7 percent and 19.6 percent in the three month and unlimited groups ( $x^2 = 6.3$ ,  $df = 2$ ,  $p < .05$ ). In the three month group placements occurred in 47.1 percent of the substance abuse cases while there were none in the 6 month and only 5.3 percent in the no limit group ( $x^2 = 11.68$ ,  $df = 2$ ,  $p < .01$ ). Two thirds of the three month families with serious child behavior problems experienced placement compared to 7.7 percent of six month and 33.3 percent of no limit cases ( $x^2 = 8.44$ ,  $df = 2$ ,  $p < .01$ ).

No significant difference in the frequency of placement between the three-month and six-month group was found for the Pendleton families (Table 19b). Although the raw data indicate over twice as many placements for the six month

group in the year after termination of IFS, the small number of placements overall in this site make it difficult to show significance. The only subgroups in which the difference in placement rates reached significance was in placement prevention; 27.3 of the families in the six month group had children placed in the twelve months following termination compared to only 7.1 percent in the three month group ( $x^2 = 4.2$ ,  $df = 1$ ,  $p < .05$ ). While not significant, placement rates were reversed in reunification cases with only 14.3 percent of families in the six month group experiencing further placement compared to 25 percent in the three month group.

In order to test the stability of these findings a number of control variables were introduced. In Pendleton, controlling for the higher incidence of prior placements in the six month group had no effect on group placement rates. The differences in placement rates among the three groups in Portland in the twelve months following IFS also were unaffected by controlling for workers' ratings of initial level of family functioning, caregiver's recognition of problems, the total number of problems in the family, previous placements, service history with the agency, income level, age of the oldest child, and problems of delinquency/status offenses, adult depression, child behavior, child's family relations, parenting, and child's relations with peers. Of these control variables, only income level, parenting problems, and recognition of problems were unrelated at the bivariate level to placement.

There were, however, several significant interaction terms, indicating that

those variables interacted with the assigned treatment group to produce placement rates different from those observed overall (Table 20). These variables included age of the oldest child, income level, delinquency/status offenses, child's family relations, and child's peer relations. Testing these relationships further with controlled crosstabulations showed that in the three month group placement was significantly related to the age of the oldest child, with children over nine experiencing a placement rate almost three times higher (40.5%) than those nine and under (15.8%). Placement rates were also higher in the three month group for children who were having trouble with peers and siblings (70.0% vs. 26.8%).

In the six month group, placements were significantly higher for children with problems of delinquency or status offenses (25.0% vs. 4.9%). The biggest differences, however, were found in the indeterminate service group, with much higher placement rates due to problems in family (58.3% vs 12.7%) or peer relations (57.1% vs. 12.7%), delinquency/status offenses (43.5% vs. 10.0%), and low income (34.6% vs. 13.0%). Differences were also found for age of the oldest child (26.9% vs. 4.8%) although this difference was less than in the three month group.

#### Termination Scores and Other Outcomes by Group

Oneway analysis of variance and analysis of variance controlling for intake scores on standardized scales among the three month, six month and no limit groups in Portland indicated no statistically significant bivariate differences among the three groups on their scores at termination (Table 21). The only difference

approaching significance was that between the three month and no time limit groups on the families' rating of their satisfaction with IFS ( $p < .07$ ). The families assigned to the unlimited group indicated slightly more general satisfaction with services. No statistically significant differences were found on any of the individual Child Well-Being Scale items after controlling for intake scores, although two did approach significance at  $p < .10$ . These were child's family relations and caregiver supervision of children (Table 22).

In Pendleton, none of the scores on standardized scales or other measures of outcome taken at termination showed any statistically significant differences between the three-month and six-month groups except for a slightly higher score on recognition of problems for the three-month group (Tables 23 and 24).

#### Six and Twelve Month Follow-Up Scores by Group

In Portland, 100 of the 188 participating families (53.1%) were located and consented to interviews at six months after termination. Ninety-two families (49%) were available for the twelve month follow-up. Crosstabulations of participation in follow-up interviews and placement in the twelve months after IFS showed that in Portland, 54.5 percent of the non-placement families participated in the follow-up interviews, as opposed to 41.4 percent of the placement families.

In Portland, no group differences were found on any of the standardized outcome measures at six months or at twelve months after IFS (Table 25). Again, scales administered at intake, termination, and the six month and twelve month follow-ups were controlled in analysis of variance for intake scores.

Difficulty in tracking families over time in the Pendleton site led to a decision not to pursue follow-up interviews for the Pendleton families.

### Summary and Conclusions

Intensive Family Services in Oregon was one of the earliest statewide family preservation initiatives. Although the program had a statewide mandate and guidelines, services varied in each locality according to the needs of the population and the auspices of the program. This study included two IFS sites: Multnomah County, which comprises a large part of the Portland metropolitan area, and Pendleton, which was the base site for IFS services in largely rural northeastern Oregon. In Multnomah County IFS was provided by a home-based program that frequently used teamed interventions through a purchase-of-service agreement with the state. In Pendleton IFS was contracted to private therapists who provided office-based services in the three small cities that comprised this site.

Although one Oregon site was urban and the other rural, the populations served were very similar, composed primarily of European-American families with female caregivers in their 30s. Half or more of the families had a second adult in the household, usually male, and the families had, on average, two children with a mean age of 10 or 11. The families were supported by a median monthly income of \$1,000-\$1,200 and at least a quarter earned more than \$20,000 a year. Over half of the primary caregivers and two thirds to three quarters of the second adults were steadily employed. Two thirds of the primary caregivers were high school graduates.

There were some population differences between Portland and Pendleton with a higher proportion of married couples and more step/adoptive families in Pendleton. Pendleton families had slightly higher incomes, but more of the caregivers were employed in unskilled labor. Portland families were more ethnically diverse with 15 percent of the primary caregivers being African American (6.4%), Hispanic (4.3%), Native American (3.2%) or Asian/Pacific Islanders (1.1%).

The majority of families in both sites were referred for placement prevention, although 30 percent of the families in Portland had a child in placement and were referred for reunification services. Over half the families in Portland had a previous agency history and court involvement, compared to about a third of the families in Pendleton. In both sites, the largest proportion of families (over a quarter) were self-referred for problems involving parent-child conflict. In Portland, sexual abuse accounted for 12 percent of the referrals, while in Pendleton physical abuse (12.7%) and delinquency (11.4%) were the next most frequent reasons for referral. In Pendleton, most of the families were referred to IFS directly from intake, while in Portland, 44 percent were referred from an on-going service unit in the public agency.

The differences in demographics and referral patterns were reflected in differences in stressors and problems. Although a quarter to a third of families in both areas reported moving in the year prior to services, problems with the schools, and legal problems, Pendleton families reported higher rates of stressors related to economic dislocation: a new job (33%), a relative moving in (29%), a

decrease in income (25%), and going deeply into debt (22%). In addition, 29 percent of Pendleton families reported that a family member or friend had died in the previous year and nearly a quarter reported a major injury or illness.

Overall, family problems centered on parenting, parent-child conflict, and child behavior in both sites. However, there was a higher rate of substance abuse and adult health/disability problems in Portland and more cases involving mental health problems and delinquency in Pendleton. Case objectives corresponded with the identified problems focusing primarily on parenting, family relationships, and adult-child relationships, with more emphasis on substance abuse treatment in Portland and on child behavior in Pendleton.

About half the cases in Portland and almost three-quarters in Pendleton were terminated because of the time limit and the remainder because services were no longer needed. Over a third of the families in Portland and almost half in Pendleton required no further services from any source at termination. Families in both sites showed significant improvement in family functioning and less than 10 percent had further reports of child maltreatment. Only 10 percent of the families in Pendleton and 15 percent of the families in Portland had a child in placement at termination of IFS. These figures rose to 18 and 23 percent, respectively, when all the placements in the year following termination were included.

Perhaps due to differences in services and populations, the results of randomly assigning families to different lengths of service differed between the two sites. In Portland, most of the study hypotheses were upheld, while in Pendleton,

they were not. Neither placement rates nor any of the other outcome measures differed significantly between the three and six month groups in Pendleton (although it must be noted that the average number of days of service was closer to four than three months, reducing exposure to the experimental condition in Pendleton). In Pendleton, except in reunification cases, placement rates were substantially higher in the six month group during the twelve months following IFS services. However, because of the lower number of cases and lower incidence of placement in Pendleton, this difference was only significant in placement prevention cases.

Again because of low placement rates in Portland, a three-fold difference between the three (21%) and six (7%) month groups at termination was not significant. This difference was significant at the twelve month follow-up when fully a third of the families with three-month service contracts had experienced a placement compared to only 13 percent of those with six month contracts. At both time periods, the no formal limit group fell in between, although they received, on average, only ten days less service than the six-month group. Controlling for intake differences in workers' ratings of family functioning, caregivers' recognition of problems, and other variables related to placement did not diminish the differences between the groups. Six month service contracts appeared to be particularly beneficial for families with substance abuse and serious child behavior problems.

Although placement rates differed among the experimental groups in

Portland, after controlling for initial scores there were few other significant differences. Improved child-family relations in the three month group, more adequate supervision of older children in the six month group, and higher satisfaction with services in the no limit group only approached significance. Neither did significant differences emerge in the six or twelve month follow-up interviews. There were, however, several areas in which length of service interacted with other factors to produce differences in placement rates. In the three-month group the highest placement rates were found among children over 9 (40%) and having trouble in peer or sibling relationships (70%). In the six month group, while many older children avoided placement, the highest placement rates were found among status offenders and delinquents (25%).

Many more differences were found in the group with no formal time limit indicating that, although families were more likely to self-select into the study and to be more satisfied with services without a specified length of service, those with family or peer relationship problems, delinquency or status offenses, lower incomes, and child behavior problems did not fare as well with indeterminate services as they did with a six-month contract, indicating that effectiveness was enhanced both by the presence of a time limit and by a longer period of service.

## CHAPTER 4

### PLACEMENT AND PLACEMENT PREVENTION IN OREGON

In this study, "placement" as an outcome is measured in two ways, as placement status at termination and as any placement within the twelve months following termination of IFS. On the Termination Summary, workers indicated whether a child was in placement or a placement was planned for the near future. Data indicating whether a placement occurred during the twelve months following IFS was obtained from Oregon's management information system. The results presented in this chapter indicate differences between "placement" and "non-placement" families on various family characteristics, termination scores, amount of change from intake to termination, and other indicators of outcome. Tables are arranged to clarify whether placement is at termination or at some point in the twelve months after termination.

In addition to the standardized scales completed at intake and termination (i.e., Child Well-Being Scales, Self-Report Family Inventory, and Global Health/Pathology), the percent of case objectives either partially or substantially achieved and the percentage of Family Systems domains in which families improved were measured as outcome indicators. Workers were also asked to indicate at termination whether they would consider this family's IFS experience "a success," "more a success than a failure," "more a failure than a success," or "a failure." This was interpreted as a four-point scale, with a 1 indicating "success" and 4 indicating "failure." Families' general satisfaction with IFS, indicated by a

response to the question "In general, how satisfied were you with IFS services?" was also measured on a four-point scale, with 1 indicating "very satisfied" and 4 indicating "very dissatisfied." Data collected at six and twelve months after termination are presented for Portland.

#### Portland

#### Demographics and Intake Scores by Placement Status

Tables 26a and 26b show demographic characteristics and intake scores of families in the placement and non-placement groups. Families in which a placement was indicated at termination (Table 26a) had older primary caregivers, and were more likely to be reunification cases. The difference in age of primary caregiver disappeared when the "placement" group was defined as any placement in the twelve months after IFS (Table 26b). However, reunification cases, families with agency history, and families with previous placements were significantly more likely to have a placement during this time. No significant differences were found between placement and non-placement cases on intake scores on any of the aggregated standardized scales or on the life stress measure. However, two of the individual Child Well-Being Scale items differentiated families with a placement at termination and those without. As indicated in Table 27, families with a child placed at termination had scored lower at intake on acceptance of children ( $t [167] = 2.15, p < .05$ ) and on child's family relations ( $t [158] = 2.64, p < .01$ ). These two differences remained when placement was measured in the year after termination (acceptance of children:  $t [174] = 2.49, p < .04$ ; child's family

relations:  $t [165] = 2.53, p < .05$ ).

### Termination Scores by Placement Status

In Portland, families who had a child in placement or a placement planned at termination did not differ significantly from non-placement families on any of the standardized scales after controlling for intake scores, or on other measures of success or difficulty except on worker's rating of case success (Table 28).

Workers rated non-placement families as significantly more successful in IFS than those experiencing placement at termination ( $t [158] = -2.28, p < .05$ ).

Over the next twelve months, however, clear differences between "placement" and "non-placement" families emerged (see Table 28). Analysis of variance using intake scores as a covariate indicated that families in which a child was placed in the twelve months following termination of IFS had significantly lower scores on the Total Child Well-Being Scale ( $F [2,148] = 12.83, p < .001$ ) and the CWBS Parental Disposition subscale ( $F [2,148] = 18.73, p < .001$ ).

Placement families also scored significantly higher on the Global Health/Pathology Scale ( $F [2,143] = 14.50, p < .001$ ), and on the Self-Report Family Inventory ( $F [2,104] = 4.29, p < .05$ ), indicating less healthy family functioning in the placement group. Placement families were also found to have significantly more problems overall ( $t [160] = -2.46, p < .05$ ) than families that remained intact in the year following IFS, including caregiver health/disability problems ( $\chi^2 = 8.9, df = 1, p < .01$ ). Non-placement families achieved an average of 61 percent of their objectives, compared to the placement group's average of 41 percent ( $t [180] =$

2.37,  $p < .05$ ) and improved in more areas on the FSCS. Workers also rated non-placement families as more successful ( $t [160] = -3.78, p < .001$ ). There was no difference, however, in families' ratings of their general satisfaction with IFS.

With regard to termination scores on individual items of the Child Well-Being Scales, many significant differences were found between families with a placement in the year after IFS and those without a placement, again controlling for intake scores (see Table 29). Specifically, placement families scored worse on mental health care ( $F [2,143] = 8.30, p < .01$ ), capacity for child care ( $F [2,147] = 4.75, p < .05$ ), supervision of children ( $F [2,136] = 10.44, p < .005$ ), recognition of problems ( $F [2,142] = 3.25, p < .10$ ) motivation to solve problems ( $F [2,141] = 10.21, p < .005$ ), acceptance of children ( $F [2,132] = 4.18, p < .05$ ), approval of children ( $F [2,125] = 7.37, p < .01$ ), expectations of children ( $F [2,126] = 8.95, p < .005$ ), consistency of discipline ( $F [2,116] = 7.68, p < .01$ ), teaching and stimulation of children ( $F [2,105] = 15.88, p < .001$ ), abusive physical discipline ( $F [2,122] = 9.75, p < .005$ ), threat of abuse ( $F [2,96] = 5.46, p < .05$ ), child's misconduct ( $F [2,124] = 5.56, p < .05$ ), and child's family relations ( $F [2,136] = 10.44, p < .001$ ).

Outcome measures at six- and twelve-month follow-ups. The standardized scales, along with number of stressful life events, number of problems, and satisfaction with IFS were repeated at the six month follow-up in Portland. At six months after IFS, with standardized scales controlled for intake scores, there were no differences between families with a placement at termination and those with no

placement at termination on any of the standardized scales or other outcome measures (see Table 30a). However, families with a placement in the year after IFS scored higher (worse) on the SFI ( $F [2,62] = 5.56, p < .05$ ) and on the Global Health-Pathology Scale ( $F [2,85] = 8.02, p < .01$ ) than non-placement families. They also scored lower on the CWBS Parental Disposition subscale ( $F [2,84] = 4.613, p < .05$ ). Thus, families with a placement in the year after IFS rated themselves and were rated by workers as functioning less well at the six month follow-up than families who did not have a placement during that year.

These differences were not evident among families available to complete the twelve month follow-up (Table 30b). Families in which a child had been in placement at termination of IFS reported more stressful life events in the previous six months than those who did not have a child placed at termination. Another difference, approaching significance, was that families with a placement at termination had somewhat higher scores on the Global Health Pathology Scale than those with no placement ( $F [2,61] = 3.31, p = .07$ ). No differences between families with a placement in the year after IFS and those without a placement were found at the twelve month follow-up.

#### Pendleton

##### Demographics and Intake Scores by Placement Status

At intake, placement and non-placement families in the Pendleton, Oregon IFS program look very similar on standard demographic measures (see Tables 31a and 31b). Families with children in placement at termination did score significantly

lower on the Child Performance subscale of the Child Well-Being Scales ( $t [68] = -2.11, p < .05$ ) and significantly higher (worse) on the Global Health/Pathology scale ( $t [68] = -2.11, p < .05$ ).

When placement was measured over the year after IFS, the difference on the Global Health/Pathology scale disappeared, but Child Performance continued to be a factor in placement ( $t = 2.68 [75], p < .01$ ). In addition, the total Child Well-Being Scale score also differentiated placement from non-placement families ( $t [76] = 2.29, p < .05$ ), whereas the difference on the parental disposition subscale approached significance at  $p = .052$ .

Although families with a placement at termination were three times more likely to have had a child placed in the past, this difference was not statistically significant and disappears when all placements in the year after IFS are counted (Table 31b). In both time periods, placement families were more likely to have had prior agency experience, although again this difference was not statistically significant.

#### Intake CWBS Items by Placement Status

Differences between placement and non-placement groups were found on several of the individual CWBS items measured at intake (Table 32). Families with children placed at termination had significantly lower scores on mental health care ( $t [67] = 3.32, p < .005$ ), approval of children ( $t [68] = 2.08, p < .05$ ), academic performance ( $t [65] = 2.60, p < .05$ ), child's family relations ( $t [67] = 3.44, p < .005$ ), school attendance ( $t[63] = 4.22, p < .001$ ), and child's

misconduct ( $t [68] = 2.26, p < .05$ ). Only child's misconduct differentiated placement and non-placement families when placement was measured as any in the year after IFS ( $t [75] = 2.07, p < .05$ ), although cooperation with services, teaching and stimulation of children, school attendance, support for caregiver, and threat of abuse were nearly significant at  $p < .10$ .

#### Termination Scores by Placement Status

In Pendleton, workers' rating of case success was the only aggregate termination measure differentiating families with a child placed at termination from those without a placement ( $t [70] = -2.59, p < .05$ ) (see Table 33). Families in which a child was placed at termination were rated as less successful in IFS ( $t [170] = -2.59, p < .05$ ). However, on the individual Child Well-Being Scale items, it was found that families with children placed at termination had more difficulty with child misconduct ( $F [2,61] = 3.73, p < .10$ ) and child's family relations ( $F [2,60] = 5.60, p < .05$ ).

When placements were counted as any occurring in the year after termination of IFS, no differences were found on aggregate termination measures, however, placement families scored lower on mental health care ( $F [2,60] = 7.10, p < .01$ ) and on supervision of children ( $F [2,61] = 4.78, p < .05$ ).

#### Multivariate Analysis of Placement Over Time

In Portland there were a sufficient number of families who experienced a placement in the twelve months following termination of IFS to conduct a multivariate analysis. The multivariate model for predicting placement over time

included the experimental variable as well as a set of independent variables theoretically related to the primary dependent variable, out-of-home placement of a child over a one-year period following termination of intensive family services.

### Logistic Regression Model

For the Portland sample, the independent variables in the model included the experimental treatment variable assignment to the six month treatment group; a history of prior out-of-home placement; a case goal of reunification; a problem of adult health/disability identified by the IFS worker; and the change score on the Parental Disposition subscale of the Child Well-Being Scales. The dependent variable, the probability of out-of-home placement within one year of termination of IFS, was modeled as a function of these five independent variables. (See Appendix I for a description of the methodology).

All of these independent variables were significantly related to the dependent variable at the bivariate level, and all were hypothesized to be theoretically related to the likelihood of out-of-home placement on the basis of theory and prior research. Other variables which were significantly related to the dependent variable at the bivariate level were not included in the model if they were highly correlated with other variables--for example initial scores on the Parental Disposition subscale, total Child Well Being Scale, change score of the total Child Well Being Scale, and total number of problems identified in the family. Other variables which were significantly related to placement at the bivariate level were not included in the multivariate model due to large amounts of missing data: for

example, scores on the Self-Report Family Inventory and Family Systems Change Scale.

Results of the logistic regression analysis indicate that all of the independent variables were in the anticipated direction. Statistically significant effects were found for three of the independent variables: the experimental variable, assigned to six month group, adult health/disability as an identified problem, and degree of change in the Parental Disposition Subscale of the Child Well-Being Scales. A history of prior out of home placement and a case goal of reunification (indicating cases who began IFS with a child in placement) approached significance at  $p < .10$  (Table 35).

Examining the partial correlations for the significant independent variables, the strongest relative effect was found for adult health/disability (.28), followed by degree of improvement on the parental disposition subscale (-.27), and a smaller effect of the six month experimental condition (-.14).

This model results in an overall classification rate of 85%, with 96% of non-placement cases and 43% of placement cases correctly classified. Using backward stepwise procedures, none of the independent variables were eliminated from the model.

Results of the logistic regression analysis suggest that we have identified a set of factors which increase the probability of out-of-home placement over a year's time after termination of IFS in the Portland program. Findings regarding length of service differ from contemporary trends toward shorter term services. In

the Portland program, assigned length of service to the six month group significantly reduced the probability of out-of-home placement over a year's time following termination of IFS. Adult health/disability also emerges as an important predictor of placement in this program.

Since our classification rate for those families that experienced placement is substantially lower than the classification rate for families that did not have children placed, we do not have a fully specified model for predicting the probability of out of home placement. It is likely that other key factors leading to placement were not measured in this study, either during the time the family received IFS services or in the time period between termination of IFS and occurrence of the placement event as much as one year later.

#### Summary and Conclusions

In addition to the experimental variable, several other factors influenced case outcomes in the Oregon IFS programs. In Portland, over half of the placements at termination were in families referred for reunification (56% vs. 25% of non-placement cases). During the twelve months following services reunification cases continued to be over-represented in the placement group (44% vs. 25%). In addition, nearly three-quarters of the placements during the twelve month follow-up were among families with prior agency histories; almost half had prior placements. Other factors related to placement included poor child-family relations, lack of caregiver acceptance of the children at intake, and lower worker ratings of success at termination.

Families that experienced placement in the twelve months following IFS were rated as lower in parental and family functioning at termination, had more problems in the month preceding termination, showed improvement in fewer areas of family functioning, and achieved fewer of their case goals. Caregivers in placement cases scored lower in almost all the areas measured by the Parental Disposition subscale of the Child Well-being Scales, even though they were seen as cooperative with services. In addition, there were several areas of improvement in non-placement cases that contributed to better outcomes. Specifically, caregivers were seen as providing better supervision and instruction as well as more appropriate discipline, and the children's behavior and family relationships had improved.

Several of these differences were evident at the six month follow-up interview as both workers and families themselves rated those who experienced placement in the twelve months following IFS lower in functioning than those who remained intact. Families with children in placement at termination continued to experience higher levels of stress at the twelve month follow-up. Although there were too few placements in Pendleton for a meaningful multivariate analysis, bivariate tests indicated that child functioning was lower at intake in families that experienced placement at termination and in the year following termination. Although there was improvement in problems noted at intake in the provision of mental health care, child-family relationships, parental approval, the child's attendance and performance in school, and the child's conduct, they were all associated with placement at termination. Lack of improvement in abusive

discipline was also associated with placement. Among the problems noted at intake, only the child's misconduct significantly predicted placement during the twelve months following termination.

Even fewer differences between placement and non-placement cases were evident at termination. Workers perceived more success with families who were intact at termination, but only better child-family relationships and more adequate supervision significantly differentiated those who were intact from families whose children were in placement. Families who provided better supervision were also significantly more likely to remain together during the twelve months following IFS, as were those who were providing more adequate mental health care for their children at termination.

Logistic regression revealed that in Portland families who were significantly more likely to remain together in the twelve months following IFS had caregivers with no significant health problems or disabilities and whose parenting had improved over the course of services. In addition, the experimental variable made a significant contribution to placement prevention. Families with a six month service contract were significantly more likely to remain intact.

CHAPTER 5  
EFFECTS OF LENGTH OF SERVICE

BALTIMORE

Introduction

Intensive Family Services (IFS) in Baltimore, Maryland, provided time-limited, in-home intensive family treatment and support services through the Baltimore City Department of Social Services. The population served was primarily a minority, inner city group referred for child abuse and neglect. Comprehensive services which included access to flexible funds were provided by professional-paraprofessional teams. At the time this study began, the standard length of service was 90 days. In Baltimore, the referral and assignment procedure resulted in a sample of 193 families. (See Chapter 2 for further information).

Family Characteristics and Problems

Table 3 summarizes the demographic information from the three study sites, illustrating similarities and differences among the sites. Most families in Baltimore were African American (85.3%), with relatively young caregivers ( $M = 28.2$ ) and young children ( $M = 5.0$ ). Two-thirds of the Baltimore families were headed by single parents, and families averaged 2.9 children. None were foster families, and only three percent contained stepchildren or adopted children.

Income and Employment

Information regarding family income and employment is summarized in Table 4. In Baltimore, the median monthly income of \$489 was less than half that in the

Oregon sites, even though the families were about the same size. Per capita monthly income in Baltimore was \$156, less than half that in the other two sites. More than four out of every five families had yearly incomes under \$10,000. Only about a third of the primary caregivers had completed high school. In Baltimore, only eleven percent of primary caregivers were employed outside the home, compared to over half in each of the Oregon sites. Accordingly, two-thirds cited homemaking as their primary occupation. Sixteen percent listed their occupation as unskilled labor, with smaller percentages in personal service, skilled labor, clerical/sales/small business, and professional occupations. In families in which there was an employed second adult, unskilled labor accounted for half of the jobs.

#### Referral and Legal Status

Tables 5 and 6 summarize referral information and service history in the three samples. In Baltimore, while prevention of out-of-home placement accounted for two-thirds of the referrals, nearly a third of the families were considered to be assessment cases. Eighty percent were referred to IFS directly from the intake unit.

Workers were asked to indicate the primary reason for the family's referral to IFS (Table 5). In Baltimore, nearly half the families (48.4%) were referred for child neglect and over a quarter (27.9%) for physical abuse. Parenting problems and "other dysfunctional family interaction" were frequently indicated as additional reasons for referral. Parent-child conflict and homelessness or eviction were factors in over a quarter of the Baltimore referrals.

Families were most likely to be referred for child welfare services through the Department of Human Resources (28.2%), medical personnel (18.6%), or other non-family individuals (17.0%) (Table 5). As was known prior to the study, most Baltimore families were new to the child welfare system, with only a quarter having previous agency experience (see Table 7). A few (15%) had previously received child protective services. Only nine percent were currently involved in any type of legal or court proceedings (Table 6).

#### Stressful Life Events in the Year Prior to Intake

Richard Abidin's Life Events Scale was completed at intake in order to provide data on the kinds of stressful situations families were contending with as they began services. Table 8 shows the percentage of families in each of the study sites indicating various experiences in the previous year. In Baltimore, 54.5 percent of the families reported moving to a new location within the previous year, which is not surprising as eviction and/or homelessness was a referral reason for over a quarter of the Baltimore families. Other stressful life events recently experienced by a fifth or more of Baltimore families included pregnancy (39.1%), separation (23.0%), alcohol or drug problems (21.4%), other relatives moving in (19.9%), decreasing income (19.9%), and trouble at school (19.9%).

#### Problem Summary

At termination, workers completed a checklist of 34 possible problems that may have been identified during IFS. Baltimore families averaged 6.1 problems. Table 9 lists the percentages of families in which each type of issue was identified

during the service period.

In Baltimore, parenting problems were identified in 78 percent of the families. Neglect or chronic neglect was seen in 56.4 percent of the families, followed in frequency by "other dysfunctional interaction," inadequate housing, parent-child conflict, child behavior problems, unemployment, and adult depression, which were experienced by a third or more of the families.

Scores on standardized outcome measures indicated that workers saw Baltimore families as having a moderate range of problems on the Global Health Pathology scale (Table 10). Parental Disposition Subscale scores were comparable to those in Oregon, but the other Child Well-Being Subscale indicated higher functioning particularly among the children, who were considerably younger than those in the Oregon sites.

## Services

### Case Objectives

Part of the philosophy of IFS is that workers and families co-create and agree upon objectives for intervention. Table 11 lists the objectives and the percentages of families indicating each type of objective at least once. (It was possible to have more than one objective in the same general area.) In all three sites, objectives having to do with parenting issues (e.g., discipline, setting limits, recognizing children's needs, age-appropriate behavior) were most common, with 77 percent of the families in Baltimore agreeing to work with IFS on parenting issues. Aside from improving parenting skills, Baltimore case objectives tended toward concrete

issues, such as obtaining appropriate housing (50.8%), accessing and utilizing health care services (48.6%), and budgeting and home management skills (33.3%). In addition, children's regular attendance at school was an objective for 19 percent of the Baltimore cases. Families also had a variety of objectives aimed at improving relationships with each other.

### Concurrent Services

At termination, workers indicated which, if any, other community services the family had received during IFS. Sample sizes are smaller for concurrent services for two reasons: some termination summaries were not completed by workers, and some forms were missing the page which included the concurrent services list. Results obtained can be found in Table 12. Services were divided into therapeutic, support, and concrete categories. Overall, Baltimore families received more additional services during IFS than families in the Oregon sites, especially therapeutic and concrete services. Most Baltimore families were receiving at least two services besides IFS, ranging from zero to eleven with a mean of 3.9. Over a quarter of the primary caregivers were receiving individual counseling, as were a fifth of the children. Public health or visiting nurse services were utilized by 12.6 percent of Baltimore families. Most Baltimore families received at least one concrete service outside of IFS. Eighty-two percent received AFDC and one third received emergency and/or other medical treatment. It is notable that although homelessness, eviction, and inadequate housing were problems for a large proportion of the Baltimore sample, only 16.1 percent were

living in subsidized housing during IFS and only 4.6 percent received emergency housing.

### Termination of IFS

The most common reasons given for termination of Intensive Family Services were that the allowed time limit had been reached and that IFS was no longer needed (Table 13). Although 42 percent of the cases were closed with no further services from any agency, 43 percent of the Baltimore families stayed within the state agency and continued to receive services (Table 13).

### Outcomes

#### Family Systems Change Scale

In the Termination Summary, workers were asked to rate the families on the Family Systems Change Scale (Nelson & Landsman, 1992) which indicates the degree of change in twelve domains of family functioning. Table 14 indicates the percentage of families who were rated as "improved since intake" on each of the twelve domains. Overall, most families improved in several areas, and in fact, the highest rates of improvement were seen in the Baltimore site. About three-quarters improved in adult skills and knowledge, and in family affect or emotional climate. Around two-thirds improved in each of the following areas: adult behavior, family dynamics, perception of the problem, material resources, and use of available services. Nearly sixty percent had improved their informal support network, and about the same percentage had developed a more appropriate structure or hierarchy in their families. Child behavior had improved in over half of the cases.

Community level variables were also affected by IFS interventions. Community reaction to the family and level of negative community involvement improved in 40 percent of the families.

### Placements and Maltreatment Reports

Whether placement was measured at termination of services or over the year following termination of IFS, overall placement rates were low for all three programs in this study (see Table 15). Even when placement was defined as any placement at all in the twelve months following IFS, only 18.7 percent of the Baltimore families had a child placed out of the home by the Department of Social Services for any reason.

Throughout the course of IFS services, workers provided monthly updates on each family in their caseload. These included maltreatment reports made during the time the family was receiving IFS. Of the three study sites, Baltimore families were the most likely to be reported for maltreatment during IFS, with 17.1 percent reported to the agency during the service period (see Table 16a and 16b). However, these figures reflect reports only, with no differentiation between founded and unfounded reports. At the one-year follow-up, 15.5 percent of Baltimore families had had founded maltreatment reports.

## Analyses of Treatment Groups

### Group Assignment

Random assignment to different lengths of service was accomplished by using a computerized random numbers generator. At referral to IFS, each family

was randomly assigned to three month or six month groups, based on the order in which the referral was received. The assignment was done by the project coordinator and no indications of bias in group assignment have been found (see Table 2). In Baltimore, only 7.4 percent of families in the three month group received services for more than four months, and only 4.0 percent of families assigned to the six month group received services for over seven months. The primary experimental variable, length of time specified in the contract, closely matched the mean number of days that families in each group spent in IFS in Baltimore (See Chapter 2 for more detail).

#### Group Differences at Intake

No significant differences in basic demographic variables such as race, age of primary caregiver, income, etc., were found between the two treatment groups in the Baltimore site. However, there was a significant difference between the two groups on their intake scores on the Neglect subscale of the Child Well Being Scales (see Table 36). The three month group scored three points lower, on average, than the six month group indicating more serious neglect ( $t [171.91] = -2.40, p < .05$ ). Although the two treatment groups did not differ significantly on the number of stressful life events in the year prior to receiving IFS, there was one difference on individual items in the stress scale: families in the three month group were significantly more likely to have had a pregnancy in the year prior to IFS (46.8% vs. 31.6%,  $X^2 = 4.64, df = 1, p < .05$ ).

Though the six month group scored higher at intake on the Neglect CWBS

subscale as a whole, none of the individual neglect items differentiated the groups. The six month group did, however, score higher at intake on recognition of problems ( $t [182] = -2.03, p < .05$ ), one of the items on the Parental Disposition subscale.

#### Placement Information by Group

In this study, "placement" as an outcome was measured in two ways, as "placement at termination" and as "placement in the twelve months following termination" of IFS. On the Termination Summary, workers indicated whether a child was in placement or a placement was planned for the near future. Data indicating whether a placement occurred during the twelve months following IFS were obtained from the Maryland state management information system.

Table 37 shows the percentages of families in each of the Baltimore groups who had children placed in out-of-home care at termination and within the twelve months after termination of IFS. At termination, 14.6 percent of the three month families and 10.5 percent of the six month families had a child in placement, but this difference was not statistically significant. This translates into an overall placement prevention rate of 88 percent. When placement outcome was conceptualized as a placement episode at some point during the twelve months after termination of IFS, 20.2 percent of the families in the three month group and 17.2 percent of the families in the six month group experienced a placement, resulting in an overall placement prevention rate of 81.4 percent. The three month and six month groups did not differ significantly in placement rates at termination

or in the year following termination.

When intake scores on the Neglect subscale of the Child Well-Being Scales were held constant in a two-way analysis of variance, there was no difference in the effect of group assignment on placement status, either at termination or during the twelve months after termination, even though the groups differed significantly on this variable.

Although in further testing significant main effects on placement were found for neglect, caregiver drug use, and parent-child conflict, there were no significant differences between the three- and six-month treatment groups. However, significant interactions with treatment group assignment were found. Using controlled contingency tables, the difference in placement rates over the twelve month follow-up period approached significance for families experiencing problems with adult depression or emotional problems (three month = 30.0% vs. six month = 10.7%;  $X^2 = 3.29$ ,  $df = 1$ ,  $p < .07$ ), for families experiencing child behavior problems (three month = 34.8% vs. six month = 15.4%,  $X^2 = 3.11$ ,  $df = 1$ ,  $p < .07$ ) and for families considered to be chronically neglecting (three month = 30.8% vs. six month = 77.8%,  $X^2 = 4.70$ ,  $df = 1$ ,  $p < .05$ ).

#### Termination Scores/Outcomes by Group

Table 38 shows scores on standardized scales and other measures of outcome at termination of IFS for the three month and six month groups. The standardized scales were controlled for intake scores in analyses of variance. In addition to the standardized scales completed by IFS workers at intake and

termination (i.e., Child Well-Being Scales, and Global Health/Pathology), the percent of case objectives either partially or substantially achieved and the percentage of Family Systems domains on which families improved were measured as outcome indicators. Workers were also asked to indicate at termination how successful they considered this family's IFS experience. Families' general satisfaction with IFS, indicated by a response to the question "In general, how satisfied were you with IFS services?" was also measured on a four-point scale, with 1 indicating "very satisfied" and 4 indicating "very dissatisfied."

The three and six month groups differed on the IFS worker's rating of case success. This rating was based on the workers' response to whether they would consider the family's experience in IFS "a success," "more a success than a failure," "more a failure than a success," or "a failure." This was translated into a scale on which 1 indicated "success" and 4 indicated "failure." Thus, the workers in Baltimore tended to rate families in the six month group as more successful overall than those in the three month group ( $t [182] = 2.06, p < .05$ ).

At termination the two treatment groups did not differ on the total Child Well-Being Scale or the subscales. However, analysis of the individual CWBS items, controlling for intake scores, did indicate that caregivers in the six month group had significantly better scores on capacity for childcare at termination ( $F [2,171] = 5.42, p < .05$ ) than those in the three month group (Table 39). Families in the six-month group also scored higher on the sex abuse scale at termination ( $F [2,141] = 4.02, p < .05$ ).

### Six and Twelve Month Follow-Up Scores by Group Assignment

In Baltimore, 111 (57.5%) of the 193 participating families were located and completed the six month follow-up, and 90 (46.6%) completed the twelve month follow-up. Crosstabulations of participation in follow-up interviews and placement in the twelve months after IFS showed that in Baltimore, families who had experienced a placement in the twelve months after IFS were more likely to participate in the follow-up (73.1% vs. 54.5%).

Controlling for intake scores, follow up scores on standardized instruments at six and twelve months after termination of IFS indicated no significant differences between the three month and six month treatment groups (see Table 40). However, at one year post-IFS, the six month group had fewer problems identified since the last contact with IFS.

### Summary and Conclusions

IFS in Baltimore served an African-American population consisting primarily of single mothers and their young children. The families were relatively large with an average of 2.9 children. Most had been referred for child abuse or neglect and were new to the service system. A quarter had received services previously, but only 5 percent had already experienced placement.

One of the central issues among these families was poverty. Their median income was less than \$500 a month and over 80 percent lived on less than \$10,000 a year. The primary caregivers had few resources other than public assistance to meet their families' needs. Only a third had graduated from high

school and just over 10 percent were employed. This lack of economic resources may have contributed to referrals for child neglect in over half the families and for homelessness in a fourth. The families also experienced a great deal of stress in the year prior to receiving IFS, including a change in residence for 54 percent of the families and a pregnancy in 39 percent.

As might be expected with large families, low incomes, and high stress most of the families had multiple problems. At the end of the service period, IFS workers identified an average of 6.1 problems per family which included parenting problems, neglect, inadequate housing, various interpersonal problems, issues relating to ill health, unemployment, and poverty, and, in a fifth of the families, drug and alcohol abuse.

Service objectives developed by the workers and families for the most part matched the identified problems: parenting, housing, health care, household management skills, and improvement of family relationships. However, issues relating to employment, poverty, and substance abuse were addressed at only about half the rate of their incidence.

In terms of outcomes, a substantial proportion of the cases (42%) were closed with no further services from any source. Two thirds to three quarters were seen by the workers as improved in material resources and adult and/or family functioning. In half the families, child behavior also improved. Families were generally satisfied with IFS. One year after the termination of services, the DSS management information system had recorded placements in 18.7 percent of the

families and additional founded reports of abuse or neglect in 15.5 percent.

With regard to the study hypotheses, there were few significant differences between the three- and six month groups, but these tended to favor the six month group (i.e., workers' rating of case success at termination, improved parenting capacity at termination, and a reduced number of problems at the 12 month follow-up). There were also several subgroups in which longer services appeared to decrease placement over the 12 months following IFS, specifically cases involving adult depression or emotional problems and those involving child behavior problems. A counter finding was that placements in chronic neglect cases were much higher in the six month group perhaps because workers were better able to document inadequate care and lack of improvement.

## CHAPTER 6

### PLACEMENT AND PLACEMENT PREVENTION IN BALTIMORE

The results presented in this section indicate differences between "placement" and "non-placement" families (as opposed to families assigned to different lengths of service) on various family characteristics, termination scores, amount of change from intake to termination, and other indicators of outcome. Tables are arranged to clarify whether placement was at termination or at some point in the twelve months after termination.

#### Demographics and Intake Scores by Placement Status.

Two significant demographic differences were found in the Baltimore IFS site between families who had a child in placement at termination and those who did not (see Table 41a). Placement families had primary caregivers who were about eight years older on average than caregivers in non-placement families ( $t [23.92] = -2.61, p < .05$ ), and more had children over six years old ( $X^2 = 4.73, df = 2, p < .05$ ). Families who experienced a placement at termination also had lower intake scores on the Child Performance subscale of the Child Well-Being Scales ( $t [24.28] = 2.83, p < .01$ ) and higher scores (less healthy functioning) on Beavers' Global Health/Pathology scale ( $t [159] = -2.62, p < .05$ ). Families with a child placed at termination were more likely to report having had difficulties with drug or alcohol use in the family in the year prior to IFS (56.5% vs. 16.9%,  $X^2 = 18.5, df = 1, p < .00005$ ), although they did not differ from non-placement families on the total number of stressors during that period.

T-tests between families who experienced a placement in the year after IFS and those who did not (Table 41b) indicated no statistically significant demographic differences on such variables as race, age of adults and children, number of children, income, and agency and placement history. Placement families had, however, experienced 3.2 stressful life events in the year prior to IFS, compared to 2.6 for non-placement families ( $t [190] = -2.02, p < .05$ ). As was the case with families who had children in placement at termination, those with a placement in the year after IFS were more likely to report pre-existing problems with drugs or alcohol (44.4% vs. 16.0%,  $X^2 = 14.07, df = 1, p < .0005$ ). In addition, they were more likely to report a significant (over 20%) decrease in their income (33.3% vs. 16.8%,  $X^2 = 5.03, df = 1, p < .05$ ) prior to IFS.

Families who experienced a child placement in the twelve months after termination of IFS had also been rated significantly lower on all the subscales and the total Child Well-Being Scale scores at intake to IFS (see Table 41b). Significant differences in parental capacity for child care, motivation, discipline, teaching/stimulation and supervision of older children were found for the caregivers, and in threat of abuse, family relations, adequacy of education, academic performance, school attendance, and misconduct for the children (see Table 42). Although there were no significant differences in the household scale items, the security of the families' residence was greater for the non-placement group on an additional ordinal scale. A supplementary ordinal scale also indicated higher substance abuse in the placement group. The initial difference in the Global

Health/Pathology Scale measured at intake, however, disappeared when placement was measured at twelve months post-IFS.

#### Termination Scores by Placement Status

Termination scores on the standardized scales and other outcome measures yielded several significant differences between placement and non-placement families, whether the placement occurred at termination or at some other point in the year after IFS (see Tables 43a and 43b). Families who had a child placed at termination had experienced more stressful life events in the month before termination ( $t [24.24] = -2.65, p < .05$ ), had more problems identified during the course of IFS ( $t [25.47] = -4.10, p < .001$ ), improved on fewer domains on the Family Systems Change Scale ( $t [169] = 2.57, p < .05$ ), achieved fewer of their goals ( $t [23.95] = 2.69, p < .05$ ), and were rated by their IFS workers as being less successful cases ( $t [182] = -2.24, p < .05$ ). There was no difference in families' ratings of satisfaction with services, however. Differences on the Parent, Neglect and Total Child Well-Being Scales and on the Global Health-Pathology Scale approached significance at  $p < .10$ .

Individual items on the Child Well-Being Scales also indicated several differences between families who had a child in placement at termination and those who did not (see Table 44). Controlling for the score at intake, non-placement families at termination scored significantly higher with regard to abusive physical discipline ( $F [2,156] = 11.46, p < .005$ ), child's misconduct ( $F [2,126] = 14.76, p < .001$ ), child's family relations ( $F [2,143] = 8.86, p < .005$ ), security of

residence ( $F [2,171] = 10.04, p < .005$ ), safety of residence ( $F [2,163] = 4.30, p < .05$ ), support for caregiver ( $F [2,167] = 4.08, p < .05$ ), sexual abuse ( $F [2,141] = 7.48, p < .01$ ), continuity of childcare, ( $F [2,164] = 36.83, p < .001$ ), and degree of impairment (for children with a disability) ( $F [2,73] = 4.12, p < .05$ ). This pattern indicates significant improvements in housing situations, availability and skill level of caregivers, and children's behavior during IFS.

Families who had a child placed in the year after termination of IFS showed a similar pattern of differences in outcome. Controlling for scores at intake, placement families were rated significantly lower on the Neglect subscale ( $F [2,175] = 5.29, p < .05$ ) and on the Total CWBS ( $F [2,179] = 4.53, p < .05$ ). Near-significant differences were found for the Parent, Child and Household subscales ( $p < .10$ ). Placement families also scored significantly higher on the Global Health/Pathology scale ( $F [2,153] = 7.66, p < .01$ ), indicating less healthy functioning in the placement group. Placement families again had more stressful life events in the month before termination ( $t [37.47] = -3.34, df = 37.47, p < .005$ ), more problems identified during IFS ( $t [179] = -3.81, p < .001$ ), improved on fewer of the domains addressed by the Family Systems Change Scale ( $t [169] = 2.84, p < .01$ ), and achieved fewer of their treatment objectives ( $t [183] = 2.23, p < .05$ ). In addition, placement families expressed less overall satisfaction with IFS ( $t [29.80] = -2.07, p < .05$ ). Workers' ratings of case success, however, were not significantly different between the two groups.

In addition to the differences on the Neglect and Total Child Well-Being

Scales, placement and non-placement families also differed on many of the individual CWBS items when controlling for intake scores. Specifically, the non-placement group scored significantly higher at termination when taking intake scores into account, therefore improved more, on CWBS measures of children's misconduct ( $F [2,126] = 6.68, p < .05$ ) and children's family relations ( $F [2,143] = 4.00, p < .05$ ), household sanitation ( $F [2,164] = 4.86, p < .05$ ), physical health care ( $F [2,166] = 4.61, p < .05$ ), continuity of childcare ( $F [2,164] = 21.59, p < .001$ ), adult relationships ( $F [2,108] = 5.37, p < .05$ ), and sexual abuse ( $F [2,141] = 4.00, p < .05$ ). Differences at the .10 level were found for expectations of children, hygiene, adequacy of furnishings, and degree of impairment.

#### Outcome Measures at Six and Twelve Month Follow-ups.

At the six month follow-up, again controlling for intake scores, families who had a child in placement at termination were rated lower on the Parental Disposition subscale ( $F [2,101] = 5.26, p < .05$ ), although scores for both groups averaged above the clinical range. They also reported more problems in the family since termination of IFS ( $t [106] = -2.71, p < .01$ ) (see Table 45a).

Families who had a child placed any time in the year after IFS were rated lower at the six month follow-up, after controlling for intake scores, on the Parental Disposition subscale ( $F [2, 103] = 15.76, p < .001$ ), the Neglect subscale ( $F [2, 102] = 7.70, p < .01$ ) and the Total CWBS ( $F [2,104] = 11.67, p < .005$ ).

Again, neither group had a low average (see Table 45a). Other differences were

that the placement group experienced more problems since termination of IFS ( $t [108] = -5.12, p < .001$ ), and maintained improvement on fewer domains of the Family Systems Change Scale ( $t [105] = 2.39, p < .05$ ). The difference on the Global Health Pathology Scale approached significance at  $p < .10$ .

At the twelve month follow-up after termination of IFS, families who had a child placed at termination did not differ from non-placement families on any of the outcome measures after controlling intake scores (see Table 45b). When placement was counted throughout the year after IFS, however, six significant differences emerged. At the twelve month follow-up, families who had a child placed in the year after IFS had lower scores on the Parental Disposition ( $F [2,82] = 5.72, p < .05$ ) Neglect ( $F [2,75] = 4.08, p < .05$ ), and Total CWBS ( $F [2,82] = 6.72, p < .05$ ). Placement families also scored significantly higher on the Global Health/Pathology scale ( $F [2,66] = 9.27, p < .005$ ), indicating worse overall functioning. In addition, placement families reported experiencing a greater number of problems since IFS termination ( $t [88] = -3.42, p < .005$ ), and maintained improvement on fewer items on the Family Systems Change Scale ( $t [87] = 3.18, p < .005$ ).

#### Multivariate Analysis of Placement Over Time

Since one of the primary purposes of this study was to examine the impact of length of service on case outcomes, a multivariate model for predicting placement over time included the experimental variable as well as a set of independent variables theoretically related to the primary dependent variable, out of

home placement of at least one child over a one year period following termination of IFS.

### Logistic Regression Model

For the Baltimore sample, the independent variables in the model included the experimental treatment variable assigned length of service; initial score on the neglect subscale of the Child Well-Being Scales; a drug problem in the family in the year prior to IFS services; total number of problems identified by the IFS worker during the service period; and the number of areas in which families were rated by their IFS worker as having improved from intake to termination on the Family Systems Change Scale. The dependent variable, out-of-home placement within one year of termination of IFS, was modeled as a function of these five independent variables. (See Appendix I for further detail).

With the exception of the experimental variable, all of the independent variables in the model were significantly related to the dependent variable at the bivariate level, and were hypothesized to be theoretically related to the likelihood of out-of-home placement. Other variables which were strongly related to the dependent variable at the bivariate level were not included in the model for reasons of multicollinearity. These variables include, for example, the Total, Parental Disposition, and Household Subscales of the Child Well-Being Scales, and number of reports of maltreatment in the year following IFS services.

Results of the logistic regression analysis indicate that all of the independent variables were in the anticipated direction. Statistically significant effects were

found for three of the independent variables: total number of problems, number of areas of improvement in the family, and a drug problem in the family (Table 46).

As expected based on the bivariate analysis, the experimental variable did not have a significant net effect on the probability of placement in the multivariate model.

Examining the partial correlations for the significant independent variables, the strongest relative effects were found for the total number of problems (.20) followed by presence of a drug problem (.20), and degree of improvement on the Family Systems Change Scale (-.15).

This model results in an overall classification rate of 85 percent, with 97 percent of non-placement cases and 32 percent of placement cases correctly classified. Using backward stepwise procedures, the experimental variable assigned length of service and neglect score were eliminated from the model. When these variables were removed, the fit of the model did not improve significantly and the classification rate for placement cases decreased to 26 percent correctly classified. Therefore we retained the full model for the final analysis.

Results of the logistic regression analysis suggest that we have identified a set of factors which increase the probability of out-of-home placement over a year's time after termination of IFS. These factors are in the expected direction and are largely consistent with previous studies of intensive family services. The experimental variable, assigned length of service, does not affect the probability of out-of-home placement. The considerably lower classification rate for those

families that experienced placement suggests that we have not developed a fully specified model for predicting the probability of out of home placement. Whether this is due to an inherently random nature of placement or the omission of variables which have not been measured in this study (i.e., availability of placement options, judicial factors, missing data on families in the one year time interval) is an important question for future research.

### Summary and Conclusions

Looking beyond the effect of the experimental variable, three or six month service contracts, on placement outcomes helps in understanding why some families experienced placement in the short term (at termination) or in the longer term (twelve months following termination) and others did not.

Looking first at families as they appeared at intake, those with older caregivers and children, whose children had problems in school, and, especially, those who reported problems with drugs or alcohol in the prior year were more likely to have children placed by the end of services. Their overall level of functioning was also rated as lower by workers at intake.

Differences between families who had a child in placement at termination and those who did not emerged with more clarity by the time IFS services were terminated. Placement families had more different kinds of problems, were under more stress in the month before termination, and were less successful in improving functioning or achieving service goals. In non-placement families, continuity of caregiving, children's conduct and family relations, and security and safety of their

residence improved during the service period creating significant differences between them and placement families. In both placement and non-placement families parental capacity for child care and supervision of older children improved, diminishing differences at intake. Families with children in placement were seen by the workers as having significantly more problems with abusive discipline, sexual abuse, and child impairment by termination.

In the longer term, placement in the twelve months following termination of IFS was affected not so much by age as by problems with drugs and alcohol in the year prior to intake and initial levels of child and family functioning. By termination, placement families had more problems, were under more stress, had achieved fewer goals, and were showing less improvement in functioning, which was at a lower level than for non-placement families. While most families showed improvements in most areas of functioning during IFS, families with children placed during the twelve month follow-up period still had significantly more problems with continuity in caregiving, neglect, sexual abuse, and children's misconduct and family relations. Children who were placed both at termination and in the twelve months following termination, however, improved in both the adequacy of their education and their academic performance, eliminating differences observed at intake.

Follow-up interviews with families who could be located indicated continuing differences between placement and non-placement families in number of problems, parenting, and neglect both at six and twelve months following termination of

services.

Combining variables to look at their relative impact on child placement during the twelve months following IFS revealed that families who improved during services, who did not have a history of drug or alcohol problems, and who had fewer problems overall were less likely to have a child placed. Predicting placement, however, is much more difficult due to the wide differences in life experiences among families whose children end up in placement. Less than half the placements could be predicted by the variables we examined.

## CHAPTER 7

### COST-EFFECTIVENESS

The present analysis assumes that the "primary objective of family based services is to prevent the placement of children in substitute care, [and] a valid measure of the outcome performance of this approach is the proportionate reduction in placements and a decrease in expenditures associated with out-of-home placement" (Groze, n.d.). However, family preservation programs also seek positive changes in family functioning and child well-being, as well as long-term benefits measured over the lifetime of children and their families. In addition, IFS may be more cost effective for some problems and sub-groups than for others (cf. Bath & Haapala, 1994), raising the question "cost-effective for whom?"

Ultimately, agencies must assess whether diverting funds that would cover a year's placement costs for a small number of children to provide IFS services for three to six months to many more families is likely to result in sufficient monetary and other benefits to caregivers, to other children in the families, and to society to justify continued support for these programs.

This section looks at the cost-effectiveness of IFS, in general, and in relation to the two service periods tested. Since in two sites few significant differences in outcomes were found between the three month and six month groups, and longer services cost more than shorter services, it was not anticipated that the six month service would be found to be cost-effective in those sites. It is, however, instructive to examine the issue of cost-effectiveness and reflect on benefits other

than economy that might derive from longer-term services. Appendix II contains details on how cost effectiveness was calculated.

The purpose of the cost-effectiveness analysis was two-fold. The first objective was to measure the actual direct cost of services provided for each family by IFS workers (including caseworkers, supervisors, and travel fund disbursements) for the assigned intervention periods, and to compare them to the direct costs to the state for out-of-home placements that occurred during a one-year period following termination of services. The second objective was to determine if the direct cost of providing IFS services would be offset by the cost of placements that could be anticipated in the absence of IFS services (i.e., cost-neutrality).

Computing the number of placements that the money spent for IFS would have covered determines the *point of cost neutrality*. This is achieved by dividing total IFS costs by the average cost of placement. Adding the number of additional placements that dollars spent on IFS would have funded to those that actually occurred and dividing by the total number of cases determines the point of cost neutrality or the placement rate at which the program "pays for itself." (See Appendix II for further detail).

### Portland

Comparing the three study groups in Portland (Table A) shows not only significantly lower placement rates for the six month intervention (12.7 percent compared to the three month intervention with 33.3 percent and the X-month intervention with 23.3 percent), but lower average costs for placement for the six-

month group (\$5,236) compared to the mean placement cost of the three-month (\$6,448) and the X-month (\$6,855) groups. Although the average cost for six months of IFS was \$255 more than the three month group and \$13 more than the X-month group, both the lower out-of-home placement rate and the lower average placement cost (ranging from \$1,212 to \$1,619 less per placement) more than offset the cost of providing services for a longer time period.

Table A:

Out-of-Home Placement Costs and Placement Rates in Portland

Program Length	N	N Placed	Rate	N Placed (No Cost)	IFS \$ (Mean)	Plcmnt \$ (Mean)	IFS \$ (Total)	Plcmnt \$ (Total)
3 Mo.	60	20	33.3	3	\$580	\$6,448	\$34,817	\$109,614
6 Mo.	55	7	12.7	1	\$835	\$5,236	\$45,933	\$31,415
X Mo.	73	17	23.3	0	\$822	\$6,855	\$59,985	\$116,541

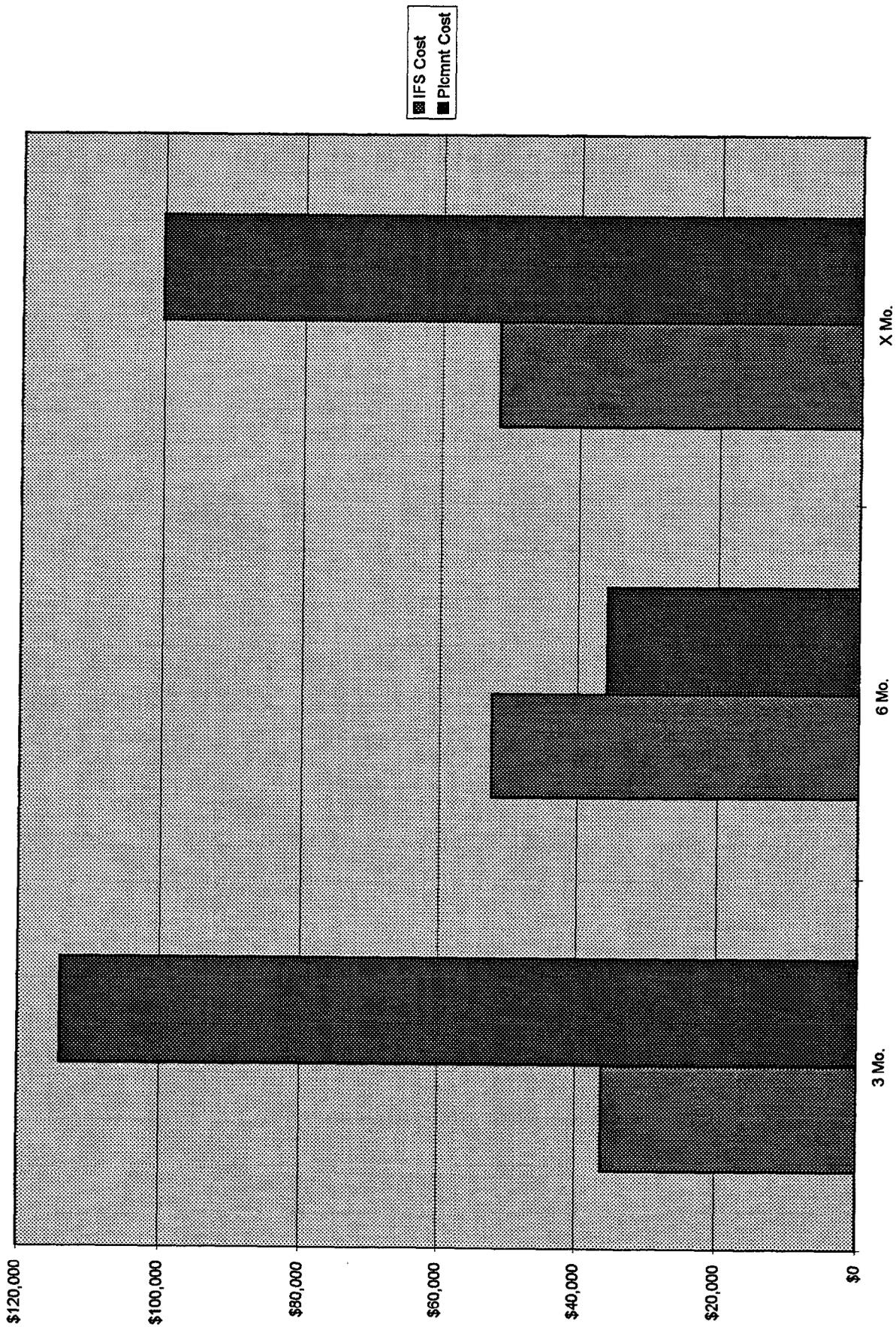
The cost of providing IFS to the six month group was \$11,116 more than the cost of services to the three month group. Services to the X-month group were even more expensive at \$25,168 more than those provided to the three month group. For the service population studied, however, a longer but time-limited service period generated considerable savings in placement costs. The cost-neutral placement rate estimates also indicate that the six-month intervention is the most cost-effective alternative in Portland, requiring an estimated placement rate in the absence of IFS of 27 percent to achieve cost neutrality compared to 37 and 36 percent for the other groups (Table B).

**Table B:**  
**Number of Out-of-Home Placements Prevented to**  
**Achieve Cost-Neutrality in Portland**

<b>Program Length</b>	<b>N</b>	<b>Placements Prevented</b>	<b>Placements With Cost</b>	<b>Cost-Neutral Rate</b>
<b>3 Mo.</b>	<b>60</b>	<b>5</b>	<b>17</b>	<b>37%</b>
<b>6 Mo.</b>	<b>55</b>	<b>9</b>	<b>6</b>	<b>27%</b>
<b>X Mo.</b>	<b>73</b>	<b>9</b>	<b>17</b>	<b>36%</b>

Adjusting for unequal sample size, Figure 1 illustrates that there is a sizable return on the investment in IFS in reduced out-of-home placement costs for the six month intervention. The additional expense for the indeterminate group does not appear to be cost-effective when compared to the six month group. Likewise, the three month intervention, while costing less on average, does not appear to reduce out-of-home placement costs to the same extent as the six month intervention, and so is less cost-effective.

Figure 1: Total IFS Costs and Total Out-of-Home Placement Costs for Three Month, Six Month and Indeterminate IFS Interventions in Portland<sup>a</sup>



<sup>a</sup>Weighted to account for unequal sample size.

## Pendleton

Although there were too few cases to reach statistical significance, the cost-effectiveness findings in Pendleton contradict those in Portland. The placement rate for three month group was 10 percent compared to 25 percent for the six month group, and providing six months of IFS cost \$262 more than three months of service. However, the average cost of placement was much less than for the three month service period, \$12,376 compared to \$5,118 in the six month group.

Overall, services for the six month IFS group cost \$11,234 more than for the three month group, and combined with a higher placement rate in the six month group, there was no savings in placement costs.

**Table C:**

**Out-of-Home Placement Costs and Placement Rates in Pendleton**

Program Length	N	N Placed	Rate	N Placed (No Cost)	IFS \$ (Mean)	Plcmnt \$ (Mean)	IFS \$ (Total)	Plcmnt \$ (Total)
3 Mo.	39	4	10.3	0	\$ 739	\$12,376	\$28,811	\$49,505
6 Mo.	40	10	25.0	0	\$1,001	\$ 5,118	\$40,045	\$51,175

Because placement rates and IFS costs were lower in the three month group, a placement rate of only 15 percent is required in the absence of IFS for the three month intervention to achieve cost neutrality (Table D).

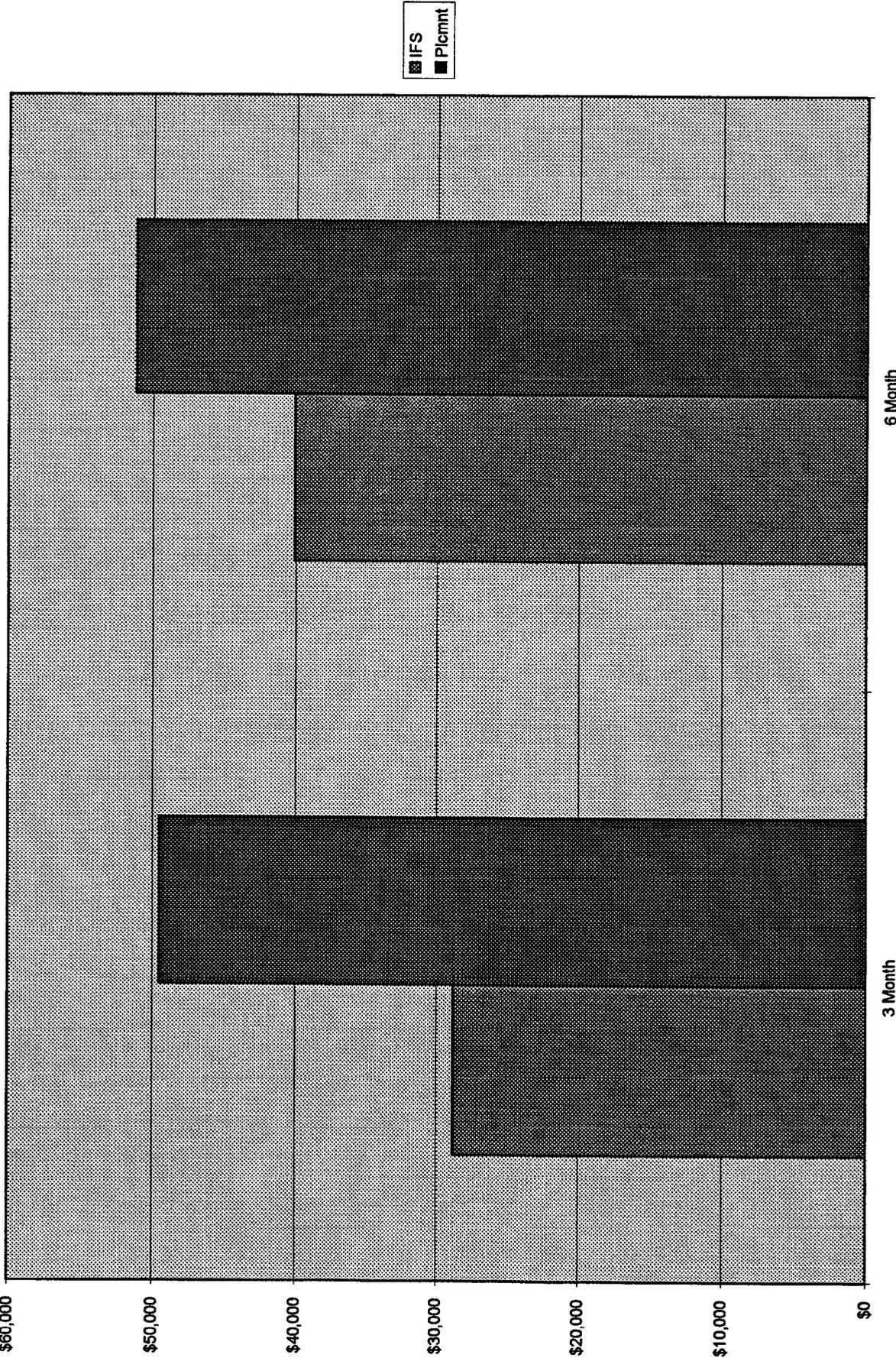
Table D:

Number of Out-of-Home Placements Prevented to  
Achieve Cost-Neutrality in Pendleton

Program Length	N	Placements Prevented	Placements With Cost	Cost-Neutral Rate
3 Mo.	39	2	4	15%
6 Mo.	40	8	10	45%

As Figure 2 illustrates, since there is not a return on the investment in IFS in reduced out-of-home placement costs, the additional expense for the six month group does not appear to be cost effective. Justification for the six month program may be found on other grounds, but not on cost savings of the program in preventing additional out-of-home placement, even though the average cost of placement was much lower.

Figure 2: Total IFS Costs and Total Out-of-Home Placement Costs for Three Month and Six Month interventions in Pendleton



## Baltimore

In Baltimore, there was no significant difference between the three month and six month service periods in the rate of out-of-home placements. The placement rate of the three month intervention was 20.2 percent compared to the six month intervention rate of 17.2 percent (Table E). There was also no substantial difference in the rate at which "no cost" placements occurred; the three month service period had four "no cost" placements and the six month intervention showed five placements without cost. Where cost was incurred for an out-of-home placement, the average cost of placement was \$2,211 less for the three month service period, which indicates that placements in the six month group may have been longer-term or in more restrictive settings, perhaps due to the high placement rate among chronically neglecting families.

The average cost for six months of IFS was \$999 more than the three month service period. For three additional months of IFS, an average increase in cost of 44 percent was incurred. While the out-of-home placement rate itself appeared minimally affected by the length of service, the average cost of placement was more in the six month service period, with an average increase from \$12,410 in the three month group to \$14,621 for the six month group; this was an 18 percent increase in out-of-home placement cost.

Services to the six month IFS group cost \$110,268 more than to the three month group. For the service population studied, there was no savings in placement costs by the six month service period compared to the three month

service period. At 34 percent, the cost-neutral placement rate estimate without IFS does not differ between the groups while the three month service costs less (Table F).

**Table E**  
**Out-of-Home Placement Costs and Placement Rates in Baltimore**

Program Length	N	N Placed	Rate	N Placed (No Cost)	IFS \$ (Mean)	Plcmnt \$ (Mean)	IFS \$ (Total)	Plcmnt \$ (Total)
3 Mo.	94	19	20.2	4	\$2,284	\$12,410	\$214,713	\$186,156
6 Mo.	99	17	17.2	5	\$3,283	\$14,621	\$324,981	\$175,449

There was, however, a difference in the duration and type of placements in the three and six month groups. In the three month group, placements were mostly in foster family homes (86.7%). In the six month group, less than 60 percent of the placements were in foster care. Other placements were in institutional care (25%), and shelter care (16.7%). In addition, half the placements in the six month group lasted less than three months, compared to only 20 percent in the three month group.

Since the six month group had three percent fewer placements (2) and one more no-cost placement, the total placement costs were higher in the three month program, although this did not offset the increased cost of \$999 per family for IFS in the six month group. In strictly monetary terms, for the six month service to be cost-effective, one would have to assume that it prevented five more placements

(22 vs.17) than the three month service. Moreover, the 22 placements would have to have been at the higher average rate paid for placements in the six month group.

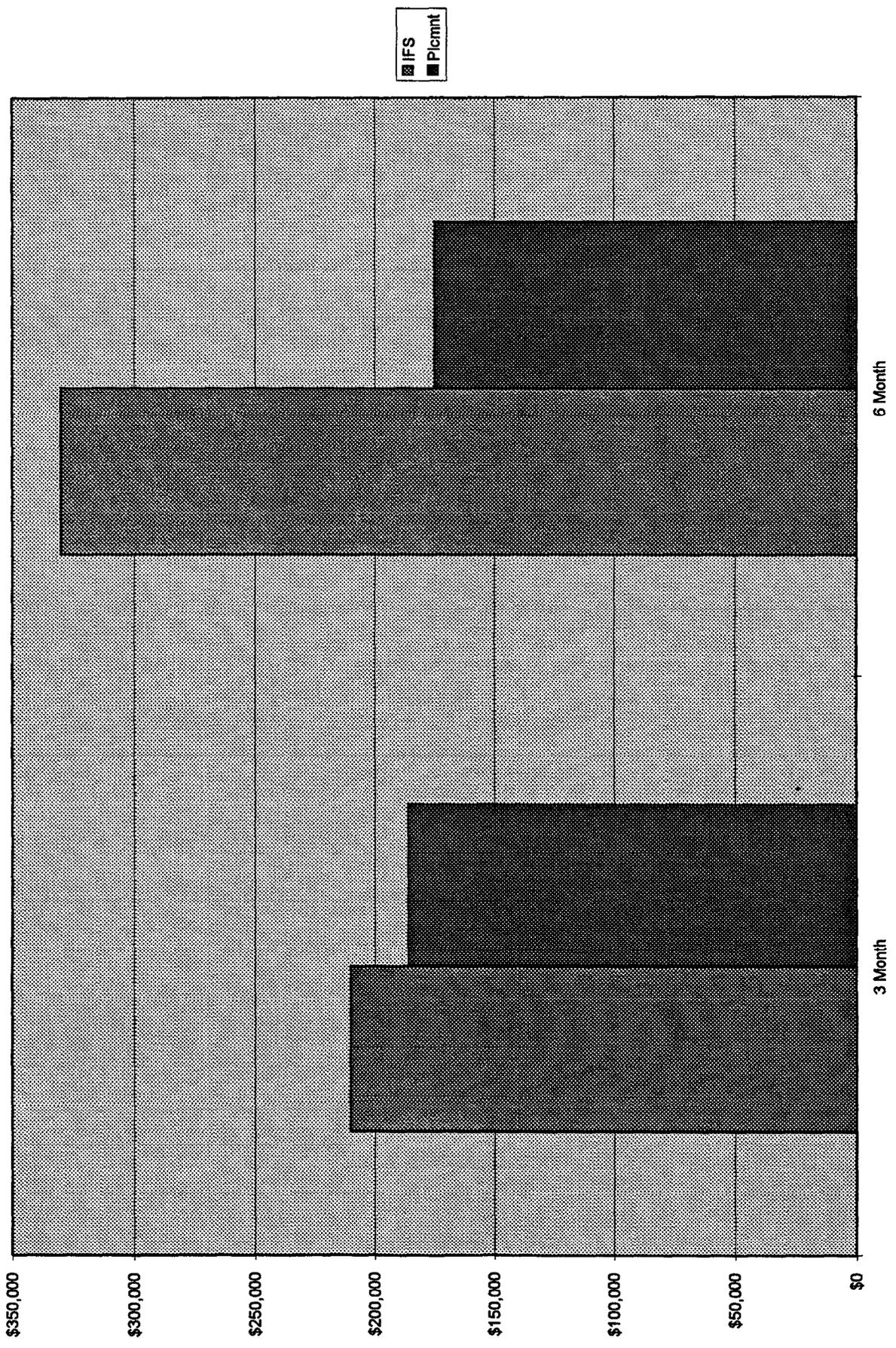
Table F:

Number of Out-of-Home Placements Prevented to  
Achieve Cost-Neutrality in Baltimore

Program Length	N	Placements Prevented	Placements With Cost	Cost-Neutral Rate
3 Mo.	94	17	15	34%
6 Mo.	99	22	12	34%

As Figure 3 illustrates, since there is a minimal return on the investment in IFS in reduced out-of-home placement costs, the additional expense for the six month group does not appear to be cost-effective when compared to the three month group. However, it should be noted that both three month and six month services were cost neutral, if a placement of 34 percent without IFS services could be assumed. This, in fact was nearly identical to the placement rate found in the comparison group in an earlier study of IFS (Pearson & King, 1987).

Figure 3: Total IFS Costs and Total Out-of-Home Placement Costs for Three Month and Six Month Interventions in Baltimore



## Conclusions

Based on data from the two Oregon sites, it may tentatively be concluded that a three month office-based intervention is most cost effective, followed by a six month home-based intervention. However, differences in the population served may account for the low placement rates in Pendleton, while differences in the services offered may explain the increased effectiveness of the six month intervention in Portland. These differences will be explored further in future reports.

The conclusion that three months of office-based IFS is relatively more cost-effective must be interpreted within the proper context. Because this is derived from a study of 79 cases in one location it is intended as an analysis of cost-effectiveness for alternative services in that location. Given the data at hand, the method of calculating the relative points of cost neutrality leads to the conclusion that six months of service does not yield a return on the investment of additional resources in this particular site. This conclusion is not intended to be generalizable to other programs, but the method can be extrapolated for comparison of costs to determine the relative cost-effectiveness of alternative services in other places.

## CHAPTER 8

### CONSUMER SATISFACTION

In addition to placement and standardized measures of family and child functioning, client perceptions of IFS are important although more qualitative indicators of service effectiveness. To find out how satisfied families were with IFS, consumer satisfaction surveys were given to all families at termination.

Surveys were returned by 122 families (65%) in Portland, 61 families in Pendleton (77%), and 161 families in Baltimore (83%). Responses were fairly evenly distributed across the groups (Table 47).

#### Portland

##### General Satisfaction

In general, families responding in all three groups were satisfied with IFS services (Table 48). Recoding the four point scale on the questionnaire into "satisfied," and "dissatisfied," 87 to 96 percent of those responding in each group reported that they were satisfied with services or what their IFS worker did. In addition to general satisfaction with the services and what the worker did, the overwhelming majority of families in each of the treatment groups reported that they talked with the worker about the most important issues.

There were differences among the groups, however, in how well they felt that their initial expectations of IFS were met and their satisfaction with how well goals were met. Ninety-six percent of those in the indeterminate group reported that their expectations were met or that the services were more helpful than

expected. In the three month group, 80 percent reported that their expectations were met or exceeded, compared to 77 percent of the six month group.

Examining the correlations among the four satisfaction items discussed above, feeling the "most important things" were discussed with the worker was not reliably related to the other satisfaction items (i.e., it reduced the reliability of the items as a scale). As a scale, the items assessing satisfaction with the worker and services provided, that goals were met, that problems were better, and that expectations were met were reliable at  $\alpha = .90$  for the three month group,  $\alpha = .76$  for the six month group, and  $\alpha = .74$  for the indeterminate length group.

Three quarters or more of families in all three groups saw improvement in their situation as a result of receiving IFS services. Using a five-point scale (1 = a lot better, 2 = a little better, 3 = about the same, 4 = a little worse, 5 = a lot worse), respondents were asked: "Think about the problems your family was having before you talked with someone from IFS. Overall, how are these problems now, compared to that time?" Compared to the time before talking with someone from IFS, 85 percent in the indeterminate group, 81 percent in the six month group, and 77 percent in the three month group reported that problems were "better" (i.e., either "a little" or "a lot").

#### Services Received

Families were asked to indicate which services they received from a list of eight:

1. Counseling
2. Teaching parenting skills
3. Teaching home-management skills (such as budgeting, shopping, cooking, cleaning)
4. Getting things for you that you needed (such as clothing, housing, food, transportation)
5. Helping you find and use other services
6. Helping you around the house and spending time with you
7. Spending time with the children
8. Assisting you or your family in court or with other legal matters

As Table 48 indicates, counseling services were provided for nearly all the families, but less than half of the families in each group reported receiving any of the other services. The second most frequently reported service was teaching parenting skills, (over 40 percent of the six month and indeterminate groups), however, only 24 percent of the three month group reported receiving instruction in parenting.

Other services were reported much less frequently. The next most frequently provided services, assisting families in court or in other legal matters, and help in finding and using other services, were reported by less than 22 percent of the families in each group. The remaining services on the list were reported very infrequently.

Respondents were asked, "Of the services you received, which ones do you feel helped you and your family the most?" The most helpful service provided was

consistent with the most frequently received service, which was counseling.

Teaching parenting skills and helping the family in finding and using other services were the second and third most helpful services. Only 11 percent or fewer of the families found other services most helpful.

Reports that services were least helpful were very infrequent. While counseling and teaching parenting skills were frequently reported as most helpful, there were a few families who cited these services as least helpful. In the six month and indeterminate groups, teaching parenting skills was reported to be least helpful by 11 and 9 percent, respectively, while for the three month group, there were no reports that teaching parenting skills was "least helpful."

#### Comparison with Services Received in the Past

Families were asked, "How would you compare IFS with other services you may have received in the past?" Using a five-point scale, both the indeterminate group (58%) and the three month group (50%) reported that services received through IFS were more helpful (either "a little more" or "much more" helpful) than other services received in the past. However, 22 percent of those in the six month group reported that they had not received other services in the past (i.e., no prior service history), a higher rate than in the indeterminate treatment group (11%) and the three month group (16%).

#### Feelings about the Future

Families were asked, "Since you first talked with someone from the Intensive Family Services program, have you noticed a change in how you feel about your

family's future?" Overall, hopefulness for the future improved for approximately 80 percent of families. Only five families reported feeling that the future was a lot less hopeful after talking with someone from IFS.

#### Summary of Findings for Portland

The percentage reporting that they were satisfied with IFS services, that their expectations were met, that IFS services were more helpful than other services received in the past, and that they felt more hopeful about the future was consistently higher for the indeterminate group than either the six month or the three month groups. The three month group was least likely to report that problems had improved after intervention, and the indeterminate group was most likely to report that problems had improved.

#### Pendleton

Surveys were returned by 61 of the 79 families in the Pendleton site; this is a response rate of 77 percent (Table 47). Responses by group include 84.6 percent from the three month group and 70.0 percent from the six month group.

#### General Satisfaction

Comparing the five items measuring general satisfaction, there were no significant differences between the three month and the six month groups in Pendleton (Table 49). Ninety-seven percent of the three month group and 85 percent of the six month group felt they had talked with the IFS worker about the most important things. Although ten percent fewer families in the six month group agreed with this statement, given the small number of cases reporting "no," the

difference is not significant.

Families in the three month group (91%) were also more satisfied with how well their goals were met than those in the six month group (82%), however there was no difference in how well families felt that their expectations had been met. Again excluding "talked with the worker about the most important things," the other three items assessing satisfaction were reliable at  $\alpha = .85$  for the three month group and  $\alpha = .79$  for the six month group. Compared to the time before IFS, 82 percent of the three-month group compared to 71 percent of the six month group reported problems had improved.

Another way in which satisfaction levels were compared was by computing the mean percentage of the five satisfaction items for each group. The three month group had a slightly higher level of satisfaction, with a mean of 95 percent compared to the six month group's mean of 85 percent.

### Services Received

From the list of eight services nearly all of the families in Pendleton reported receiving counseling services. The next most frequent service, teaching parenting skills, was received by more than a quarter of the families. "Helping you find and use other services," the third most frequent service, was reported by 21 percent of the three month group but only 7 percent of the six month group. The remaining services on the list were reported by less than 15 percent of the families.

Respondents consistently reported that the most frequently received service, counseling, was also the most helpful. Teaching parenting skills was second, with

25 percent in the six month group and 21 percent in the three month group reporting this service as most helpful.

The only other service reported by more than a few families as most helpful was "spending time with the children," reported by 14 percent of families in the six month group. Reports that services were least helpful were even more infrequent. Only one family in each group reported any service to be "least helpful."

#### Comparison with Services Received in the Past

Families were asked, "How would you compare IFS with other services you may have received in the past?" More than half (59%) of the three month group reported that services received through IFS were more helpful (either "a little" or "much more" helpful) than other services received in the past. For the six month group, 46 percent reported that IFS was more helpful than other services. However, one-third (36%) of those in the six month group reported that they had not received other services in the past (i.e., had no prior services history), compared to only 13 percent of the three month group.

#### Feelings about the Future

Families were asked, "Since you first talked with someone from the IFS program, have you noticed a change in how you feel about your family's future?" In general, families in both groups (88% in the three month group, 79% in the six month group) reported feeling more hopeful about their family's future after IFS. Two families in each group reported feeling "a little less hopeful" or "a lot less hopeful."

### Summary of Findings for Pendleton

There were no meaningful differences in the levels of satisfaction with IFS services between the three month and the six month treatment groups. The most noteworthy finding in Pendleton was the difference between the groups in reports of having not received services in the past. Families in the six month group were three times more likely than those in the three month group to have had no prior services.

### Baltimore

#### General Satisfaction

In general, Baltimore families in both the three and six month groups were highly satisfied with IFS services, goal achievement, and improvement. Table 50 presents the percentage of responses in Baltimore by group assignment. Respondents were asked, "In general, how satisfied were you with the services you received or with what your Intensive Family Services (IFS) worker did?" In Baltimore, there was no difference between the three month and the six month groups. Fifteen percent of the families were satisfied and 79 percent very satisfied with IFS services.

The three items assessing satisfaction (with the services received and with what the worker did, satisfaction that goals were met, and satisfaction that expectations were met) were reliable at  $\alpha = .82$  for the three month group, and  $\alpha = .71$  for the six month group. All were rated satisfactory (12%-24%) or very satisfactory (73%-79%) by over 90 percent of both groups; there were no

significant differences between the treatment groups in satisfaction.

Ninety-three percent in each group also reported that problems were better now (a little better--24%; a lot better--69%). Only three respondents, all of whom were in the three month group, reported that problems were worse than before IFS intervention.

### Services Received

When asked which services they received, with the exception of legal assistance, more than one-half of the respondents in the three-month group received each of the listed services. The results in the six month group were similar, although with the exception of counseling, respondents reported receiving slightly fewer services.

Families most often reported getting concrete and counseling services. One-half to two-thirds also received help finding and using other services and instruction in parenting skills. Help with the children and household was reported by around one-half of the families. Legal assistance was reported by few respondents in either group.

Respondents were asked "Of the services you received, which ones do you feel helped you and your family the most?" The most frequently received services (i.e., "counseling," and "getting things for you that you needed") were also reported most helpful by 60 to 70 percent in each group. Spending time with children was seen as significantly more helpful in the three month group compared to the six month group, ( $\chi^2(1) = 3.93, p < .05$ ). Teaching parenting and home-

management skills were also higher for the three month group.

Reports that services were least helpful were very infrequent. Fewer than 10 percent in either group reported any of the services as “least helpful.”

#### Comparison with Services Received in the Past

Families were asked, “How would you compare IFS with other services you may have received in the past?” Using a five-point scale, 72 percent in three month group, and 78 percent in the six month group reported that IFS was more helpful than other services received in the past.

In the three month group, 27 percent reported that they had not received services in the past (i.e., had no prior service history). No prior service history was reported by 18 percent in the six month group. This difference is marginally significant.

#### Feelings about the Future

Families were asked, “Since you first talked with someone from the Intensive Family Services program, have you noticed a change in how you feel about your family’s future?” No significant differences were found. In the three month group, 77 percent reported feeling much more hopeful, and in the six month group 72 percent reported feeling much more hopeful. Only one family in each group reported feeling less hopeful about the future after receiving services.

#### Summary of Findings for Baltimore

There were no meaningful differences in the levels of satisfaction with IFS services between the three month and the six month treatment groups. The most

noteworthy finding in Baltimore was the difference between the groups in reports of helpfulness of services relating to spending time with the children and teaching parenting and home management skills. Families in the three month group were more likely to report that these services were most helpful compared to the six month group. This may reflect a different emphasis in shorter term IFS services than in the longer term group.

### Conclusion

Overall, families expressed satisfaction with IFS services and felt more hopeful about the future. Differences among the study groups were marginal, with families in the six month treatment group in Portland feeling more satisfied than those in the other groups. Also families in the three month group in Pendleton were somewhat more satisfied with office-based IFS than those in the six month group.

In general, families thought the services they received were helpful and that those received most often were the most helpful. In all three sites, counseling services were universally provided. In the Oregon sites, the only other service provided to more than a quarter of the families was teaching parenting skills. In Baltimore, however, half or more of the families reported receiving all the listed services, with the exception of assistance with legal matters. These differences reflect both the different needs of the populations served by the programs and different conceptualizations of intensive family services as described by workers in the findings reported in the next chapter.

## CHAPTER 9

### WORKER CHARACTERISTICS AND BELIEFS

The success of any program lies not only in its design, but in the qualities and qualifications of those who implement it. This chapter outlines and compares the characteristics and opinions of the workers employed in the three study sites. These data were gathered by questionnaire during the early stages of data collection and are provided for descriptive purposes only. Too few workers were surveyed at each site to warrant statistical comparison.

#### Portland

##### Worker Demographics

Most workers in Portland were female (70%) and half were married with one child; their median age was 38 (Table 51). Six were white, two Black, one Hispanic, and one Native American. As a group, they had strong backgrounds in family counseling with a median of 6.5 years experience. Forty percent reported prior experience in public social services, while 30 percent had individual counseling experience. Most of their paid professional experience was in the provider agency. All the workers in Portland had Master's level degrees and they earned a median salary of \$22,000 for a 34 hour work week.

##### Salary Comparability and Morale

IFS workers were asked to compare their salaries with professional staff in other agencies in the area (Table 52). Thirty percent of the IFS workers in Portland reported that professional IFS staff in their agency are paid "generally about the

same as most private agencies in the area." Twenty percent reported that salaries for professional IFS staff in their agency were "higher than most agencies in the area." The remaining 50 percent reported that they did not know or had insufficient information upon which to make such a comparison.

Nearly three quarters of the workers were "very satisfied" with their job, and the rest were "somewhat satisfied." Eighty percent reported that morale within the IFS agency was "high." When IFS workers were asked "How many more years do you see yourself doing intensive family services?" the median was 15 years.

#### Reasons Why Workers Leave the IFS Program

Using a four point scale (1 = not important, 2 = somewhat important, 3 = important, 4 = very important), workers rated how important ten factors were in the decision to leave IFS for the professional staff who did so during the study year (Table 53). Thirty percent of the IFS workers in Portland rated "opportunities for advancement" and "other" reasons as "important" or "very important" in decisions to leave. Twenty percent reported that low pay, stress related to the demands of intensive family services, personal or family reasons unrelated to the job, stress due to the structure or policies of the agency, and "need for change" were either "important" or "very important" reasons in their decisions to leave. None of the IFS workers surveyed reported "layoffs or reductions in staff," "reassignment by the agency," or "personality conflict."

This suggests that the decision-making process for leavers was shaped more by opportunities elsewhere than by structural factors within the organization (i.e.,

they were pulled rather than pushed to new job opportunities). One hundred percent of the workers reported the turnover rate to be "low" in Portland, which suggests that very little decision-making about leaving was done at all; most remained happily employed by the agency.

### Best Practices of IFS

IFS workers were asked to rate 14 statements about intensive family service delivery on a scale of one to four (1 = extremely unimportant, 2 = relatively unimportant, 3 = relatively important, 4 = extremely important) (Table 54). Workers responded to the question, "In thinking about family-focused treatment programs that are designed to prevent child placement, to what degree are the following program characteristics important in delivering an effective service to clients?" (For parsimony, we grouped "relatively important and "extremely important" together as "important".) All Portland workers reported that keeping children in their own homes, referred to other counseling services and a family empowerment approach (families are encouraged to assume greater responsibility and self-determination, and services are focused on goal-oriented case plans) were important. Nearly all workers (70% to 90%) also reported that meeting families on their own ground was important (asking them to prioritize their treatment goals, appointments at the convenience of families, appointments in the families' homes, and accepting non-motivated clients for service). Fewer (30% to 40%) endorsed structural features commonly associated with family preservation services as important (services last no more than 90 days, and delivery of "hard" services).

Very few (10% to 20%) thought initial contact within 24 hours, 24-hour availability, night or weekend services, and very intensive services) were "important."

#### Types of Families for which IFS Was Most Effective

IFS workers rated 14 statements in reference to the following question: "How much do you think families with the following characteristics benefit from intensive family services?" The statements were rated on a scale of one to five (1 = do not benefit, 2 = little benefit, 3 = some benefit, 4 = moderate benefit, 5 = most benefit; recoded as 3, 4, 5 = "benefit," 1, 2 = "little or no benefit"). IFS workers in Portland indicated IFS was effective for most types of families (Table 55). However, there were several issues that workers thought IFS was not effective for. Only 20 percent believed that IFS was effective for families with housing problems in addition to other problems, and less than half thought IFS effective for families in which chronic mental illness is a problem. Sixty percent reported that families characterized as chronically neglecting or lacking motivation were effectively treated by IFS. The remaining ten family types were reported to benefit from IFS by 90 to 100 percent of the workers.

#### IFS and Relationships with Other Agencies

Workers rated the relationship between the IFS program and other service providers in the area on a scale of one to four (1 = poor, 2 = fair, 3 = good, 4 = excellent; recoded as 3, 4 = "good," 1, 2 = "not good"). Eighty percent of the workers in Portland reported good relationships between the IFS program and the

public social service agency, community mental health centers, probation, the court, and other intensive family services (Table 56). Sixty percent reported good relationships with family service agencies and other service units in their agency. Fewer than one-half of the workers (40%) reported good relationships with the police and medical personnel or hospitals.

**Core Values of the County System of Care**

IFS workers rated six statements on a scale of one to five, (1 = not at all, 5 = a lot; coded as 3, 4, 5 = "characterizes system of care," 1, 2 = "does not characterize system of care") in responding to the following:

"Below is a list of core values and guiding principles for a responsive system of services for children and families. Please indicate the extent to which each statement characterizes the system of care in your county today."

Seventy percent of the IFS workers in Portland cited as a core value that "children and families receive services within the least restrictive and most 'normal' environment that is clinically appropriate" (Table 57). One-half of the workers reported that "children and families receive individualized services; unique needs and potentials of families are guided by an individualized service plan," and "the families and surrogate families of children are full participants in the planning and delivery of services." Fewer than one-half (30% to 40%) reported the following core values:

- The system of care is family centered; the needs of the children and families dictate the types and mix of services.
- The system of care is community based; the locus of services, management, and decision-making rests at the community level.

- Early identification and intervention for children and families are promoted by the system to enhance positive outcomes.

The dominant core value was the provision of services in the least restrictive manner, and to some extent workers believed that their county promoted individualized case plans guided by family strengths. The county system was not characterized as family-centered, community-based, or proactive in the sense that early identification and intervention frequently occurred.

### Summary

Workers in Portland indicated that family-centered, home-based, and goal-oriented approaches which include knowledge of local community resources for appropriate referrals were important in delivering an effective service to clients. On the other hand, short-term intensive family therapy which deals with crises and requires around-the-clock availability of workers was not seen as important. Workers also indicated that IFS was of less benefit to families with housing problems, and to some extent, families in which there was chronic mental illness. Most other families, even those with little motivation or with a history of neglect, were seen as benefitting from IFS, indicating that workers successfully serve a wide range of families. Although workers saw the system of care in the Portland area as oriented to providing the least restrictive services according to the individual needs of families, services in general were not seen as family-centered, community-based, or preventive.

## Pendleton

### Worker Demographics

IFS workers in Pendleton, private therapists who contracted with the state, were quite different from the agency-based workers in Portland. The median age in Pendleton was 42.5 years (Table 51). Three workers were male and one was female. Two were married, none had children, and all were white. One half had prior public social service experience and three quarters reported experience in individual counseling. Their median paid professional experience was 13 years with 4.5 years in family counseling and 1.2 years working for the provider agency. Their median education was 18 years. Two reported an annual salary of \$50,000, one reported \$20,000, and one did not report income. The median number of hours worked per week was 33.5 hours.

### Salary Comparability and Morale

When asked to compare salaries with those in other agencies, two reported that salaries were about the same as most public and private agencies in the area, and two didn't know (Table 52). Three workers reported that they were "somewhat satisfied" with their job, and one was "very satisfied." All reported that morale in the intensive family program was "high." When IFS workers were asked, "How many more years do you see yourself doing intensive family services?" the median was 6.7 years. There had been no turnover of workers in the previous year (Table 53).

### Best Practices of IFS

IFS workers in Pendleton were also asked to rate the importance of program characteristics in delivering an effective service to clients (Table 54). All agreed that asking clients to identify and prioritize their own treatment goals, convenient appointments, and encouraging families to assume greater responsibility and self-determination were important. Three also saw referral to other counseling services, and the philosophy of services providers that most children are better off in their own homes as important. The workers were divided on the importance of "hard" services, contact within 24 hours of the referral, and goal-oriented case plans. Only one thought that 24-hour availability, routinely providing services at night or on weekends, or brief and intensive services were important. None thought that routinely providing services in the home or accepting non-motivated client were important.

### Types of Families for which IFS Was Most Effective

Workers in Pendleton indicated IFS was effective for almost all families characterized by the statements on the survey instrument (Table 55). All the Pendleton workers reported that IFS was effective for 10 of the 14 types of families. Three reported that IFS was effective for families who are court-ordered and those in which substance abuse is a problem, but only half thought families with little motivation or those with chronic mental illness benefited from IFS.

### IFS and Relationships with Other Agencies

Three of the workers rated the relationship between the IFS program and

other service providers in the area as generally good (Table 56). They reported good relationships with family service agencies, probation, police, the courts, and medical personnel or hospitals. Only half reported good relationships with community mental health centers, other intensive family services, and other service units in their agencies. Only one worker in Pendleton reported that the working relationship with public social services was good.

#### Core values of the county system of care

All of the Pendleton workers reported the following statements characterized the system of care in their county:

- Early identification and intervention for children and families are promoted by the system to enhance positive outcomes.
- The system of care is family centered; the needs of the children and families dictate the types and mix of services.
- The system of care is community based; the locus of services, management, and decision-making rests at the community level.
- Children and families receive individualized services, unique needs and potential of families are guided by individual service plans.
- Children and families receive services within the least restrictive, most "normal" environment that is clinically appropriate.

Three of the Pendleton workers reported that the families and surrogate families of children are full participants in the planning and delivery of services.

#### Summary

Pendleton workers were satisfied with their jobs, reported that morale was high and turnover low within the IFS program, and expected to be working in intensive family services for the foreseeable future. Pendleton workers indicated

that almost any type of family benefits from IFS. Families where there was little motivation or desire for services or where chronic mental illness was evident were thought to benefit least from IFS. Nearly all workers reported that other family types benefited from IFS.

Overall, workers in Pendleton indicated that most of the program characteristics listed on the survey instrument were important in delivering effective services to clients. Only two of the 14 program characteristics were not reported as important for effective service: providing services in the home and accepting non-motivated clients. The relationships between the Pendleton IFS program and the local legal and medical institutions (e.g., police, courts, probation, medical personnel or hospital) were reported to be strong. The relationship with those in other social service agencies was seen as less positive. Workers in Pendleton reported that all of the core values characterized the system of care in their county. Examination of the distributions of raw scores suggests that workers in Pendleton generally agreed that the core values of family-centered and least-restrictive services were the most characteristic of the six core values presented.

## Baltimore

### Worker Demographics

In the Baltimore site over 80 percent of the IFS workers were African-American women. Their median age was 39 and half (42%) were married with one child; 25 percent had two children. Workers had over 11 years experience, mostly in child welfare. Two-thirds had individual counseling experience, with two years

of family counseling experience. The workers had been with DHR for a median of 3.8 years and earned \$32,400 for 37 hours of work per week.

### Salary Comparability and Morale

When asked to compare salaries between professional IFS staff and those of other agencies in the area, 92 percent of the workers reported that salaries in the Baltimore IFS agency were generally lower. However, two-thirds reported that salaries were "about the same as most public agencies in the area." Forty-two percent of the workers reported they were "very satisfied" with their job, and 58 percent reported that they were "somewhat satisfied." However, only eight percent reported that morale in the IFS program was "high," while 83 percent reported that morale was "average." When IFS workers were asked "How many more years do you see yourself doing intensive family services?" the median response was four years.

### Reasons Why Workers Leave the IFS Program

In rating how important ten factors were in recent decisions by professional staff to leave IFS, fifty percent reported that IFS workers in Baltimore left because of "stress due to the structure or policies of the agency." One-third reported that "opportunities for advancement" and "reassignment by the agency" were important factors in their coworkers' decisions to leave IFS and 25 percent indicated that departures were due to "stress related to the demands of intensive family service."

### Best Practices of IFS

IFS workers were asked to rate 14 statements about the importance to

effectiveness of various aspects of IFS service delivery. Almost all the Baltimore IFS workers thought that the complete list of program characteristics was important or very important. However, only 58 percent reported that 24 hour availability for emergency visits or calls was important.

#### Types of Families for which IFS is Most Effective

Baltimore IFS workers were more selective in their opinions of which types of families benefited most from intensive family services. All workers agreed that IFS was effective for families new to the service system, who were voluntarily seeking services, facing imminent placement, in crisis, or with children who have physical or developmental disabilities. Most also reported IFS to be effective with families with housing problems, those whose problems were not yet at the crisis stage, those with children who have been placed before, and those court ordered to receive services. Less than half thought IFS successful with chronic neglect or with families who lacked motivation. Few thought IFS benefited families with extensive service histories, or in which substance abuse or chronic mental illness was a problem.

#### IFS Relationships with Other Agencies

Workers rated the relationship between the IFS program and other service providers in the area as generally good. Workers in Baltimore reported the best relationships with medical personnel or hospitals. Seventy-five percent rated the working relationship as "good" between IFS and the public social service agency, community mental health centers, probation, and the court, and two thirds reported

a good working relationship with the police. At least half rated the relationship with family service agencies and other service units in the agency as good.

### Core Values of the County System of Care

In characterizing the service system in the county, 92 percent of workers in Baltimore said that it was family centered, that the needs of the children and families dictate the types and mix of services, and that the families are full participants in the planning and delivering of services. Eighty-three percent reported that children and families receive services within the least restrictive, most "normal" environment that is clinically appropriate, and 75 percent agreed that early identification and intervention are promoted and that services for children and families are guided by an individualized plan. Half said that the system of care is community-based with services, management, and decision-making at the community level.

### Summary

Overall, workers thought that they were paid about the same as workers in most public agencies in the area, but lower than those in most private agencies. However, the majority were only "somewhat satisfied" with their jobs. Morale was reported to be "average" and most workers planned to continue with IFS for four years longer.

Although turnover was rated as "low" by 83 percent of the workers, the perception was that workers left because of stress from within the agency, due to advancement or reassignment by the agency, or stress related to the demands of

the job.

Workers in Baltimore indicated that 13 of the 14 program characteristics listed on the survey instrument were important in delivering an effective service to clients. However, only about one-half thought 24 hour availability was important. Although IFS was seen as effective with most types of families, according to the perceptions of most workers, for families with histories of mental illness, substance abuse, or extensive past services, IFS did not hold promise of benefit. Over half also thought IFS was less effective with chronic neglect or with unmotivated families.

The relationships between the Baltimore IFS program and most other services were reported to be strong and five of the six core values of family-centered services characterized the system of care in the county. Examination of the distribution of raw scores suggests that workers in Baltimore generally agreed that the core values of "family-centered" and "least restrictive" were the most characteristic. That "care is community-based; the locus of services, management and decision-making rests at the community level" did not receive clear support as characterizing the county system.

### Conclusions

As might be expected, there were some dramatic differences among the sites. Workers in Baltimore were best matched to the service population, while those in Pendleton were higher paid, primarily male therapists. All, however, had advanced degrees and averaged seven or more years' professional experience.

Baltimore workers had the most experience in child welfare and Portland workers, the most in family counseling.

Morale was highest in the Oregon sites with 70 percent of the Portland workers feeling very satisfied with their jobs and planning to stay on for twice as long as the Pendleton workers. The reasons for leaving IFS reflect the disparities between Portland and Baltimore with opportunity for advancement listed as the most frequent reason for leaving in Portland and stress related to agency policies listed first in Baltimore.

Baltimore workers also adhered most closely to the values and practices common in family preservation services. Only 24 hour availability received support from fewer than three quarters of the workers. Workers in Oregon endorsed family preservation practice more selectively, agreeing on empowering practices, keeping children in their own homes, and referral for other services, but placing less importance on accessibility and intensity of services.

Although workers in all sites thought most families benefited from IFS, they also agreed that families with chronic mental illness or little motivation were less likely to benefit. In addition, workers in Baltimore thought families with untreated substance abuse, extensive service histories, or problems with chronic neglect, rarely benefited, and workers in Portland thought families with housing problems were less likely to benefit.

For the most part, relationships with other services essential to support and follow-up of IFS services, were reported as positive. However, fewer than half the

workers reported good relationships with the police and medical personnel in Portland, with the public social service agency in Pendleton, and with other intensive family services in Baltimore. Perhaps most significantly, only about half the workers in all three sites thought relationships were positive with other units providing child welfare services.

The community context within which IFS operated also differed across the sites with Pendleton reporting the most family-centered and community-based service system and Portland reporting the least. The most positive aspect of the service system in Portland was its emphasis on providing services in the least restrictive environment. These distinctions are important, since maintaining gains and keeping children safely in their homes after the termination of IFS often depends on the quality and availability of continuing support and services in the community.

## CHAPTER 10

### SUMMARY, DISCUSSION, AND CONCLUSIONS

The primary purpose of this project was to use a scientifically valid experimental design to test the effect of length of service on client outcomes and cost-effectiveness in family preservation programs in two states. These effects were tested by randomly assigning families to three and six month service contracts and, in one site, to a control condition with no specified service length. Location of service provision (home or office), target populations, and staffing pattern (teams or individual workers, combined or separate case management) varied among the sites in the study. Data collection began in the fall of 1989 and new cases were assigned through October, 1991.

In order to test the effects of length of service under different conditions, two programs with differing client populations and service models were selected to participate in the research project. Both are called Intensive Family Services, but the program in Oregon is operated primarily through purchase-of-service contracts with private providers, while the program in Maryland is within the public social services system. Although in Oregon the state sets overall program structure and goals, including an average 120 day service period with caseloads of 10-12, there were several differences between the sites. In Portland, a major metropolitan area, a private social service agency contracted with the public agency to provide in-home services. In the more rural Pendleton site (which also included the towns of Hermiston and Baker), private family therapists provided in-office services under

contract to the state. While workers frequently teamed on cases in Portland, this never occurred in Pendleton.

Intensive Family Services in Baltimore differed considerably from the program in Oregon, both in services and client population. IFS in Baltimore provided time-limited, in-home intensive family treatment and support services to a largely minority, inner-city client population facing problems of child abuse and neglect. Comprehensive services which included access to flexible funds were delivered by a professional-paraprofessional team over a 90-day service period with caseloads of six.

#### Summary of Findings

In the Baltimore site, of the 224 families who were referred and accepted services, 13.8 percent refused to participate in the research, resulting in a total N of 193 families. The Pendleton site had a similar acceptance rate, with 13.2 percent of 91 referred families refusing to participate in services or the research project. The highest refusal rate was found in Portland where 40.3 percent refused services altogether, and, of those who accepted services, 36.2 percent refused to participate in the research. This resulted in a higher percentage in the "no time limit" group as more families accepted services and a higher percentage agreed to participate in the research without a specified length of service. However, since differences in participation rates among the three groups were not significant, no violation of random assignment is indicated.

In each site the sample was fairly evenly distributed between the groups. Of

the 188 usable Portland cases, 60 families (31.9%) were assigned to three month contracts, 55 (29.3%) were assigned to the six month group, and 73 (38.8%) were in the "no time limit" group. In Pendleton, 39 families (49.4%) were assigned to the three month group, and 40 (50.6%) were in the six month group. In Baltimore, 94 families (48.7%) were randomly assigned to the three month group, and 99 (51.3%) were in the six month group. Overall, the procedure resulted in no significant a priori differences among the three month, six month and no time limit groups which would indicate bias in assigning families to different service contracts. In Portland, both the six month group and the no time limit group differed significantly from the three month group on the number of days spent in IFS. In Pendleton and Baltimore, the six month groups spent significantly more time in IFS as well.

The sites were selected because of their differences in program and client populations and these differences were reflected in the data. In Baltimore most of the families were African American, headed by single parents who were primarily homemakers with young children. In the two Oregon sites, most of the families were European American with older children and employed caregivers. One third to half of the caregivers were currently married, many to employed men. Thus, despite having similar family sizes, Oregon families had over twice the monthly income of Baltimore families. More than 80 percent of the Baltimore families and about a third of the Oregon families had yearly incomes under \$10,000.

In Portland, nearly 30 percent of the cases were referred for reunification of

a child already in placement and half had prior experience with the child welfare agency, whereas in Baltimore three fourths were new to the child welfare system. In keeping with the differences in ages of the children, the primary reason for referral in Oregon was parent-child conflict and many families were self-referred (24.4% in Portland and 38.5% in Pendleton). In Baltimore, the most common source of referral was the Department of Human Resources; nearly half of the families were referred primarily for child neglect and over a quarter were referred for physical abuse. Homelessness or eviction was a factor in referral for over a quarter of the families.

Differences were also found in the issues presented by the families. While Baltimore families had, on average, more problems, Pendleton families reported higher levels of stress. In all sites moving to a new location, substance abuse, and trouble at school were among the most frequently reported stressors. Also in all sites, parenting and child behavior problems were among the most frequently noted problems. Accordingly, case objectives having to do with parenting issues (e.g. discipline, setting limits, recognizing children's needs, age-appropriate behavior) were most common. However, in the Oregon sites, secondary objectives dealt with therapeutic issues, focusing on internal family relationships, whereas in Baltimore other case objectives centered on concrete issues such as housing, health care, budgeting and home management skills. Baltimore families also more often received concurrent services, especially concrete services such as AFDC, while Portland families most often received concurrent counseling services.

Pendleton families least often received any kind of outside service while in the IFS program.

In all three sites, services were most often terminated because the time limit had been reached and no further intensive services were needed. Although the majority of families continued to receive some kind of service after termination, 36 to 46 percent needed no further services at the time their case was closed with IFS.

### Hypotheses

On the basis of prior research it was expected that families served over a longer period of time might have better outcomes including lower placement rates. However, longer service periods cost more per family, so even though placement rates may be lower, extended services may not be cost-effective. Finally, previous research and practice experience had indicated that different client populations cannot only be expected to experience different levels of success, but might benefit differentially from longer or shorter service contracts. The data supported some of these hypotheses, but not others:

**Hypothesis 1. Families randomly assigned to six month contracts will experience more positive changes and lower placement rates than those assigned to three month contracts.**

Although placement rates at termination were consistently lower in the six month than in the three month groups in all three sites, due to the small number of placements none of these differences was statistically significant. Hypothesis 1

was supported only in the Portland site, where over the 12 months following termination from IFS, the six month group experienced significantly fewer placements than the three month or indeterminate length groups. This difference remained significant after controlling for initial level of caregiver, child, and family functioning, the total number of problems in the family, previous placements, service history, age of the oldest child, and problems of delinquency/status offenses, adult depression, recognition of problems, child behavior, child's family relations, and child's relations with peers, all related to placement at the bivariate level. The largest differences in favor of the six month group were found in cases involving placement prevention, substance abuse, and serious child behavior problems.

In the Pendleton group, an increase in placements in the six month group during the twelve-month follow-up did not reach statistical significance, except among placement prevention cases. There were no differences between the treatment groups in Baltimore during the follow-up period, nor were there any significant differences between the three and six month groups in any of the sites on any of the other outcome measures.

**Hypothesis 2. The direct costs of providing longer services will be offset by a reduction in placement costs.**

Although the average cost of IFS services was higher in all the sites for the six month groups than for the three month groups, the increase in IFS costs for the six month program in Portland was more than offset by reduced placement costs.

On average, the six month program in Portland cost \$255 more per family, but saved an average of \$1212 in placement costs within the year following IFS. The average placement costs were highest in the indeterminate length group, where the average cost of IFS was nearly as high as in the six month group.

In Pendleton both direct IFS costs and placement costs were higher in the six month group. Although average placement costs were lower in the six month group, more than twice as many placements occurred over the twelve-month follow-up. If the average placement costs in the six month group had been as high in the three month group, the extra money spent on IFS services would have been more than offset by increased placement costs. However, even though the six month program had higher placement rates, overall costs were reduced by making shorter, less restrictive (and therefore less expensive) placements.

In Baltimore, the cost, number, and rate of placement was slightly lower in the six month group, but the extra direct IFS costs were not offset by savings in placement costs. In fact, the average cost of placement in the six month group was slightly higher than in the three month group, but the placements were shorter in duration.

Looking at break-even points in terms of expected rates of placement, in Portland the six month group was most cost-effective, assuming a placement rate without IFS services of 27 percent. In Pendleton, three months of office-based IFS services were more cost effective than six months assuming a non-treated placement rate of 15 percent. In Baltimore, the cost of IFS services in both groups

was offset during this time period if a non-treated placement rate of 34 percent can be assumed.

**Hypothesis 3. Families experiencing problems with neglect, substance abuse, or delinquency and those with children already in placement who are assigned to six month service contracts will have lower placement rates than those assigned to three month service contracts.**

### Neglect

Baltimore was the only site with a substantial proportion of neglect cases (48.4%). Although over a quarter of neglect cases experienced placement, there were no significant differences between the treatment groups. However, in cases involving chronic neglect, placements in the six month group were actually higher (77.8% compared to 30.8%) indicating that the longer service period led to more decisive action in these cases. Thus this part of the hypothesis was not supported.

### Substance Abuse

Also in Baltimore, 21 percent of the families had substance abuse problems and nearly a third of them experienced placement, but there was no significant difference between the treatment groups. However, in Portland and Pendleton twelve-month placement rates were lower in the six month groups than in the three month groups for families with substance abuse problems. In Portland, almost half the families in the three month group with substance abuse problems experienced placement, while none of those in the six month group did, a significant difference

despite low cell sizes ( $\chi^2 = 11.68$ ,  $df = 2$ ,  $n = 43$ ,  $p < .01$ ; 50% of cells had less than five cases). In Pendleton, placement rates in substance abusing families were slightly lower in the six month group (25%) than in the three month group (33.3%). Although this difference did not reach significance, it did reverse the general direction of the findings regarding placement in Pendleton. This part of the hypothesis was supported in only one site, Portland.

### Delinquency

There were no significant differences between the three and six month groups in placement rates for families referred for delinquency in any of the sites. While the highest placement rates in the six month group in Portland were found among status offenders and delinquents (25%), this was still more than 10 percent lower than their placement rate in the three month group. However, children with serious behavior problems were significantly less likely to be placed if they were in the six month group (7.7%) than in the three month group (66.7%), partially supporting the hypothesis in this site.

### Reunification

In both the Portland and Pendleton sites, reunification cases were less successful than prevention cases. In Portland, placement rates ranged from a low of 26.7 percent in the six month group to a high of 39.1 percent in the three month group, a non-significant difference. In Pendleton, again reversing the general trend, placement rates were lower in reunification cases in the six month group (14.3%) than in the three month group (25%), although again this difference

was not significant.

### Other Findings

In addition to length of service, the study explored maltreatment rates, the effects of other predictors on placement, client satisfaction, and worker characteristics. In Oregon, possibly because the children served were older, reports of maltreatment during service and founded reports in the twelve months following IFS were very low (5-10%) with the highest rate (7.6%) in reports of physical abuse in Pendleton. In Baltimore, with younger children, 17.1 percent of the families were reported during the service period, over half for neglect, and maltreatment was founded in 15.5 percent of cases in the twelve months following termination.

### Placement

In Portland, family history and functioning had the most effect on placement. Reunification cases experienced higher rates of placement at termination and in the twelve months following IFS. Both worker and family ratings of family functioning (Child Well-being Scales and Self-Report Family Inventory) at termination were significantly correlated with placement during the twelve month follow-up. In addition, placement families had more problems, showed improvement in fewer areas of family functioning, and achieved fewer of their case goals. There were several areas of improvement in non-placement cases that contributed to better outcomes. Specifically, caregivers were seen as providing better supervision and instruction as well as more appropriate discipline, and the children's behavior and

family relationships had improved. Logistic regression revealed that in Portland, families who had caregivers with no significant health problems or disabilities and whose parenting had improved over the course of services, in addition to those who received longer services, were significantly more likely to remain together in the twelve months following IFS.

In contrast, initial child behavior and school attendance and performance were more significantly correlated with placement in Pendleton both at termination and at twelve months than parental factors. Workers perceived more success with families who were intact at termination, with better child-family relationships and more adequate supervision, than with those whose children were in placement. Families who provided better supervision were also significantly more likely to remain together during the twelve months following IFS, as were those who were providing more adequate mental health care for their children at termination.

In Baltimore, placement families had more problems with drugs and alcohol in the year prior to services and more educational and behavioral problems with their children at intake than non-placement families. Almost all aspects of the initial Child Well-being Scales were related to placement in the twelve months following intervention including parental and child functioning, child neglect, and household adequacy. While most families showed improvements in most areas of functioning during IFS, families with children placed during the twelve month follow-up period still had significantly more problems with continuity in caregiving, neglect, sexual abuse, and children's misconduct and family relations at

termination. Like families in Portland, families in Baltimore who had fewer problems, improved in more areas of functioning, and achieved more of their goals were more successful in avoiding placement. Children who were placed both at termination and in the twelve months following termination, however, improved in both the adequacy of their education and their academic performance indicating possible beneficial effects of placement.

Combining variables to look at their relative impact on child placement during the twelve months following IFS revealed that families with fewer problems who improved during services, and who did not have a history of drug or alcohol problems, were less likely to have a child placed. Predicting placement, however, is much more difficult due to the wide differences in life experiences among families whose children end up in placement. Less than half the placements could be predicted by the variables we examined.

### Family Satisfaction

Overall, families expressed satisfaction with IFS services and felt more hopeful about the future. Differences among the study groups were marginal, with families in the indeterminate group in Portland feeling more satisfied than those in the other groups. Also, families in the three month group in Pendleton were somewhat more satisfied with office-based IFS than those in the six month group.

In general, families thought the services they received were helpful and that those received most often were the most helpful. In all three sites, counseling services were universally provided. In the Oregon sites, the only other service

provided to more than a quarter of the families was teaching parenting skills. In Baltimore, however, half or more of the families reported receiving all the listed services, with the exception of assistance with legal matters. These differences reflect both the different needs of the populations served by the programs and different service models.

### Worker Characteristics

There were dramatic differences among the sites in worker characteristics and practices. Worker characteristics in Baltimore best matched the service population, while Pendleton workers were more experienced, higher paid, primarily male therapists. All, however, had advanced degrees and averaged seven or more years professional experience. Baltimore workers had the most experience in child welfare and Portland workers, in family counseling. Baltimore workers adhered most closely to the values and practices common in family preservation services. Workers in Oregon endorsed family preservation practices more selectively, agreeing on family empowerment, the value of keeping children in their own homes, and referral for other services, but placing less importance on accessibility and intensity of services.

Although workers in all sites thought that most families benefit from IFS, they also agreed that families with chronic mental illness or little motivation were less likely to benefit. In addition, workers in Baltimore thought families with untreated substance abuse, extensive service histories, or problems with chronic neglect rarely benefited.

For the most part, relationships with other services essential to support and follow-up IFS were reported as positive, however, only about half the workers in all three sites thought relationships were positive with other units providing child welfare services. In addition, the community context in which IFS operated differed across the sites with Pendleton workers reporting the most family-centered and community-based service system and Portland reporting the least. These distinctions are important, since maintaining gains and keeping children safely in their homes after the termination of IFS often depends on the quality and availability of continuing support and services in the community.

#### Discussion

The primary purpose of this research was to determine the effect of length of service on various outcome measures and on service costs under different program conditions. The design included random assignment of families to three month, six month or indeterminate service contracts. Outcome measures included placement at termination and during the twelve months following termination, reported recurrence of maltreatment during treatment and substantiated recurrence of maltreatment during the twelve months following termination, and several standardized measures of family, parent, and child functioning.

Overall, the outcome measures showed low placement rates (from a low of 10% at termination to a high of 23% during the twelve months following termination) and low rates of repeated maltreatment (from a low of 5% during treatment to a high of 15.5% in the twelve months following termination).

Significant improvement in family, parent, and child functioning was also found on several measures.

In examining the effect of length of service on family outcomes, the only significant direct effect was in the Portland site. Families in the six month group had a much lower placement rate during the twelve months following termination (12.7%) than did families in the three month group (33.3%). Even though families seemed to prefer a flexible time frame and actual days of service and costs were similar between the six month and indeterminant groups, low income families and those with child behavior problems, in particular, achieved better outcomes with time-limited services. In addition, placement costs were lower in the six month group. This indicates that, in addition to the benefits of a longer time period, time limits enhance effectiveness.

Examining the different service models and populations represented in the study suggests that six months of in-home family treatment provided to families with older children and significant histories of prior services, were most effective in preventing placements, especially if substance abuse and child behavior problems are also involved. Placement rates were also more than 10 percent lower in the six month group for reunification cases. In addition, longer term services demonstrated a trend toward greater effectiveness with substance abuse and reunification cases even when delivered in an office-based setting, as in the Pendleton site. However, office-based services were most cost effective when used with placement prevention cases under three month service contracts.

In contrast, there were no significant differences in outcome between the three and six month groups in the Baltimore site which served a low-income, African American population newly referred for child abuse and neglect. The only significant difference was a much higher placement rate for chronically neglecting families in the six month group. However, there was also evidence that longer services might be more effective with families experiencing adult depression/emotional problems or child behavior problems.

These findings suggest that specific service models are more effective with some populations than with others. Costs also differ considerably according to service model and population. In Portland, placement costs were significantly reduced in the six month group, resulting in savings that more than covered the cost of the extended service period. In the most cost-effective groups in the other sites, the costs of providing IFS were offset by savings in placement costs during the year following services assuming, in the absence of IFS, placement rates of 15 percent in Pendleton and 34 percent in Baltimore. These are reasonable assumptions given that previous studies in these locations found twelve-month placement rates of 33 to 34 percent (Pearson & King, 1987; Showell, 1985).

Interestingly, IFS costs were similar between the home and office-based sites in Oregon, primarily because staff were better paid and more experienced in the office-based program in Pendleton. One advantage of providing longer services in the Pendleton site was lower average placement costs. Similar to the costs of six month placements in Portland, average placement costs in the six month group

were half those in the three month group, indicating that in both sites these placements were either less restrictive or of shorter duration.

The more complete service model in Baltimore which included teamed services, smaller caseloads, case management as well as treatment services, and flexible funds was understandably more expensive than the treatment-focused program in Oregon. However, the sub-poverty population in Baltimore had multiple needs which included both concrete and therapeutic services and would not have been well served by a less comprehensive family treatment model.

Differences among the sites were also reflected in the services, outcomes, and factors associated with placement in each site. The Baltimore program focused on parenting and concrete services for families under stress due to multiple problems including child neglect, physical abuse, substance abuse, and child behavior problems. The total number of problems combined with substance abuse contributed to placement in a small percentage of cases, while improvement in family functioning enabled many families to remain together during the twelve months following termination of IFS.

In Portland, treatment services were provided to families with multiple problems and high rates of previous service and prior placements (nearly a third were referred for reunification services). Despite services to improve parenting and family functioning, reunification cases still experienced higher placement rates than prevention cases. Although caregivers with health problems or disabilities were more likely to have children placed, improvement in parenting and longer services

both contributed to keeping families intact.

Family treatment in Pendleton was instigated by children's behavioral problems at home and in school and directed at improving parenting. Although families were under greater stress, those who remained intact improved in supervision and in obtaining mental health care for their children.

#### Relation to Prior Research

This study supports the findings of prior research on family preservation services including high rates of placement avoidance, low rates of repeated maltreatment, and positive changes in child, parent, and family functioning (for summaries of this research see Bath & Haapala, 1994; Blythe, Salley, & Jayaratne, 1994; Kinney, Haapala, & Booth, 1991; and Nelson & Landsman, 1992). It adds further support to findings that even with intensive services, placement rates are higher in cases involving neglect (Bath & Haapala, 1993; Berry, 1990 & 1992; Meezan & McCroskey, 1996; Nelson, 1994; Nelson & Landsman, 1992; Yuan & Struckman-Johnson, 1991), severe child behavior problems (Nelson, 1990 ; Nelson & Landsman, 1992; Reid et al, 1988; Schwartz & AuClaire, 1986; Spaid & Fraser, 1991), and family reunification (Fraser et al 1991; Goerge, 1988). It also identifies caregiver health/physical disability as a significant factor in placement in addition to parent and child functioning.

As well as confirming the importance of family and child factors in predicting placement, the study identifies several treatment variables that enhance effectiveness. As noted by Spaid and Fraser (1991), family preservation cases can

be grouped into two broad types: those involving older children with behavioral problems and those involving parenting problems with younger children. In one Oregon site that provided in-home services to families with older children, a six month service contract resulted in significantly lower placement rates and cost savings. Placement rates of less than 10 percent at a one year follow-up for children with prior placements and serious behavior problems compare very favorably to placement rates of 20 to 60 percent found in other studies involving this population (AuClaire & Schwartz, 1986; Nelson & Landsman, 1992; Rzepnicki, 1987; Spaid & Fraser, 1991). In another very positive area, cases involving substance abuse, typically found to have higher placement rates (Spaid & Fraser, 1991; Tracy, 1991), experienced no placements with six months of service compared to 47.1 percent placed in the three month group.

In the second site in Oregon, three months of office-based services were effective in preventing placement for 85 percent of the families. In both sites, although group differences were not significant, reunification rates were higher in the six month groups (86% in Pendleton and 73% in Portland). These success rates equal those found in the treatment group (75%) in a recent experimental study (Walton et al, 1993) and exceed those in the control group (49%) and in child welfare services in general (30%) (Barth et al, 1994). Also in agreement with previous studies, achievement of service goals, improvement in parenting, and a higher level of family functioning at termination contributed to placement prevention in this population (Feldman, 1991; Fraser & Pecora, 1991; Lewis, 1994,

Meezan & McCroskey, 1996; Nelson & Landsman, 1992).

The Baltimore site represented the second type of family preservation program with population characteristics and findings similar to other studies involving younger children (Bath & Haapala, 1993; Berry, 1990 & 1992; Meezan & McCroskey, 1996; Nelson, 1994; Nelson & Landsman, 1992; Yuan & Struckman-Johnson, 1991). Substance abuse and chronic neglect were most likely to lead to placement. Higher goal achievement and improvement in family, parent, and child functioning were associated with placement prevention. Although few differences were found relating to length of service, these families were not selected on the basis of imminent risk, therefore, differences in placement rates are expected to be slight. There was a trend in the six month group, however, toward lower placement rates in cases involving adult depression/emotional problems and child behavior problems.

Finally, IFS under all treatment conditions was found to be cost effective assuming placement rates of 15 to 37 percent, similar to other findings regarding cost effectiveness (Landsman, et al., 1993; University Associates, 1993). Perhaps, most importantly, children were protected at least as well as in other in-home child welfare programs and families were very satisfied with family preservation services (Daro & Cohn, 1988; Froelich, 1992; Landsman, et al., 1993; McCroskey & Meezan, 1993; Szykula & Fleischman, 1985).

#### Study Limitations

A high proportion of families either refused services or refused to participate

in the study in Portland. Although this does not appear to have affected the comparability of the treatment groups, it did result in a degree of self-selection into the study which may have affected the results in unknown ways. Unfortunately, high refusal rates are not uncommon in this type of research (Collier & Hill, 1993; Meezan & McCroskey, 1996; Scannapieco, 1994; Schwartz, et al., 1991).

With the number of sites, families, and data collection points, data management proved a formidable task. Careful screening of instruments minimized missing data, but a missing page on one set of termination summaries reduced the number of cases with data on concurrent services. The consistency and quality of project management was better in the Baltimore site because the coordinator could devote her full attention to the project. Although termination data and management information system data were collected on nearly all the eligible cases, over a third of the sample was lost at the 6-month follow-up, and over half was lost at 12 months, partly due to the expiration of the study, again, not an uncommon occurrence.

Many measures in the study depended on worker report which, especially when considering placement at termination, could be biased by knowledge of the outcome. However, in the Oregon sites, caregiver ratings of family functioning were also obtained and in all sites the primary outcome measures at the twelve month follow up, placement and substantiated maltreatment, were obtained from state management information systems and independent of worker reports. It is well known that state records underestimate both maltreatment and placement;

however, from a policy perspective, these are relevant outcome measures because they involve the expenditure of public funds.

Although originally conceptualized as three-year study, data collection was extended for two years to assure adequate sample sizes in each site. Samples were filled more slowly than anticipated in part because fewer cases were opened and because of sample loss described above. Both intake into the study and follow-ups were extended a full year. It is possible that a longer follow up period is needed to determine effectiveness with families that are not at imminent risk of placement, as long term follow-up of Head Start programs has suggested.

Finally, this study compared the effectiveness of intensive family services under different time limits and did not include a no-treatment control group or comparisons with other types of interventions. Although this type of study can provide information on the cost and effectiveness of variations in this service model, it cannot determine the effectiveness of IFS compared to other options.

#### Recommendations

On the basis of these findings, programs should consider both the importance of time limited services and the need to match length of service to their service model and population. With careful consideration of these dimensions, it is possible to minimize costs by providing short term office-based services to families with older children who can benefit from them and longer term in-home family treatment for families with greater involvement in the system. Costs can be minimized, as well, by allowing enough time to assess and locate appropriate

placements, thereby reducing their length and restrictiveness. Cases involving reunification, substance abuse and child maltreatment, particularly those with extensive needs for concrete services, however, require a more comprehensive treatment model which may include teamed services, flexible funds, and smaller caseloads, as well as in-home services. In these cases, concrete services support needed relationship changes (Meezan & McCroskey, 1996). In any case, family preservation services need to be integrated with other child welfare and community resources to provide appropriate concurrent and follow-up services, especially family-centered, gender sensitive substance abuse treatment programs.

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## APPENDIX I

Logistic regression was used to test the likelihood of placement over a one year period following termination of intensive family services. Logistic regression is a multivariate regression model that is used when the dependent variable is dichotomous rather than continuous (Aldrich & Nelson, 1984). Ordinary Least Squares regression generally can not be used because the dichotomous variable violates the assumption of linearity, it produces estimates which are inefficient, and systematically yields probability predictions outside the acceptable range.

Logistic regression assumes that the dependent variable is dichotomous, that observations of the dependent variable are statistically independent of each other, and that no perfect collinearity exists among the independent variables. Maximum likelihood estimation is used, producing estimates which are asymptotic (valid as the sample size increases) and which imply the highest probability of having obtained the observed sample.

While event history analysis, a technique that has been used in other recent research on family preservation programs (Fraser et al., 1993; Schuerman et al., 1993), would have been the preferred technique for analyzing the probability of placement events over time, a key assumption was violated for every independent variable in the model. Using Cox's proportional hazard model, a non-parametric model for continuous time, cases are removed from the data set as they experience the event, producing a hazard rate: the probability that placement will occur at a particular time, based on the cases that are still in the risk set at that time. The

proportional hazards model makes the assumption that for any two individuals at any point in time, the ratio of their hazards is constant. Since this assumption was violated, and since this sample did not have a problem with censored data--one year follow-up data were available for all cases in the study--logistic regression was used as an acceptable alternative.

## APPENDIX II

Previous attempts to analyze the cost-effectiveness of out-of-home placement prevention programs have focused on measuring costs (e.g., Yuan, 1990; Haugaard & Hokanson, 1983; Hutchinson, 1982) or comparing placement costs with costs associated with alternative services (e.g., Bergquist, Szwejdka, & Pope, 1993; Landsman, Richardson, Clem, et al., 1993; Yuan, 1988, Haugaard & Hokanson, 1983). The purpose of our cost-effectiveness analysis was two-fold. The first objective was to measure the actual direct cost of services provided for each family by IFS workers (including caseworkers, paraprofessional aides, supervisors, travel, and flexible funds) for two randomly assigned intervention periods, and to compare them to direct costs to the state for out-of-home placements which occurred up to one year following termination of IFS. Secondly,

we assessed the relative cost-effectiveness of placement prevention services by calculating the break-even points where the direct costs of providing IFS were offset by the costs of placements that could be anticipated in the absence of IFS.

Two cost calculations form the basis of the cost-effectiveness analysis. They are the actual cost of providing IFS, and the cost incurred by the state for out-of-home placements for families served during the year following termination of the IFS intervention (placement costs). In our study, caseworkers, paraprofessionals, and supervisors reported hours spent for each case on time sheets. Data on salary and fringe benefit amounts, and incidental expenses (i.e., travel and "flex funds") were provided by the agency. These data were then used

to calculate the actual cost of providing IFS. Out-of-home placement costs were obtained for each family receiving IFS for the 12 months following termination of IFS. Thus the IFS cost incurred is the actual direct cost of providing services, and the out-of-home placement cost is the actual expenditure by the state for each family for placements occurring within one year of termination of the intervention.

To calculate relative cost-effectiveness of the programs, we first added the actual cost of all placements that occurred for all families in the study during the year following termination of services. The total cost and the number of families in which out-of-home placements occurred in Portland are presented in Table II-1. In addition, the total cost of providing IFS is shown. We also note the number of placements that occurred without cost (e.g., placement with relatives). Table II-1 contains the data upon which the cost-effectiveness calculations are based.

#### Method of Cost-Effectiveness Calculation

The point of cost-neutrality is the number of placements that the money spent for IFS would have covered (i.e., total IFS costs divided by the average cost of placement where cost was incurred). Given the similarity of placement rates, number of placements without cost, and average cost, the procedure whereby we eliminate "no cost" placements from our calculation of the point of cost-neutrality has little impact on the results of our analysis. In effect, we are assessing whether the placement costs without the program for the shorter intervention were higher than those for the longer intervention. In addition, the lower the cost-neutral point, the more cost-effective the IFS program.

## Cost Effectiveness of Three-Month IFS in Portland

Using the data in Table II-1, the points for cost-neutrality in the three groups were calculated. For families in the three-month group the total cost of placement was \$109,614, and the total cost of IFS was \$34,817. Placement costs were incurred by 17 of the 20 families in which out-of-home placement occurred (three families had no cost relative placements). Dividing the total cost of placements by the number of placements with cost (\$109,614 divided by 17) obtains an average cost of \$6,448. Dividing the total cost of IFS by the number of cases (\$34,817 divided by 60) obtains an average cost of IFS of \$580.

Next we computed the number of placements that the money spent for IFS would have covered. This is achieved by dividing the total IFS costs by the average cost of placement. The result is five (5.40). When added to the number of placements where cost was actually incurred (17 + 5) and dividing by the number of cases (22 divided by 60) we are actually computing the *point of cost neutrality*. The resulting ratio of .37 is the cost-neutral placement rate. This means that if five additional families would have experienced an out-of-home placement *in the absence* of IFS, IFS is cost-neutral. Another way to state this is that *if in the absence of IFS the placement rate would have been greater than 37 percent, the program "paid for itself," or may be said to be "cost-effective," or "cost-neutral."*

**Table II-1  
Out-of-Home Placement Costs and Placement Rates  
in Portland**

Program Length	N	N Placed <sup>a</sup>	Rate <sup>b</sup>	N Placed (No Cost) <sup>c</sup>	IFS \$ (Mean) <sup>d</sup>	Picmnt \$ (Mean) <sup>e</sup>	IFS \$ (Total) <sup>f</sup>	Picmnt \$ (Total) <sup>g</sup>
3 Mo.	60	20	33.3	3	\$580	\$6,448	\$34,817	\$109,614
6 Mo.	55	7	12.7	1	\$835	\$5,236	\$45,933	\$31,415
X Mo.	73	17	23.3	0	\$822	\$6,855	\$59,985	\$116,541

<sup>a</sup>N Placed = Total number of families in which out-of-home placement occurred within 12 months of termination,

<sup>b</sup>Rate = Placement rate [N Placed divided by N],

<sup>c</sup>N Placed (No Cost) = Number of families in which out-of-home placement occurred without cost to the state,

<sup>d</sup>IFS \$ (Mean) = Average cost per family for Intensive Family Preservation Services [IFS \$ (Total) divided by N],

<sup>e</sup>Picmnt \$ (Mean) = Average cost per family for placement where cost was incurred by the state [Placement \$ (Total) divided by N Placed - N (No Cost)],

<sup>f</sup>IFS \$ (Total) = Total Expenditures for IFS  
[Total Salaries and Fringe for Workers, Aides, and Supervisors divided by 2080 (annual work hours) times hours expended by case, plus travel and flexible fund disbursements],

<sup>g</sup>Picmnt \$ (Total) = Total expenditures by the state for out-of-home placements during the year following termination of IFS.

Our study did not address the cost-effectiveness of IFS compared to regular or no services (we did not have a "no treatment" control group). We were concerned with comparing the relative cost-effectiveness of three lengths of service duration. This makes the task somewhat simpler than demonstrating cost-effectiveness of IFS versus no program, although the computational procedure would be the same.

#### Cost Effectiveness of Six Month IFS in Portland

Again using the data in Table II-1, we now calculate the point of cost-neutrality for the six-month IFS program. The cost of placement for the six-month program was \$31,415, and the total cost of IFS for the six-month program was \$45,933. The placement cost was incurred by 6 of the 7 families where out-of-home placement occurred. Dividing the total cost of placements by the number of placements with cost ( $\$31,415$  divided by 6) obtains an average cost of \$5236. Dividing the total cost of IFS by the number of cases ( $\$45,933$  divided by 55) obtains an average cost of IFS of \$835.

Next we compute the number of placements that the money spent for IFS would have covered. Dividing the total IFS costs for the six-month program by the average cost of placement for the six-month program equals nine placements ( $\$45,933$  divided by  $\$5236$  equals 8.77). Adding this nine to the six placements for which cost was actually incurred ( $6 + 9$ ) and then dividing by the number of cases ( $15$  divided by  $55$ ) obtains a cost-neutral point of .27.

This means that if nine additional families would have experienced an out-of-home placement *in the absence* of IFS, the six-month program is cost-neutral, or if

in the absence of IFS the placement rate would have been greater than 27 percent, the program "paid for itself" (i.e., it was cost-neutral).

#### Cost Effectiveness of Indeterminate Duration of IFS in Portland

Once again using the data in Table II-1, we calculate the point of cost-neutrality for the indeterminate IFS program. The cost of placement for the X-month program was \$116,541, and the total cost of IFS for the X-month program was \$59,985. The placement cost was incurred by 17 families where out-of-home placements occurred. Dividing the total cost of placements by the number of placements with cost (\$116,541 divided by 17) obtains an average cost of \$6855. Dividing the total cost of IFS by the number of cases (\$59,985 divided by 73) obtains an average cost of IFS of \$822.

Next we compute the number of placements that the money spent for IFS would have covered. Dividing the total IFS costs for the X-month program by the average cost of placement for the X-month program equals nine placements (\$59,985 divided by \$6855 equals 8.75). Adding this nine to the 17 placements for which cost was actually incurred (17 + 9) and then dividing by the number of cases (26 divided by 73) obtains a cost-neutral point of .36. This means that if nine additional families would have experienced an out-of-home placement *in the absence* of IFS, the X-month program is cost-neutral, or if in the absence of IFS the placement rate would have been greater than .36 percent, the program "paid for itself" (i.e., it was cost-neutral).

## Cost Effectiveness of Family Based Service in Pendleton

Table II-2 contains the data upon which the cost effectiveness calculations for the Pendleton site are based.

Table II-2

### Out-of-Home Placement Costs and Placement Rates

in Pendleton

Program Length	N	N Placed	Rate	N Placed (No Cost)	IFS \$ (Mean)	Plcmnt \$ (Mean)	IFS \$ (Total)	Plcmnt \$ (Total)
3 Mo.	39	4	10.3	0	739	\$12,376	\$28,811	\$49,505
6 Mo.	40	10	25.0	0	\$1,001	\$5,118	\$40,045	\$51,175

## Cost Effectiveness of Three-Month IFS in Pendleton

Using the data in Table II-2 we calculated the points of cost-neutrality for the two service durations. First we calculated the cost neutral point for the three-month program. The total cost of placements for families in the three-month program was \$49,505, and the total cost of IFS for the three-month group was \$28,811. The total placement cost was incurred by four families where out-of-home placement occurred. Dividing the total cost of IFS by the number of placements with cost (\$49,505 divided by 4) obtains an average cost of \$12,376. Dividing the total cost of IFS by the number of cases (\$28,811 divided by 39)

obtains an average cost of IFS of \$739.

Next we computed the number of placements that the money spent for IFS would have covered. This achieved by dividing the total IFS costs by the average cost of placement. The result rounds to 2 placements. When added to the number of placements where cost was incurred (2 + 4) and dividing by the number of cases (6 divided by 39) we compute the point of cost-neutrality. The resulting ratio of .15 is the cost-neutral placement rate. This means that if 2 additional families would have experienced an out-of-home placement in the absence of IFS, IFS was cost-neutral.

#### Cost Effectiveness of Six-Month IFS in Pendleton

Once again using the data in Table II-2, we now calculate the point of cost-neutrality for the six-month IFS program. The cost of placement for the six-month program was \$51,175, and the total cost of IFS for the six-month program was \$40,045. The placement cost was incurred by ten families where out-of-home placement occurred. Dividing the total cost of placements by the number of placements with cost (\$51,175 divided by 10) obtains an average cost of \$5,118. Dividing the total cost of IFS by the number of cases (\$40,045 divided by 40) obtains an average cost of IFS of \$1,001.

Next we compute the number of placements that the money spent for IFS would have covered. Dividing the total IFS costs for the six-month program equals eight placements (\$40,045 divided by \$5,118 equals 7.8). Adding these eight to the ten placements for which cost was actually incurred (10 + 8) and then dividing

by the number of cases (18 divided by 40) obtains a cost-neutral point of .45.

This means that if eight additional families would have experienced an out-of-home placement in the absence of IFS, the six-month program is cost-neutral, or if in the absence of IFS the placement rate would have been greater than 45 percent, the program "paid for itself" (i.e., it was cost neutral).

#### Cost Effectiveness of Three-Month IFS in Baltimore

Using the data in Table II-3, we calculated the points of cost-neutrality for the two service durations.

Table II-3

#### Out-of-Home Placement Costs and Placement Rates in Baltimore

Program Length	N	N Placed	Rate	N Placed (No Cost)	IFS \$ (Mean)	Plcmnt \$ (Mean)	IFS \$ (Total)	Plcmnt \$ (Total)
3 Mo.	94	19	20.2	4	\$2,284	\$12,410	\$214,713	\$186,156
6 Mo.	99	17	17.2	5	\$3,283	\$14,621	\$324,981	\$175,449

First, we calculated the cost-neutral point for the three-month program. The total cost of placements for families in the three-month group was \$186,156, and the total cost of IFS was \$214,713. The placement cost was incurred by 15 of the 19 families where out-of-home placement occurred. Dividing the total placement cost by the number of placements with cost (\$186,156 divided by 15) obtains an average cost of \$12,410. Dividing the total cost of IFS by the number of cases (\$214,713 divided by 94) obtains an average cost of IFS of \$2,284.

Next we compute the number of placements that the money spent for IFS

would have covered. This is achieved by dividing the total IFS costs by the average cost of placement. The result is 17. When added to the number of placements where cost was actually incurred (17 + 15) and dividing by the number of cases (32 divided by 94) we are actually computing the *point of cost neutrality*. The resulting ratio of .34 is the cost-neutral placement rate. This means that if, in the absence of IFS, 17 additional families would have experienced an out-of-home placement within one year following termination of IFS, IFS is cost-neutral, or if in the absence of IFS the placement rate for the families served would have been greater than 34 percent the program "paid for itself" in a one-year period, or may be said to be "cost-effective," or "cost-neutral."

#### Cost Effectiveness of Six-Month IFS in Baltimore

Again using the data in Table II-3, we now calculate the point of cost-neutrality for the six-month IFS program. The cost of placement for the six-month program was \$175,449, and the total cost of IFS for the six-month program was \$324,981. The placement cost was incurred by 12 of the 17 families in which out-of-home placement occurred. Dividing the total placement cost by the number of placements with cost (\$175,449 divided by 12) obtains an average cost of \$14,621. Dividing the total cost of IFS by the number of cases (\$324,981 divided by 99) obtains an average cost of IFS of \$3,283.

Next we compute the number of placements that the money spent for IFS would have covered. Dividing the total IFS costs for the six-month program by the average cost of placement for the six-month program equals 22 placements

(\$324,981 divided by \$14,621 equals 22). Adding this 22 to the 12 placements for which cost was actually incurred (12 + 22) and then dividing by the number of cases (34 divided by 99) obtains a cost-neutral point of .34. This means that if, in the absence of IFS, 22 additional families would have experienced an out-of-home placement within the year, the six-month program is cost-neutral, or if in the absence of IFS the placement rate would have been greater than 34 percent, the program paid for itself (i.e., it was cost-neutral).

**TABLES**

**TABLE 1**  
**AVERAGE LENGTH OF INTENSIVE FAMILY SERVICES**  
**(NUMBER OF DAYS)**

SITE:		GROUP:		
		<u>3-MONTH</u>	<u>6-MONTH</u>	<u>NO LIMIT</u>
PORTLAND	M	100.4	166.7	156.2 ***
	sd	41.3	67.4	87.4
	(n)	(60)	(55)	(73)
PENDLETON	M	131.6	167.7 *	
	sd	69.7	66.8	
	(n)	(39)	(40)	
BALTIMORE	M	91.5	168.3 **	
	sd	23.8	22.1	
	(n)	(94)	(99)	

\* p < .05  
 \*\* p < .001  
 \*\*\* p < .0001

**TABLE 2**

**PARTICIPATION STATUS BY GROUP  
(PERCENT OF FAMILIES)**

**PORTLAND:**

	<b>3-MONTH</b> (n = 169)	<b>6-MONTH</b> (n = 164)	<b>NO LIMIT</b> (n = 171)	<b>TOTAL</b> (N = 504)
<b>REFUSED SERVICES</b>	40.8 (69)	42.7 (70)	37.4 (64)	40.3 (203)
<b>ACCEPTED SERVICES</b>	59.2 (100)	57.3 (94)	62.6 (107)	59.7 (301)
Refused Research	39.0 (39)	38.3 (36)	31.8 (34)	36.2 (109)
Insufficient Data	1.0 (1)	3.2 (3)	0.0 (0)	1.3 (4)
Active Case	60.0 (60)	58.5 (55)	68.2 (73)	62.5 (188)

**PENDLETON:**

	<b>3-MONTH</b> (n = 46)	<b>6-MONTH</b> (n = 45)	<b>TOTAL</b> (N = 91)
<b>REFUSED SERVICES</b>	6.5 (3)	2.2 (1)	4.4 (4)
<b>ACCEPTED SERVICES</b>	93.5 (43)	97.8 (44)	95.6 (87)
Refused Research	9.3 (4)	9.1 (4)	9.2 (8)
Active Case	90.7 (39)	90.9 (40)	90.8 (79)

**TABLE 2 (continued)**

<b>BALTIMORE:</b>	<b>3-MONTH</b> (n = 126)	<b>6-MONTH</b> (n = 117)	<b>TOTAL</b> (N = 243)
<b>REFUSED SERVICES</b>	11.1 (14)	4.3 (5)	7.8 (19)
<b>ACCEPTED SERVICES</b>	88.9 (112)	95.7 (112)	92.2 (224)
<b>Refused Research</b>	16.1 (18)	11.6 (13)	13.8 (31)
<b>Active Case</b>	83.9 (94)	88.4 (99)	86.2 (193)

**TABLE 3  
FAMILY CHARACTERISTICS**

		<b>PORTLAND (N = 188)</b>	<b>PENDLETON (N = 79)</b>	<b>BALTIMORE (N = 193)</b>
<b>PRIMARY CAREGIVERS</b>				
% Female		88.4	82.3	91.2
% Married		34.1	54.5	7.5
<b>Race</b>				
% White		85.0	91.1	14.7
% Black		6.4	1.3	85.3
% Hispanic		4.3	6.3	0.0
% Native American		3.2	1.3	0.0
% Asian/Pacific Island		1.1	0.0	0.0
Age in Years	M	34.6	37.4	28.2
	SD	(7.5)	(7.6)	(9.6)
<b>SECOND ADULTS</b>				
% Families with Second Adult Present	(N)	50.5 (95)	69.6 (55)	33.7 (65)
% Male		82.5	78.2	72.3
<b>CHILDREN</b>				
Average Age (Years)	M	10.3	11.3	5.0
	SD	(4.4)	(3.9)	(3.9)
Average Number Per Family	M	2.2	2.3	2.9
	SD	(1.2)	(1.4)	(1.6)
% FOSTER FAMILIES		6.2	2.5	0.0
% STEP/ADOPTED		17.3	39.2	3.0

**TABLE 4  
INCOME AND EMPLOYMENT**

		<b>PORTLAND (N = 188)</b>	<b>PENDLETON (N = 79)</b>	<b>BALTIMORE (N = 193)</b>
<b>MEDIAN MONTHLY INCOME</b>		\$1000	\$1200	\$489
<b>AVERAGE NUMBER SUPPORTED</b>		3.8	4.1	3.9
<b>PER CAPITA MONTHLY INCOME</b>	<b>M</b>	\$386	\$413	\$156
	<b>SD</b>	(283)	(343)	(92)
<b>ESTIMATED YEARLY INCOME</b>				
under \$10,000		35.4	29.6	84.5
\$10,000 - \$20,000		39.7	36.6	11.8
\$20,000 - \$40,000		20.6	25.4	3.7
\$40,000 and over		4.2	8.5	0.0
<b>% HIGH SCHOOL OR MORE</b>		67.2	73.9	34.8
<b>% STEADILY EMPLOYED</b>				
Primary Caregiver		58.0	53.9	10.7
Second Adult		69.5	78.2	40.7
<b>OCCUPATIONS</b>				
<b>Primary Caregiver</b>				
Homemaker		25.8	29.5	63.6
Unskilled labor		12.4	21.8	15.6
Personal Service		20.8	15.4	8.7
Skilled labor		11.2	7.7	2.9
Clerical/Sales/Small Business		15.2	10.3	4.6
Technical/Professional/Managerial		14.6	15.4	4.6
<b>Second Adult</b>				
Homemaker		6.5	1.8	14.0
Unskilled labor		23.9	34.5	49.1
Personal Service		8.7	10.9	8.7
Skilled labor		34.8	29.1	12.3
Clerical/Sales/Small Business		12.0	5.5	3.5
Technical/Professional/Managerial		14.1	18.2	12.2

**TABLE 5**  
**REFERRAL INFORMATION**  
**(PERCENT OF FAMILIES)**

	<b>PORTLAND</b> (N = 185)	<b>PENDLETON</b> (N = 79)	<b>BALTIMORE</b> (N = 193)
<b>PURPOSE OF REFERRAL</b>			
Placement Prevention	70.3	77.2	66.8
Reunification	29.7	19.0	0.5
Assessment	0.0	3.8	32.6
<b>AGENCY HISTORY</b>	56.7	31.6	25.0
<b>PREVIOUS PLACEMENT</b>	30.5	12.7	5.3
<b>COURT/LEGAL INVOLVEMENT</b>	56.9	34.2	8.9
<b>PRIMARY REFERRAL REASONS:</b>			
Physical Abuse	8.0	12.7	27.9
Sexual Abuse	12.2	7.6	1.6
Neglect	3.2	0.0	48.4
Delinquency	3.7	11.4	0.0
Status Offense	2.7	8.9	0.0
Drug/Alcohol: Adult	8.5	2.5	1.6
Drug/Alcohol: Child	1.1	1.3	0.0
Adult/Marital Problems	8.0	5.1	0.0
Parent-Child Conflict	27.1	31.6	5.3
Other Parenting Problems	11.2	10.1	7.4
Other Dysfunctional Interaction	3.7	0.0	0.5
Homelessness/Eviction	0.0	0.0	4.2
Other	10.6	8.9	3.2
<b>SECONDARY REFERRAL REASONS:</b>			
Physical Abuse	4.2	2.5	1.1
Sexual Abuse	6.9	5.1	1.1
Neglect	3.2	0.0	14.2
Delinquency	3.7	6.4	3.2
Status Offense	5.8	7.7	6.3
Drug/Alcohol: Adult	11.1	9.0	12.6
Drug/Alcohol: Child	5.8	3.8	1.6
Adult/Marital Problems	12.2	23.1	15.8
Parent-Child Conflict	20.1	33.3	25.3
Other Parenting Problems	26.5	35.9	69.5
Other Dysfunctional Interaction	27.5	26.9	42.6
Homelessness/Eviction	1.6	0.0	22.1
Other	5.3	2.6	15.3

**TABLE 5 (CONTINUED)**

	<b>PORTLAND (N = 185)</b>	<b>PENDLETON (N = 78)</b>	<b>BALTIMORE (N = 193)</b>
<b>SOURCES OF REFERRAL TO PUBLIC AGENCY</b>			
Public Social Services	19.4	11.5	28.2
Emergency Shelter	0.0	1.3	2.1
Police/Law Enforcement	12.8	14.1	3.2
Self-Referral	24.4	38.5	3.2
Other Individual (Not in Family)	6.1	2.6	17.0
Court/Probation	13.9	20.5	0.0
School	8.9	7.7	10.1
Medical	5.0	0.0	18.6
Mental Health	0.6	1.3	1.1
Other Community Professional	2.6	1.3	1.6
Private Social Service/Family Organization	2.8	0.0	1.1
Public Health	0.0	0.0	3.2
Other	3.3	1.3	10.6
<b>SOURCES OF REFERRAL TO IFS</b>			
Intake Unit	26.5	55.1	79.8
Ongoing Service Unit	44.3	17.9	2.1
Child Protective Services	24.9	19.2	16.1
Child Placement Unit	2.7	5.1	1.0
Other	1.6	2.6	1.0

**TABLE 6  
CURRENT LEGAL ACTIONS  
(PERCENT OF FAMILIES)**

	<b>PORTLAND (N = 187)</b>	<b>PENDLETON (N = 79)</b>	<b>BALTIMORE (N = 188)</b>
NO CURRENT LEGAL/ COURT ACTIONS	43.1	65.8	91.1
IFS COURT ORDERED	18.1	12.7	0.5
OTHER SERVICE COURT ORDERED	12.2	2.5	1.0
CHILD ADJUDICATED IN NEED OF ASSISTANCE	6.4	1.3	0.0
CHILD ADJUDICATED DELINQUENT	5.3	8.9	1.0
SOCIAL SERVICES HAS PROTECTIVE CUSTODY	18.6	3.8	0.5
SOCIAL SERVICES HAS LEGAL CUSTODY	28.7	2.5	0.0
CHILD IN COURT-ORDERED PLACEMENT	9.6	3.8	4.2
CRIMINAL PROSECUTION FOR ABUSE OR NEGLECT	6.4	6.3	2.6
OTHER CURRENT LEGAL ACTIONS	4.8	1.3	1.6

**TABLE 7  
SERVICE HISTORY  
(PERCENT OF FAMILIES)**

	<b>PORTLAND</b>	<b>PENDLETON</b>	<b>BALTIMORE</b>
	(N = 187)	(N = 79)	(N = 188)
NO AGENCY HISTORY	43.3	68.4	75.0
PREVIOUS VOLUNTARY SERVICE	15.0	8.9	5.3
PREVIOUS PROTECTIVE SERVICE (NO COURT INVOLVEMENT)	15.5	3.8	15.4
PREVIOUS COURT INVOLVEMENT (NO PLACEMENT)	14.4	3.8	1.1
PREVIOUS PLACEMENTS	30.5	12.7	1.1
PREVIOUS IFS CASE	9.1	3.8	0.5

**TABLE 8**  
**STRESSFUL LIFE EVENTS\* IN YEAR PRIOR TO INTAKE**  
**(PERCENT OF FAMILIES)**

		PORTLAND	PENDLETON	BALTIMORE
		(N = 188)	(N = 79)	(N = 192)
<b>STRESSORS</b>				
Divorce		1.1	3.8	0.0
Marital Reconciliation		5.9	5.1	0.5
Marriage		2.1	5.1	0.0
Separation		22.3	19.0	23.0
Pregnancy		10.6	8.9	39.1
Other Relative				
Moved In		12.2	29.1	19.9
Income Increased		6.9	6.3	3.1
Deeply Into Debt		6.4	21.5	7.3
Moved to New Location		33.5	26.6	54.5
Income Decreased		15.4	25.3	19.9
Alcohol/Drug Problem		26.6	22.8	21.4
Promotion at Work		2.1	6.3	0.5
Death of Family Friend		2.1	19.0	6.3
Began New Job		18.1	32.9	6.8
Entered New School		26.6	21.5	18.8
Trouble at Work		4.8	6.3	2.1
Trouble at School		24.5	38.0	19.9
Legal Problems		28.2	35.4	12.0
Death of Immediate				
Family Member		3.7	10.1	8.4
Major Injury/Illness		14.9	22.8	11.5
<b>NUMBER OF STRESSORS</b>	<b>M</b>	<b>2.7</b>	<b>3.7</b>	<b>2.7</b>
	<b>SD</b>	<b>(2.1)</b>	<b>(2.6)</b>	<b>(1.6)</b>

\* Life Stress Scales used with permission from Richard R. Abidin

**TABLE 9**  
**SUMMARY OF PROBLEMS IDENTIFIED DURING IFS**  
**(PERCENT OF FAMILIES)**

	<b>PORTLAND</b> (N = 162)	<b>PENDLETON</b> (N = 72)	<b>BALTIMORE</b> (N = 181)
<b>PROBLEMS</b>			
Physical Abuse	6.2	6.9	14.4
Sexual Abuse	19.8	5.6	2.2
Emotional Abuse	9.9	16.7	8.3
Chronic Neglect	1.9	2.8	12.2
Neglect	3.7	4.2	44.2
Delinquency	4.3	23.6	3.9
Status Offense	14.8	8.3	1.7
Chronic Mental Illness: Adult	3.7	1.4	2.2
Drug/Alcohol Abuse: Adult	26.5	13.9	21.0
Adult Criminal Offense	4.3	1.4	1.7
Drug/Alcohol Abuse: Child	10.5	6.9	1.7
Spouse Abuse	3.1	2.8	2.8
Marital/Adult Problems	30.9	38.9	29.3
Parent/Child Conflict	45.1	72.2	35.9
Parenting Problems	51.9	68.1	77.9
Other Dysfunctional Interaction	32.1	30.6	39.2
Social Isolation	6.2	8.3	29.3
Adult Depression/ Emotional Problems	17.9	29.2	32.0
Adult Health/Disability	17.3	5.6	16.6
Developmentally Disabled Adult	2.5	1.4	2.2
Child Behavior Problems	35.8	54.2	34.3
Chronic Mental Illness: Child	0.0	0.0	2.2
Child Health/Disability	2.5	2.8	22.1
Developmentally Disabled Child	3.1	4.2	8.8
Child Depression/ Emotional Problems	16.7	23.6	11.6
Child Relationship Problems with Siblings or Peers	18.5	23.6	16.0
School Problems (not Truancy)	18.5	30.6	19.9
Teenage Pregnancy	3.1	2.8	2.2
Disrupted Adoption	0.0	1.4	0.0

**TABLE 9 (continued)**

	<b>PORTLAND</b>	<b>PENDLETON</b>	<b>BALTIMORE</b>
	(N = 162)	(N = 72)	(N = 181)
Inadequate Housing	5.6	1.4	38.7
Unemployment/ Employment Problems	8.6	15.3	33.7
Poverty	7.4	6.9	19.9
Homelessness	2.5	0.0	13.3
Other Problems	9.2	4.2	8.8
<b>TOTAL NUMBER OF PROBLEMS</b>	<b>M 4.5</b> <b>SD (3.1)</b>	<b>5.2</b> <b>(2.9)</b>	<b>6.1</b> <b>(3.3)</b>

**TABLE 10  
INTAKE SCORES BY SITE  
(OVERALL MEANS)**

		PORTLAND	PENDLETON	BALTIMORE
SFI	M	5.6	5.9	--
	sd	1.5	1.5	--
	(n)	(153)	(73)	--
GLOBAL HEALTH/ PATHOLOGY	M	5.2	6.3	5.1
	sd	2.1	2.1	1.4
	(n)	(180)	(76)	(169)
CWBS PARENT	M	83.3	79.7	81.9
	sd	11.5	12.1	12.6
	(n)	(184)	(78)	(192)
CWBS CHILD	M	76.6	76.1	86.7
	sd	20.6	17.4	17.7
	(n)	(172)	(77)	(159)
CWBS HOUSEHOLD	M	--	--	86.6
	sd	--	--	11.7
	(n)	--	--	(192)
CWBS NEGLECT	M	--	--	87.2
	sd	--	--	10.3
	(n)	--	--	(190)
CWBS TOTAL	M	83.1	80.5	85.4
	sd	10.2	11.2	8.7
	(n)	(184)	(78)	(192)

**TABLE 11**  
**CASE OBJECTIVES BY SITE**  
**(PERCENT OF FAMILIES)**

	<b>PORTLAND</b> (N = 184)	<b>PENDLETON</b> (N = 77)	<b>BALTIMORE</b> (N = 185)
<b>OBJECTIVES</b>			
Parenting	55.4	61.0	76.8
Family Relations	40.8	28.6	13.5
Adult Relationship	17.4	24.7	4.9
Adult/Child Relationship	18.5	39.0	9.2
Counseling	27.7	15.6	16.8
Housing	0.5	0.0	50.8
Adult Individual	16.3	20.8	8.6

**TABLE 11 (continued)**

	<b>PORTLAND</b>	<b>PENDLETON</b>	<b>BALTIMORE</b>
	(N = 184)	(N = 77)	(N = 185)
Child Safety Issues	0.5	2.6	1.1
Income Maintenance/Benefits	0.0	0.0	9.7
Mental Health Evaluation/ Referral	1.6	0.0	4.9
Peer Relations	0.5	0.0	0.0

**TABLE 12  
CONCURRENT SERVICES  
(PERCENT OF FAMILIES)**

	<b>PORTLAND (N = 153)</b>	<b>PENDLETON (N = 63)</b>	<b>BALTIMORE (N = 174)</b>
<b>THERAPEUTIC SERVICES</b>			
Individual Counseling/Parent	8.5	9.5	27.6
Individual Counseling/Child	17.0	9.5	19.5
Drug/Alcohol Treatment	11.1	0.0	12.1
Marital Counseling	1.3	0.0	0.6
Group Therapy	7.8	4.8	4.6
School Social Work	9.8	6.3	11.5
Psychological Evaluation	3.9	4.8	18.4
Psychiatric Treatment	4.6	3.2	8.0
Child Protective Services	2.6	4.8	1.1
Crisis Intervention	0.7	6.3	7.5
Vocational Counseling	5.9	1.6	11.5
Other Counseling	3.3	4.8	1.7
<b>SUPPORT SERVICES</b>			
Support Group: Substance Abuse	11.1	0.0	6.9
Support Group: Other	2.6	4.8	8.6
Homemaker	2.6	0.0	0.0
Parent Aide	0.0	1.6	1.1
Parent Education	6.5	6.3	8.6
Public Health/Visiting Nurse	1.3	0.0	12.6
Volunteer Services	1.3	0.0	2.3
Other Support Services	2.6	3.2	4.6
<b>CONCRETE SERVICES</b>			
AFDC	14.4	6.3	81.6
Emergency Housing	2.0	0.0	4.6
Subsidized Housing	5.9	0.0	16.1
Daycare/Headstart	5.2	1.6	9.2
Chore Services	0.0	0.0	1.7
Transportation	0.0	0.0	13.2
Legal Services	3.3	0.0	9.2
Job Training	2.6	3.2	8.6
Emergency Cash or Goods	3.9	1.6	17.2

**TABLE 12 (continued)**

	<b>PORTLAND</b>	<b>PENDLETON</b>	<b>BALTIMORE</b>
	(N = 153)	(N = 63)	(N = 174)
Emergency Medical Treatment	2.0	0.0	16.1
Other Medical Treatment	13.1	3.2	33.3
Battered Women's Shelter	1.3	0.0	3.4
Respite Care	2.6	0.0	1.7
Other Concrete Services	5.9	3.2	4.0
TOTAL NUMBER OF SERVICES	M 1.7 SD 1.9	0.9 1.5	3.9 2.4

**TABLE 13a  
REASONS FOR TERMINATION  
(PERCENT OF FAMILIES)**

	<b>PORTLAND (N = 165)</b>	<b>PENDLETON (N = 71)</b>	<b>BALTIMORE (N = 180)</b>
Time Limit Reached	48.5	72.9	86.1
No Further IFS Needed	44.8	23.9	37.8
Didn't Keep Appointments	17.6	21.1	5.6
Family Requested Termination	19.4	9.9	1.7
No Longer Eligible	5.5	5.6	18.9
Child(ren) Placed	9.1	4.2	6.7
Family Moved/Unable to Locate	4.2	4.2	1.1
Child(ren) Ran Away	3.6	0.0	0.0
Child(ren) Emancipated	0.0	1.4	0.0
Other	13.3	4.2	0.0

**TABLE 13b  
CASE DISPOSITION AFTER TERMINATION  
(PERCENT OF FAMILIES)**

	<b>PORTLAND (N = 165)</b>	<b>PENDLETON (N = 71)</b>	<b>BALTIMORE (N = 180)</b>
No Further Services Any Agency	36.2	45.8	41.7
Transfer to Other Unit in This Agency	5.5	16.7	43.3
Continue Services with One Other Agency	27.6	19.4	11.7
Continue Service with More Than One Other Agency	26.4	12.5	7.8
Started Services with One New Agency	10.4	4.2	5.0
Started Services with More Than One New Agency	0.6	1.4	2.8

**TABLE 14**  
**FAMILY SYSTEMS CHANGE SCALES**  
**PERCENT IMPROVED AT TERMINATION**

	PORTLAND (N = 131)	PENDLETON (N = 63)	BALTIMORE (N = 171)
ADULT SKILLS/KNOWLEDGE	52.3	66.7	77.2
ADULT BEHAVIOR	44.3	58.7	65.7
CHILD BEHAVIOR	42.2	61.9	53.2
FAMILY STRUCTURE/ HIERARCHY	44.6	49.2	57.9
FAMILY DYNAMICS	49.6	49.2	63.7
FAMILY AFFECT/ EMOTIONAL CLIMATE	47.3	50.8	72.5
PERCEPTION/DEFINITION OF PROBLEM	48.9	49.2	65.5
MATERIAL RESOURCES/ CIRCUMSTANCES	13.0	7.9	63.7
USE OF AVAILABLE SERVICES	22.1	27.0	68.2
COMMUNITY'S PERCEPTION OF/ REACTION TO FAMILY	17.7	14.3	38.6
INFORMAL SUPPORT NETWORK	17.6	17.5	58.5
NEGATIVE COMMUNITY INVOLVEMENT WITH FAMILY	16.2	17.5	37.9
MEAN NUMBER OF AREAS IMPROVED	2.9	3.8	7.2

**TABLE 15**  
**OVERALL PLACEMENT RATES**  
**BY SITE**

	<b>PORTLAND</b> (N = 181)	<b>PENDLETON</b> (N = 72)	<b>BALTIMORE</b> (N = 184)
<b>% PLACED AT TERMINATION</b> (Worker Report)	15.5 (28)	9.7 (7)	12.5 (23)
	<b>PORTLAND</b> (N = 188)	<b>PENDLETON</b> (N = 79)	<b>BALTIMORE</b> (N = 193)
<b>% PLACED IN 12 MONTHS</b> <b>AFTER IFS</b> (State MIS)	23.4 (44)	17.7 (14)	18.7 (36)

**TABLE 16a:  
MALTREATMENT REPORTS DURING IFS  
(PERCENT OF FAMILIES)**

	<b>PORTLAND (N = 188)</b>	<b>PENDLETON (N = 79)</b>	<b>BALTIMORE (N = 193)</b>
Physical Abuse	2.1	7.6	8.3
Sexual Abuse	3.7	2.5	0.5
Neglect	1.6	2.5	11.9
All Maltreatment Reports	6.9	10.1	17.1

**TABLE 16b:  
FOUNDED MALTREATMENT REPORTS IN 12 MONTHS AFTER IFS  
(PERCENT OF FAMILIES)**

	<b>PORTLAND (N = 188)</b>	<b>PENDLETON (N = 79)</b>	<b>BALTIMORE (N = 193)</b>
All Maltreatment Reports	6.4	5.1	15.5

**TABLE 17**  
**DEMOGRAPHICS AND INTAKE SCORES BY GROUP**  
**PORTLAND, OREGON IFS**

		<b>GROUP</b>		
		<u>3-MONTH</u> (n = 60)	<u>6-MONTH</u> (n = 55)	<u>NO LIMIT</u> (n = 73)
% SINGLE CAREGIVERS		48.3	43.6	54.8
% NON-WHITE		20.0	14.5	11.4
AGE PRIM. CAREGIVER	M	32.9	35.6	35.1
	SD	7.2	7.1	7.9
AGE CHILDREN	M	9.8	11.0	10.2
	SD	4.6	4.5	4.2
NUMBER OF CHILDREN	M	2.4	2.0	2.1
	SD	1.3	1.3	1.1
% OLDEST CHILD 12 OR OLDER		58.3	69.1	64.4
% BELOW \$10,000 PER YEAR		38.3	31.5	36.1
MONTHLY INCOME	M	1270	1348	1466
	SD	879	985	1199
NUMBER SUPPORTED	M	3.7	3.8	3.8
	SD	1.4	1.4	1.7
PER CAPITA INCOME	M	340	376	424
	SD	207	241	352
% REUNIFICATION CASES		38.3	27.3	23.3
% WITH AGENCY HISTORY		56.7	57.7	56.2
% PREVIOUS PLACEMENTS		30.0	23.1	37.0
NUMBER OF STRESSFUL LIFE EVENTS IN YEAR PRIOR	M	2.4	2.7	2.9
	SD	1.8	2.3	2.1
CWBS TOTAL	M	81.9	84.3	83.4
	SD	11.1	9.1	10.1
CWBS PARENT	M	80.8	85.1	84.2
	SD	13.2	9.9	10.9
CWBS CHILD	M	80.2	76.5	74.3
	SD	20.5	20.1	21.1

TABLE 17 (continued)

		GROUP		
		<u>3-MONTH</u>	<u>6-MONTH</u>	<u>NO LIMIT</u>
		(n = 60)	(n = 55)	(n = 73)
SFI	M	5.7	5.5	5.6
	SD	1.5	1.5	1.5
GLOBAL HEALTH/ PATHOLOGY	M	5.7	4.7	5.1 *
	SD	2.1	1.8	2.1
TOTAL NUMBER OF PROBLEMS IDENTIFIED DURING IFS	M	4.5	4.3	4.6
	SD	3.0	3.4	3.1
NUMBER OF CONCURRENT SERVICES	M	1.8	1.8	1.4
	SD	2.1	2.0	1.8

\* significant difference between 3- and 6-month groups,  $F [3,180] = 3.67, p < .05$ .

**TABLE 18**  
**DEMOGRAPHICS AND INTAKE SCORES BY GROUP**  
**PENDLETON, OREGON IFS**

		<b>GROUP</b>	
		<u>3-MONTH</u>	<u>6-MONTH</u>
		(n = 39)	(n = 40)
% SINGLE CAREGIVERS		33.3	27.5
% NON-WHITE		10.3	7.5
AGE PRIM. CAREGIVER	M	38.1	36.7
	SD	7.7	7.6
AGE CHILDREN	M	11.8	10.9
	SD	3.6	4.1
NUMBER OF CHILDREN	M	2.3	2.4
	SD	1.4	1.4
% OLDEST CHILD 12 OR OLDER		79.5	72.5
% BELOW \$10,000 PER YEAR		25.0	34.3
MONTHLY INCOME	M	1514	1559
	SD	949	970
NUMBER SUPPORTED	M	3.9	4.3
	SD	1.6	1.6
PER CAPITA INCOME	M	429	395
	SD	415	254
% REUNIFICATION CASES		20.5	17.5
% WITH AGENCY HISTORY		25.6	37.5
% PREVIOUS PLACEMENTS		5.1	20.0 *
NUMBER OF STRESSFUL LIFE EVENTS IN YEAR PRIOR	M	3.8	3.5
	SD	2.7	2.6
CWBS TOTAL	M	81.1	79.9
	SD	10.9	11.5
CWBS PARENT	M	80.7	78.7
	SD	11.6	12.6
CWBS CHILD	M	77.5	76.4
	SD	17.5	17.3

\* p < .05

TABLE 18 (continued)

		GROUP	
		<u>3-MONTH</u>	<u>6-MONTH</u>
		(n = 39)	(n = 40)
SFI	M	6.1	5.6
	SD	1.4	1.7
GLOBAL HEALTH/PATHOLOGY	M	6.5	6.1
	SD	2.1	2.1
TOTAL NUMBER OF PROBLEMS IDENTIFIED DURING IFS	M	5.3	5.1
	SD	2.8	3.0
NUMBER OF CONCURRENT SERVICES	M	1.0	0.8
	SD	1.5	1.4

**TABLE 19a**  
**PLACEMENT RATE BY GROUP**  
**PORTLAND, OREGON IFS**

	<b>GROUP</b>		
	<u>3-MONTH</u>	<u>6-MONTH</u>	<u>NO LIMIT</u>
% PLACED AT TERMINATION (WORKER REPORT, N = 181)	21.4 (12)	7.4 (4)	16.9 (12)
% PLACED IN YEAR AFTER IFS (STATE MIS, N = 188)	33.3 (20)	12.7 (7)	23.3 * (17)

\* $\chi^2 = 6.8$ ,  $df = 2$ ,  $p < .05$   
 3-month significantly different from 6-month group

**TABLE 19b**  
**PLACEMENT RATE BY GROUP**  
**PENDLETON, OREGON IFS**

	<b>GROUP</b>	
	<u>3-MONTH</u>	<u>6-MONTH</u>
% PLACED AT TERMINATION (WORKER REPORT, N = 72)	11.4 (4)	8.1 (3)
% PLACED IN YEAR AFTER IFS (STATE MIS N = 79)	10.3 (4)	25 (10)

TABLE 20

PLACEMENT RATES AMONG SUBGROUPS  
 PORTLAND, OREGON IFS  
 (PERCENT OF FAMILIES)

	3-MONTH	6-MONTH	X MONTH
<b>THREE MONTH GROUP</b>			
Age of oldest child			
9 & under	15.8	20.0	4.8
10 & over	40.5 <sup>+</sup>	7.1 <sup>b</sup>	26.9 <sup>*a</sup>
<b>Peer problems</b>			
No	26.8	8.3	12.7
Yes	70.0 <sup>*a</sup>	7.7 <sup>b</sup>	57.1 <sup>**a</sup>
<b>SIX MONTH GROUP</b>			
Delinquency/Status Offense			
No	34.1	4.9	10.0
Yes	29.4	25.0 <sup>*b</sup>	43.5 <sup>*</sup>
<b>NO TIME LIMIT GROUP</b>			
Income Under 10,000			
No	36.8	13.2	13.0
Yes	26.1	5.6 <sup>b</sup>	34.6 <sup>*</sup>
<b>Child/Family Relation Problems</b>			
No	33.3	10.8	12.7
Yes	46.7	6.7 <sup>b</sup>	58.3 <sup>***</sup>

<sup>+</sup>p < .10

<sup>\*</sup>p < .05

<sup>\*\*</sup>p < .01

<sup>\*\*\*</sup>p < .001

<sup>a</sup>25% of cells expected value < 5; <sup>b</sup>50% < 5.

TABLE 21

TERMINATION SCORES BY GROUP ASSIGNMENT  
PORTLAND, OREGON IFS

		3-MONTH	6-MONTH	NO LIMIT
SFI <sup>a</sup>	M	5.0	5.0	4.7
	SD	1.5	1.7	1.7
	(N)	(32)	(35)	(40)
GLOBAL HEALTH/ PATHOLOGY <sup>a</sup>	M	4.8	4.9	5.1
	SD	2.6	2.3	2.1
	(N)	(46)	(43)	(57)
CWBS PARENT <sup>a</sup>	M	83.9	84.4	83.2
	SD	15.9	12.2	13.4
	(N)	(47)	(47)	(59)
CWBS CHILD <sup>a</sup>	M	78.9	76.9	77.1
	SD	20.9	22.1	22.6
	(N)	(40)	(45)	(54)
CWBS TOTAL <sup>a</sup>	M	83.9	84.3	83.1
	SD	13.7	11.2	12.6
	(N)	(45)	(47)	(59)
N STRESSFUL LIFE EVENTS	M	0.8	0.9	0.7
	SD	0.9	1.0	1.0
	(N)	(54)	(49)	(63)
N OF PROBLEMS	M	4.5	4.3	4.6
	SD	3.0	3.4	3.1
	(N)	(52)	(48)	(62)
IMPROVEMENT RATE ON FAMILY SYSTEMS CHANGE SCALE	M	.29	.37	.38
	SD	.26	.31	.35
	(N)	(41)	(38)	(52)
GOAL ACHIEVEMENT	M	.59	.53	.55
	SD	.54	.45	.47
	(N)	(58)	(54)	(70)
WORKER'S RATING OF SUCCESS	M	2.0	1.9	1.9
	SD	.90	1.1	.81
	(N)	(52)	(49)	(61)
FAMILY SATISFACTION WITH IFS	M	1.7	1.5	1.3 *
	SD	.90	.66	.55
	(N)	(39)	(34)	(46)

\* p < .07

<sup>a</sup> Controlled for intake score.

**TABLE 22**  
**TERMINATION CHILD WELL-BEING SCALES**  
**BY GROUP (CONTROLLED FOR SCORES AT INTAKE)\***  
**PORTLAND, OREGON IFS**

		<b>3 MONTH</b>	<b>6 MONTH</b>	<b>NO TIME LIMIT</b>
<b>PARENTAL DISPOSITION</b>				
<b>Mental Health Care</b>	M	84.1	86.1	84.2
	sd	23.5	22.4	21.2
	(n)	(42)	(46)	(58)
<b>Capacity for Childcare</b>	M	82.7	82.3	84.5
	sd	26.0	22.0	21.9
	(n)	(44)	(47)	(59)
<b>Recognition of Problems</b>	M	79.5	80.1	76.8
	sd	24.9	22.5	23.2
	(n)	(43)	(45)	(57)
<b>Motivation to Solve Problems</b>	M	82.5	87.3	83.5
	sd	19.6	17.8	16.9
	(n)	(41)	(46)	(57)
<b>Cooperation with Services</b>	M	84.6	88.3	88.7
	sd	22.1	19.6	18.1
	(n)	(41)	(45)	(56)
<b>Acceptance of Children</b>	M	81.5	82.2	80.2
	sd	22.3	18.6	20.7
	(n)	(38)	(42)	(55)
<b>Approval of Children</b>	M	80.4	83.6	81.8
	sd	11.7	11.6	11.0
	(n)	(30)	(44)	(54)
<b>Expectations of Children</b>	M	83.6	85.6	84.9
	sd	17.2	11.5	14.1
	(n)	(31)	(45)	(53)
<b>Consistency of Discipline</b>	M	86.3	86.0	84.3
	sd	15.3	11.9	14.0
	(n)	(25)	(42)	(52)
<b>Teaching/Stimulation of Children</b>	M	82.8	88.8	89.9
	sd	18.4	12.4	14.4
	(n)	(19)	(42)	(47)
<b>Protection from Abuse</b>	M	91.2	91.6	78.6
	sd	21.9	19.2	26.4
	(n)	(13)	(12)	(18)

TABLE 22 (continued)

Abusive Physical Discipline	M	80.5	91.5	88.2
	sd	31.8	19.7	23.2
	(n)	(34)	(41)	(50)
Threat of Abuse	M	88.4	88.3	92.4
	sd	28.1	21.7	21.6
	(n)	(25)	(36)	(38)
Child's Family Relations	M	79.1	76.3	69.3 +
	sd	23.4	23.1	26.0
	(n)	(34)	(44)	(54)
CHILD PERFORMANCE				
Academic Performance	M	82.7	79.0	81.7
	sd	19.0	23.0	18.6
	(n)	(31)	(37)	(42)
School Attendance	M	83.2	82.1	79.8
	sd	34.0	26.1	26.3
	(n)	(30)	(41)	(43)
Child's Misconduct	M	71.8	67.8	65.0
	sd	26.9	26.4	29.4
	(n)	(35)	(43)	(49)
ADDITIONAL SCALES				
Supervision of Children (older)	M	89.7	94.3	87.6 +
	sd	18.1	14.1	16.9
	(n)	(38)	(45)	(56)
Adult Relations	M	74.4	81.0	75.2
	sd	23.6	22.4	23.7
	(n)	(24)	(30)	(38)
Support for Caregiver	M	91.7	93.6	89.8
	sd	11.4	10.3	14.3
	(n)	(37)	(41)	(53)
Sexual Abuse	M	80.2	83.9	79.7
	sd	32.8	32.3	36.4
	(n)	(31)	(39)	(47)
Substance Abuse <sup>b</sup>	M	1.4	1.4	1.4
	sd	1.1	0.8	1.0
	(n)	(44)	(47)	(59)

\*SDs based on means before controlling for intake scores.

<sup>b</sup>Not weighted for seriousness.

+p < .10.

TABLE 23

TERMINATION SCORES BY GROUP ASSIGNMENT  
PENDLETON, OREGON IFS

		3-MONTH	6-MONTH
SFI <sup>a</sup>	M	5.7	5.0
	SD	1.8	1.9
	(N)	(31)	(26)
GLOBAL HEALTH/ PATHOLOGY <sup>a</sup>	M	5.4	5.7
	SD	2.6	2.1
	(N)	(33)	(33)
CWBS PARENT <sup>a</sup>	M	84.9	82.2
	SD	11.6	13.6
	(N)	(33)	(34)
CWBS CHILD <sup>a</sup>	M	77.9	73.2
	SD	18.6	17.5
	(N)	(33)	(32)
CWBS TOTAL <sup>a</sup>	M	84.5	82.7
	SD	11.1	11.9
	(N)	(33)	(34)
N STRESSFUL LIFE EVENTS	M	0.5	0.8
	SD	1.0	1.0
	(N)	(35)	(37)
N OF PROBLEMS	M	5.3	5.1
	SD	2.8	3.0
	(N)	(35)	(37)
IMPROVEMENT RATE ON FAMILY SYSTEMS CHANGE SCALE	M	.40	.39
	SD	.30	.32
	(N)	(31)	(32)
GOAL ACHIEVEMENT RATE	M	.37	.44
	SD	.45	.47
	(N)	(39)	(38)
WORKER'S RATING OF SUCCESS	M	2.0	2.2
	SD	1.1	.95
	(N)	(35)	(37)
FAMILY SATISFACTION WITH IFS	M	1.5	1.5
	SD	.67	.58
	(M)	(32)	(28)

<sup>a</sup> Controlled for score at intake.

**TABLE 24**  
**TERMINATION CHILD WELL-BEING SCALES**  
**BY GROUP (CONTROLLED FOR SCORES AT INTAKE<sup>a</sup>)**  
**PENDLETON, OREGON IFS**

PARENTAL DISPOSITION		3-MONTH	6-MONTH
Mental Health Care	M	85.0	86.7
	sd	23.3	22.3
	(n)	(30)	(33)
Capacity for Childcare	M	83.5	82.5
	sd	23.0	23.6
	(n)	(32)	(34)
Recognition of Problems	M	85.7	76.7 +
	sd	22.7	23.7
	(n)	(32)	(34)
Motivation to Solve Problems	M	83.7	83.5
	sd	17.9	18.0
	(n)	(33)	(34)
Cooperation with Services	M	92.0	86.9
	sd	15.3	21.3
	(n)	(32)	(34)
Acceptance of Children	M	80.4	75.8
	sd	20.4	22.1
	(n)	(30)	(32)
Approval of Children	M	82.3	82.1
	sd	10.7	11.7
	(n)	(30)	(32)
Expectations of Children	M	83.6	80.9
	sd	12.9	14.9
	(n)	(30)	(31)
Consistency of Discipline	M	87.3	84.8
	sd	11.9	16.0
	(n)	(30)	(31)
Teaching/Stimulation of Children	M	84.4	83.8
	sd	15.3	15.5
	(n)	(29)	(30)
Protection from Abuse	M	89.7	74.7
	sd	19.5	25.7
	(n)	(9)	(10)

**TABLE 24 (continued)**

Abusive Physical Discipline	M	87.3	93.7
	sd	26.6	19.6
	(n)	(32)	(31)
Threat of Abuse	M	80.1	76.4
	sd	25.7	24.9
	(n)	(30)	(30)
Child's Family Relations	M	72.7	75.0
	sd	23.5	20.2
	(n)	(32)	(31)
<b>CHILD PERFORMANCE</b>			
Academic Performance	M	77.7	78.0
	sd	18.9	20.9
	(n)	(31)	(29)
School Attendance	M	86.4	86.5
	sd	22.9	23.5
	(n)	(30)	(29)
Child's Misconduct	M	67.1	60.3
	sd	23.6	17.0
	(n)	(33)	(31)
<b>ADDITIONAL SCALES</b>			
Supervision of Children	M	89.1	89.3
	sd	21.6	22.3
	(n)	(31)	(33)
Adult Relations	M	74.3	77.4
	sd	22.9	22.7
	(n)	(23)	(24)
Support for Caregiver	M	89.5	89.8
	sd	12.2	11.3
	(n)	(32)	(32)
Sexual Abuse	M	88.1	95.5
	sd	25.5	19.6
	(n)	(28)	(29)
Caregiver Substance Abuse <sup>b</sup>	M	1.3	1.4
	sd	0.6	0.9
	(n)	(30)	(30)

\*SDs based on means before controlling for intake scores.

<sup>b</sup>Not weighted for seriousness.

\*p < .10

**TABLE 25**  
**SIX AND TWELVE MONTH FOLLOW-UP SCORES**  
**BY GROUP ASSIGNMENT**  
**PORTLAND, OREGON IFS**

		3-MONTH	6-MONTH	NO LIMIT
<b>AT SIX MONTH FOLLOW-UP (N= 100)</b>				
SFI <sup>a</sup>	M	5.1	5.2	5.1
	SD	1.8	1.6	1.3
	N	(18)	(21)	(26)
GLOBAL HEALTH/ PATHOLOGY <sup>a</sup>	M	5.0	4.4	4.3
	SD	2.4	2.3	2.0
	N	(28)	(23)	(37)
CWBS PARENT <sup>a</sup>	M	85.4	86.7	87.1
	SD	14.3	13.0	10.2
	N	(28)	(22)	(37)
CWBS CHILD <sup>a</sup>	M	73.9	79.7	76.2
	SD	22.7	23.0	21.3
	N	(21)	(22)	(33)
CWBS TOTAL <sup>a</sup>	M	85.4	86.5	87.1
	SD	13.3	11.2	9.5
	N	(29)	(22)	(37)
IMPROVEMENT RATE ON FAMILY SYSTEMS CHANGE SCALE	M	.11	.18	.19
	SD	.21	.29	.30
	N	(31)	(25)	(38)
STRESSFUL LIFE EVENTS	M	1.2	1.0	1.1
	SD	1.4	1.2	1.4
	N	(33)	(26)	(40)

<sup>a</sup>Controlled for score at intake (SDs based on uncontrolled means).

**TABLE 25**  
(Continued)

**AT TWELVE MONTH FOLLOW-UP (N=92)**

		<b>3-MONTH</b>	<b>6-MONTH</b>	<b>NO LIMIT</b>
SFI <sup>a</sup>	M	5.2	5.5	5.1
	SD	1.6	1.2	1.5
	N	(15)	(17)	(21)
GLOBAL HEALTH/ PATHOLOGY <sup>a</sup>	M	4.7	4.6	4.4
	SD	2.4	1.8	2.0
	N	(20)	(19)	(28)
CWBS PARENT <sup>a</sup>	M	90.3	87.2	86.0
	SD	11.3	9.5	11.6
	N	(20)	(19)	(28)
CWBS CHILD <sup>a</sup>	M	79.1	80.7	69.8
	SD	21.9	21.8	23.1
	N	(14)	(18)	(24)
CWBS TOTAL <sup>a</sup>	M	89.2	87.3	85.5
	SD	10.6	8.8	11.0
	N	(20)	(19)	(28)
IMPROVEMENT RATE ON FAMILY SYSTEMS CHANGE SCALE	M	.10	.11	.12
	SD	.26	.24	.26
	N	(25)	(20)	(34)
STRESSFUL LIFE EVENTS <sup>a</sup>	M	1.0	0.8	1.1
	SD	1.0	1.0	1.3
	N	(25)	(23)	(35)

<sup>a</sup> Controlled for score at intake (SDs based on uncontrolled means).

**TABLE 26a**

**DEMOGRAPHICS AND INTAKE SCORES BY PLACEMENT AT TERMINATION  
PORTLAND, OREGON IFS**

		<b>NO PLACEMENT</b>	<b>PLACEMENT</b>
% SINGLE CAREGIVERS		50.6	37.0
% NON-WHITE		14.0	18.5
AGE PRIM. CAREGIVER	M	34.0	38.2 *
	sd	7.1	9.6
	(n)	(146)	(24)
AGE CHILDREN	M	10.1	10.5
	sd	4.5	4.3
	(n)	(149)	(28)
NUMBER OF CHILDREN	M	1.6	1.8
	sd	0.9	1.5
	(n)	(153)	(28)
% OLDEST CHILD 12 OR OLDER		62.3	74.1
% BELOW \$10,000 PER YEAR		36.8	29.6
MONTHLY INCOME	M	1265	2141
	sd	922	1551
	(n)	(117)	(18)
NUMBER SUPPORTED	M	3.7	4.3
	sd	1.4	1.9
	(n)	(152)	(27)
PER CAPITA INCOME	M	356	541
	sd	229	497
	(n)	(117)	(18)
% REUNIFICATION CASES		24.7	55.6***
% WITH AGENCY HISTORY		53.6	68.0
% PREVIOUS PLACEMENTS		30.1	28.0
NUMBER OF STRESSFUL LIFE EVENTS IN YEAR PRIOR	M	2.7	2.4
	sd	2.2	1.6
	(n)	(152)	(27)

TABLE 26a (continued)

CWBS TOTAL	M	83.2	83.4
	sd	10.0	9.6
	(n)	(150)	(27)
CWBS PARENT	M	83.7	82.6
	sd	11.2	11.6
	(n)	(150)	(27)
CWBS CHILD	M	76.9	75.0
	sd	20.1	23.2
	(n)	(139)	(19)
SFI	M	5.7	5.1
	sd	1.5	1.5
	(n)	(129)	(19)
GLOBAL HEALTH/PATHOLOGY	M	5.2	5.1
	sd	2.0	2.3
	(n)	(145)	(28)

\* p < .05

\*\*\* p < .001

**TABLE 26b**

**DEMOGRAPHICS AND INTAKE SCORES BY PLACEMENT IN YEAR FOLLOWING IFS  
PORTLAND, OREGON IFS**

		<b>NO PLACEMENT</b>	<b>PLACEMENT</b>	
% SINGLE CAREGIVERS		49.7	48.8	
% NON-WHITE		12.6	23.8	
AGE PRIM. CAREGIVER	M	34.0	36.5	
	sd	7.3	8.0	
	(n)	(138)	(39)	
AGE CHILDREN	M	10.1	10.4	
	sd	4.5	4.1	
	(n)	(141)	(43)	
NUMBER OF CHILDREN	M	1.6	1.7	
	sd	1.0	1.1	
	(n)	(145)	(43)	
% OLDEST CHILD 12 OR OLDER		62.8	67.4	
% BELOW \$10,000 PER YEAR		34.3	39.5	
MONTHLY INCOME	M	1366	1400	
	sd	963	1330	
	(n)	(111)	(30)	
NUMBER SUPPORTED	M	3.8	3.8	
	sd	1.5	1.6	
	(n)	(143)	(43)	
PER CAPITA INCOME	M	379	408	
	sd	240	413	
	(n)	(111)	(30)	
% REUNIFICATION CASES		24.8	44.2	*
% WITH AGENCY HISTORY		52.1	72.1	*
% PREVIOUS PLACEMENTS		26.8	44.2	*
NUMBER OF STRESSFUL LIFE EVENTS IN YEAR PRIOR	M	2.8	2.4	
	sd	2.2	1.8	
	(n)	(142)	(44)	

**TABLE 26b (continued)**

CWBS TOTAL	M	83.5	81.7
	sd	9.8	11.5
	(n)	(141)	(43)
CWBS PARENT	M	83.9	81.3
	sd	11.1	12.5
	(n)	(141)	(43)
CWBS CHILD	M	77.5	74.0
	sd	20.1	22.2
	(n)	(129)	(43)
SFI	M	5.6	5.7
	sd	1.4	1.7
	(n)	(120)	(33)
GLOBAL HEALTH/PATHOLOGY	M	5.0	5.8
	sd	2.0	2.2
	(n)	(137)	(43)

\*  $p < .05$

**TABLE 27**  
**INTAKE CHILD WELL-BEING SCALES**  
**BY PLACEMENT STATUS**  
**PORTLAND, OREGON IFS**

		PLACEMENT AT TERMINATION		PLACEMENT AT 12 MONTHS	
		<u>NO PLACEMENT</u>	<u>PLACEMENT</u>	<u>NO PLACEMENT</u>	<u>PLACEMENT</u>
<b>PARENTAL DISPOSITION</b>					
Mental Health Care	M	87.6	81.0	86.5	86.2
	sd	18.9	23.4	19.4	21.0
	(n)	(145)	(28)	(137)	(43)
Capacity for Childcare	M	83.5	85.7	83.9	82.5
	sd	20.9	19.9	21.1	21.6
	(n)	(149)	(28)	(140)	(44)
Recognition of Problems	M	80.1	71.6	80.2	74.3
	sd	23.1	24.4	23.1	24.6
	(n)	(149)	(27)	(140)	(43)
Motivation to Solve Problem	M	84.5	86.4	85.0	82.8
	sd	17.1	17.7	17.2	18.4
	(n)	(149)	(28)	(140)	(43)
Cooperation with Services	M	89.6	92.1	89.6	89.9
	sd	18.4	17.2	18.4	18.9
	(n)	(147)	(28)	(138)	(44)
Acceptance of Children	M	83.1	74.4*	83.6	74.9*
	sd	18.4	22.4	19.2	19.8
	(n)	(143)	(26)	(137)	(39)
Approval of Children	M	82.3	82.0	82.7	79.8
	sd	11.0	9.9	10.7	10.2
	(n)	(135)	(23)	(129)	(36)
Expectations of Children	M	84.1	86.0	84.5	84.1
	sd	10.9	12.2	10.6	12.3
	(n)	(138)	(26)	(130)	(40)
Consistency of Discipline	M	83.8	86.3	84.5	83.0
	sd	10.7	11.5	10.5	12.7
	(n)	(128)	(22)	(124)	(33)
Teaching/Stimulation of Children	M	87.9	90.2	88.8	86.2
	sd	13.3	11.6	12.6	14.3
	(n)	(122)	(19)	(115)	(30)

**TABLE 27 (continued)**

Protection from Abuse	M	82.9	72.8	82.1	78.7
	sd	25.5	29.4	26.1	27.4
	(n)	(53)	(12)	(45)	(32)
Abusive Physical Discipline	M	83.4	90.3	85.0	83.6
	sd	30.1	22.4	28.6	30.1
	(n)	(130)	(23)	(123)	(34)
Threat of Abuse	M	86.4	86.5	87.3	83.2
	sd	24.3	22.0	23.9	23.7
	(n)	(110)	(21)	(102)	(32)
Child's Family Relations	M	75.2	62.3 **	75.3	64.9*
	sd	21.7	28.1	21.1	27.6
	(n)	(134)	(26)	(127)	(40)
<b>CHILD PERFORMANCE</b>					
Academic Performance	M	83.6	78.8	83.4	81.1
	sd	20.4	23.5	20.3	22.7
	(n)	(114)	(22)	(108)	(35)
School Attendance	M	85.6	78.4	85.1	81.4
	sd	22.8	28.3	23.0	26.7
	(n)	(113)	(24)	(109)	(35)
Child's Misconduct	M	64.1	62.0	64.5	62.5
	sd	24.4	28.6	24.8	26.6
	(n)	(130)	(25)	(122)	(40)
<b>ADDITIONAL SCALES</b>					
Supervision of Children	M	89.5	90.2	89.3	90.8
	sd	16.4	17.1	16.8	16.2
	(n)	(141)	(26)	(140)	(44)
Adult Relations	M	72.6	81.3	73.4	75.3
	sd	23.1	24.4	24.4	21.6
	(n)	(49)	(27)	(95)	(28)
Support for Caregiver	M	88.1	92.8	88.4	90.6
	sd	14.0	10.4	13.5	13.3
	(n)	(133)	(26)	(126)	(40)
Sexual Abuse	M	79.5	82.8	81.6	75.6
	sd	35.9	34.3	34.4	38.5
	(n)	(124)	(19)	(115)	(34)
Caregiver Substance Abuse*	M	1.4	1.4	1.4	1.5
	sd	1.0	1.0	0.9	1.1
	(n)	(137)	(28)	(129)	(42)

**TABLE 28**  
**TERMINATION SCORES BY PLACEMENT STATUS**  
**PORTLAND, OREGON IFS**

		PLACEMENT AT TERMINATION		PLACEMENT AT TWELVE MONTHS	
		<u>NO PLACEMENT</u>	<u>PLACEMENT</u>	<u>NO PLACEMENT</u>	<u>PLACEMENT</u>
SFI <sup>a</sup>	M	4.8	5.3	4.8	5.4 *
	SD	1.6	1.9	1.5	2.1
	(N)	(91)	(15)	(86)	(21)
GLOBAL HEALTH/ PATHOLOGY <sup>a</sup>	M	4.9	5.0	4.6	6.0 **
	SD	2.3	2.3	2.1	2.6
	(N)	(127)	(23)	(113)	(33)
CWBS PARENT <sup>a</sup>	M	84.2	82.8	82.0	77.8 **
	SD	14.0	12.0	12.0	17.3
	(N)	(124)	(23)	(117)	(34)
CWBS CHILD <sup>a</sup>	M	77.8	76.2	78.5	74.6
	SD	21.6	23.5	21.2	23.8
	(N)	(124)	(24)	(106)	(33)
CWBS TOTAL <sup>a</sup>	M	84.0	82.6	85.0	79.4 **
	SD	12.7	9.6	11.2	15.4
	(N)	(124)	(24)	(117)	(34)
N STRESSFUL LIFE EVENTS	M	0.8	0.6	0.8	0.8
	SD	1.0	0.7	1.0	0.8
	(N)	(142)	(22)	(130)	(36)
N OF PROBLEMS	M	4.4	5.1	4.2	5.6 *
	SD	3.2	2.7	3.0	3.3
	(N)	(138)	(22)	(127)	(35)
IMPROVEMENT RATE ON FAMILY SYSTEMS CHANGE SCALE	M	.36	.25	.38	.23 *
	SD	.32	.26	.31	.28
	(N)	(113)	(17)	(102)	(29)
GOAL ACHIEVEMENT RATE	M	.59	.51	.61	.41 *
	SD	.49	.42	.45	.51
	(N)	(148)	(27)	(139)	(43)
WORKER'S RATING OF SUCCESS	M	1.9	2.3 *	1.8	2.4 **
	SD	0.9	0.8	0.9	0.9
	(N)	(139)	(21)	(128)	(34)
FAMILY SATISFACTION	M	1.5	1.4	1.4	1.6
	SD	0.7	0.5	0.7	0.7
	(N)	(101)	(17)	(95)	(24)

\* p < .05, \*\* p < .001.

<sup>a</sup> Controlled for score at intake (SDs based on uncontrolled means).

**TABLE 29**  
**TERMINATION CHILD WELL-BEING SCORES**  
**BY PLACEMENT STATUS**  
**(CONTROLLED FOR SCORE AT INTAKE)<sup>a</sup>**  
**PORTLAND, OREGON IFS**

		PLACEMENT AT TERMINATION		PLACEMENT AT TWELVE MONTHS	
		NO <u>PLACEMENT</u>	<u>PLACEMENT</u>	NO <u>PLACEMENT</u>	<u>PLACEMENT</u>
<b>PARENTAL DISPOSITION</b>					
Mental Health Care	M	85.0	83.4	86.9	77.0 **
	sd	21.3	26.2	19.3	28.2
	(n)	(120)	(23)	(114)	(32)
Capacity for Childcare	M	84.4	78.7	84.9	77.6 *
	sd	22.0	25.7	22.1	26.1
	(n)	(124)	(23)	(117)	(33)
Recognition of Problems	M	79.1	75.9	80.3	72.8 +
	sd	23.5	24.0	23.1	24.5
	(n)	(119)	(23)	(112)	(33)
Motivation to Solve Problems	M	85.1	82.0	86.4	77.8 ***
	sd	17.8	17.5	17.3	19.3
	(n)	(118)	(23)	(111)	(33)
Cooperation with Services	M	87.3	89.3	88.1	85.0
	sd	20.0	18.6	19.3	22.3
	(n)	(116)	(23)	(109)	(33)
Acceptance of Children	M	81.3	83.7	82.7	75.8 *
	sd	19.9	21.6	19.2	23.4
	(n)	(110)	(22)	(106)	(29)
Approval of Children	M	82.7	79.5	83.1	78.2 **
	sd	11.4	11.7	11.2	10.6
	(n)	(107)	(18)	(102)	(26)
Expectations of Children	M	85.0	83.5	86.5	79.3 ***
	sd	14.0	13.6	12.8	17.7
	(n)	(106)	(21)	(100)	(29)
Consistency of Discipline	M	85.8	82.8	86.7	79.8 **
	sd	13.5	13.7	12.4	17.0
	(n)	(100)	(16)	(95)	(24)
Teaching/Stimulation of Children	M	88.4	87.0	90.4	79.1 ****
	sd	15.8	11.4	11.6	21.7
	(n)	(93)	(14)	(87)	(21)

**TABLE 29 (continued)**

Protection from Abuse	M	87.8	73.0	88.3	79.5
	sd	23.1	27.4	22.7	26.1
	(n)	(38)	(5)	(32)	(11)
Abusive Physical Discipline	M	87.1	86.8	90.7	74.3 ***
	sd	25.8	23.8	20.6	36.1
	(n)	(105)	(19)	(98)	(27)
Threat of Abuse	M	89.4	92.0	92.0	82.6 *
	sd	25.1	17.6	21.5	28.8
	(n)	(82)	(16)	(77)	(22)
Child's Family Relations	M	75.5	67.7	77.4	62.8 ****
	sd	23.4	27.8	22.2	27.1
	(n)	(109)	(20)	(103)	(29)
<b>CHILD PERFORMANCE</b>					
Academic Performance	M	81.3	79.4	81.1	81.0
	sd	20.3	18.6	20.2	20.2
	(n)	(92)	(15)	(87)	(23)
School Attendance	M	81.0	84.1	82.1	79.6
	sd	24.9	28.1	24.8	27.2
	(n)	(92)	(19)	(88)	(26)
Child's Misconduct	M	68.8	61.4	70.4	59.5 *
	sd	27.5	29.6	27.4	28.6
	(n)	(103)	(21)	(97)	(30)
<b>ADDITIONAL SCALES</b>					
Supervision of Children	M	90.5	91.0	92.3	82.9 ***
	sd	16.4	13.5	14.7	21.1
	(n)	(116)	(20)	(110)	(34)
Adult Relations	M	26.8	77.6	76.8	77.4
	sd	23.5	21.8	23.3	23.2
	(n)	(77)	(15)	(71)	(21)
Support for Caregiver	M	91.7	91.5	92.2	89.5
	sd	12.8	10.1	1.8	14.6
	(n)	(107)	(21)	(101)	(30)
Sexual Abuse	M	80.7	86.7	79.0	89.3
	sd	34.2	32.3	34.8	30.9
	(n)	(99)	(16)	(92)	(25)
Caregiver Substance Abuse <sup>b</sup>	M	1.4	1.5	1.3	1.6
	sd	1.0	1.1	0.9	1.2
	(n)	(110)	(23)	(105)	(30)

\*SDs based on uncontrolled means

<sup>b</sup>Not weighted for seriousness.

+p < .10. \* p < .05. \*\* p < .01. \*\*\*p < .005. \*\*\*\* p < .001.

TABLE 30a

**OUTCOME MEASURES AT SIX-MONTH FOLLOW-UP  
BY PLACEMENT STATUS  
PORTLAND, OREGON IFS**

		PLACEMENT AT TERMINATION		PLACEMENT AT 12 MONTHS	
		<u>NO PLACEMENT</u>	<u>PLACEMENT</u>	<u>NO PLACEMENT</u>	<u>PLACEMENT</u>
SFI <sup>a</sup>	M	5.1	5.3	4.9	5.7 *
	SD	1.5	1.4	1.4	1.7
	(N)	(54)	(10)	(50)	(15)
GLOBAL HEALTH/ PATHOLOGY <sup>a</sup>	M	4.4	5.3	4.2	5.7 **
	SD	2.1	2.5	2.0	2.4
	(N)	(71)	(14)	(70)	(18)
CWBS PARENT <sup>a</sup>	M	86.4	87.2	87.5	81.6 *
	SD	12.2	13.8	10.8	16.5
	(N)	(72)	(12)	(71)	(16)
CWBS CHILD <sup>a</sup>	M	78.7	80.3	77.2	74.3
	SD	21.2	27.8	22.1	22.1
	(N)	(62)	(11)	(61)	(16)
CWBS TOTAL <sup>a</sup>	M	86.1	88.5	87.0	83.9
	SD	11.2	12.0	10.3	14.1
	(N)	(72)	(13)	(71)	(17)
N STRESSFUL LIFE EVENTS	M	1.1	1.4	1.0	1.5
	SD	1.4	1.2	1.2	1.7
	(N)	(81)	(15)	(81)	(18)
N OF PROBLEMS	M	2.7	3.1	2.5	3.9
	SD	3.0	2.6	2.7	3.7
	(N)	(79)	(15)	(80)	(17)
IMPROVEMENT RATE ON FAMILY SYSTEMS CHANGE SCALE	M	.17	.12	.18	.09
	SD	.28	.27	.28	.25
	(N)	(77)	(14)	(77)	(17)
FAMILY SATISFACTION	M	1.5	1.4	1.5	1.8
	SD	0.8	0.7	0.7	0.8
	(N)	(63)	(10)	(58)	(16)

\*p < .05, \*\* p < .01.

<sup>a</sup> Controlled for intake score (SDs are based on means before controlling for intake score).

TABLE 30b

OUTCOME MEASURES AT TWELVE-MONTH FOLLOW-UP  
BY PLACEMENT STATUS  
PORTLAND, OREGON IFS

		PLACEMENT AT TERMINATION		PLACEMENT AT 12 MONTHS	
		<u>NO PLACEMENT</u>	<u>PLACEMENT</u>	<u>NO PLACEMENT</u>	<u>PLACEMENT</u>
SFI <sup>a</sup>	M	5.2	5.5	5.3	5.1
	SD	1.5	1.3	1.4	1.6
	(N)	(44)	(8)	(41)	(12)
GLOBAL HEALTH/ PATHOLOGY <sup>a</sup>	M	4.3	5.5	4.5	4.9
	SD	2.0	2.6	1.9	2.8
	(N)	(53)	(11)	(55)	(12)
CWBS PARENT <sup>a</sup>	M	87.9	86.9	87.6	87.5
	SD	10.4	13.9	10.8	11.3
	(N)	(53)	(11)	(55)	(12)
CWBS CHILD <sup>a</sup>	M	75.8	79.5	76.2	73.0
	SD	22.7	25.6	22.6	24.7
	(N)	(44)	(9)	(46)	(11)
CWBS TOTAL <sup>a</sup>	M	87.4	86.5	87.3	86.3
	SD	10.0	12.3	10.2	11.1
	(N)	(53)	(11)	(57)	(12)
N STRESSFUL LIFE EVENTS	M	0.9	1.6 *	0.9	1.4
	SD	1.1	1.4	1.0	1.5
	(N)	(67)	(13)	(67)	(16)
N OF PROBLEMS	M	2.5	3.0	2.4	3.5
	SD	2.8	4.0	2.6	4.2
	(N)	(62)	(12)	(63)	(14)
IMPROVEMENT RATE ON FAMILY SYSTEMS CHANGE SCALE	M	.11	.12	.10	.14
	SD	.25	.84	.25	.29
	(N)	(64)	(12)	(64)	(15)
FAMILY SATISFACTION	M	1.6	1.8	1.6	1.8
	SD	0.7	0.9	0.7	0.8
	(N)	(54)	(8)	(51)	(12)

\* p < .05

<sup>a</sup> Controlled for intake score (SDs based on means before controlling for intake scores).

**TABLE 31a**

**DEMOGRAPHICS AND INTAKE SCORES BY PLACEMENT AT TERMINATION  
PENDLETON, OREGON IFS**

		<b>NO PLACEMENT</b>	<b>PLACEMENT</b>
% SINGLE CAREGIVERS		26.2	28.6
% NON-WHITE		10.8	0.0
AGE PRIM. CAREGIVER	M	37.3	37.0
	sd	8.1	3.3
	(n)	(59)	(6)
AGE CHILDREN	M	11.3	11.4
	sd	3.9	4.1
	(n)	(64)	(7)
NUMBER OF CHILDREN	M	2.4	2.4
	sd	1.4	1.0
	(n)	(65)	(7)
% OLDEST CHILD 12 OR OLDER		73.8	71.4
% BELOW \$10,000 PER YEAR		28.1	28.6
MONTHLY INCOME	M	1526	1675
	sd	902	1153
	(n)	(51)	(6)
NUMBER SUPPORTED	M	4.2	4.0
	sd	1.6	1.3
	(n)	(65)	(7)
PER CAPITA INCOME	M	368	432
	sd	202	266
	(n)	(51)	(6)
% REUNIFICATION CASES		20.0	14.3
% WITH AGENCY HISTORY		29.2	42.9
% PREVIOUS PLACEMENTS		9.2	28.6
NUMBER OF STRESSFUL LIFE EVENTS IN YEAR PRIOR	M	3.4	4.9
	sd	2.6	2.6
	(n)	(65)	(7)

TABLE 31a (continued)

CWBS TOTAL	M	80.9	73.8	
	sd	11.5	11.0	
	(n)	(64)	(7)	
CWBS PARENT	M	79.8	73.8	
	sd	12.7	9.7	
	(n)	(64)	(7)	
CWBS CHILD	M	78.6	55.1	*
	sd	16.3	16.4	
	(n)	(63)	(7)	
SFI	M	5.8	5.8	
	sd	1.6	1.5	
	(n)	(59)	(7)	
GLOBAL HEALTH/PATHOLOGY	M	6.1	7.9	*
	sd	2.1	1.8	
	(n)	(63)	(7)	

\* p < .05

TABLE 31b

DEMOGRAPHICS AND INTAKE SCORES BY PLACEMENT IN YEAR FOLLOWING IFS  
PENDLETON, OREGON IFS

		NO PLACEMENT	PLACEMENT
% SINGLE CAREGIVERS		29.2	35.7
% NON-WHITE		9.2	7.1
AGE PRIM. CAREGIVER	M	37.3	37.9
	sd	7.6	8.0
	(n)	(58)	(14)
AGE CHILDREN	M	11.3	11.7
	sd	3.9	3.8
	(n)	(64)	(14)
NUMBER OF CHILDREN	M	2.3	2.6
	sd	1.4	1.3
	(n)	(65)	(14)
% OLDEST CHILD 12 OR OLDER		73.8	78.6
% BELOW \$10,000 PER YEAR		28.8	33.3
MONTHLY INCOME	M	1611	1140
	sd	999	515
	(n)	(53)	(10)
NUMBER SUPPORTED	M	4.0	4.6
	sd	1.6	1.8
	(n)	(65)	(14)
PER CAPITA INCOME	M	438	274
	sd	365	130
	(n)	(53)	(10)
% REUNIFICATION CASES		18.5	21.4
% WITH AGENCY HISTORY		27.7	50.0
% PREVIOUS PLACEMENTS		12.3	14.3
NUMBER OF STRESSFUL LIFE EVENTS IN YEAR PRIOR	M	3.6	3.9
	sd	2.7	2.6
	(n)	(65)	(14)

**TABLE 31b (continued)**

CWBS TOTAL	M	81.8	74.5	*
	sd	10.5	12.7	
	(n)	(64)	(14)	
CWBS PARENT	M	80.9	74.0	*
	sd	11.6	13.3	
	(n)	(64)	(14)	
CWBS CHILD	M	78.5	65.2	**
	sd	16.2	18.8	
	(n)	(63)	(14)	
SFI	M	5.9	5.5	
	sd	1.6	1.4	
	(n)	(60)	(13)	
GLOBAL HEALTH/PATHOLOGY	M	6.2	6.9	
	sd	2.0	2.5	
	(n)	(62)	(14)	

\* p < .05

\*\* p < .01

\* p = .052

**TABLE 32**  
**INTAKE CHILD WELL-BEING SCALES**  
**BY PLACEMENT STATUS**  
**PENDLETON, OREGON IFS**

		PLACEMENT AT TERMINATION		PLACEMENT AT 12 MONTHS	
		<u>NO</u> <u>PLACEMENT</u>	<u>PLACEMENT</u>	<u>NO</u> <u>PLACEMENT</u>	<u>PLACEMENT</u>
<b>PARENTAL DISPOSITION</b>					
Mental Health Care	M	87.9	57.0 ***	87.8	74.6
	sd	21.8	35.3	20.0	36.9
	(n)	(62)	(7)	(62)	(14)
Capacity for Childcare	M	85.2	78.9	84.7	78.9
	sd	19.6	19.8	20.3	19.0
	(n)	(4)	(7)	(64)	(14)
Recognition of Problems	M	78.7	64.4	79.2	70.2
	sd	23.8	24.9	20.6	21.1
	(n)	(64)	(7)	(64)	(9)
Motivation to Solve Problems	M	78.9	68.6	79.8	73.4
	sd	17.2	14.2	16.8	18.6
	(n)	(64)	(7)	(64)	(14)
Cooperation with Services	M	83.5	86.9	87.2	75.9 +
	sd	20.8	22.4	19.7	21.8
	(n)	(64)	(7)	(63)	(14)
Acceptance of Children	M	77.0	70.0	76.2	78.6
	sd	20.7	24.7	21.0	21.9
	(n)	(63)	(7)	(62)	(14)
Approval of Children	M	83.1	73.7 *	81.9	81.0
	sd	11.6	7.3	11.4	10.6
	(n)	(63)	(7)	(63)	(14)
Expectations of Children	M	82.4	73.9 +	82.3	79.1
	sd	12.1	16.7	12.7	10.7
	(n)	(62)	(7)	(62)	(14)
Consistency of Discipline	M	82.4	80.4	83.9	78.3
	sd	12.1	14.9	11.6	13.4
	(n)	(62)	(7)	(62)	(14)
Teaching/Stimulation of Children	M	74.2	97.0	83.3	75.0 +
	sd	35.0	3.7	13.3	16.7
	(n)	(62)	(7)	(59)	(14)

**TABLE 32 (continued)**

Protection from Abuse	M	78.1	50.0	77.3	78.8
	sd	28.9	0	27.5	33.9
	(n)	(23)	(1)	(21)	(6)
Abusive Physical Discipline	M	84.2	97.0 ****	79.5	73.3
	sd	35.0	3.7	32.3	36.0
	(n)	(62)	(7)	(62)	(14)
Threat of Abuse	M	73.1	92.3 +	79.6	64.0 +
	sd	27.4	18.8	25.4	30.4
	(n)	(60)	(6)	(59)	(14)
Child's Family Relations	M	69.3	41.5 ***	68.7	58.6
	sd	19.4	11.5	20.3	18.7
	(n)	(63)	(6)	(63)	(13)
<b>CHILD PERFORMANCE</b>					
Academic Performance <sup>d</sup>	M	83.0	63.7 *	82.2	75.8
	sd	19.0	13.9	18.8	19.7
	(n)	(60)	(7)	(60)	(13)
School Attendance	M	90.8	57.0 ****	90.9	75.3 +
	sd	18.7	20.6	18.6	30.2
	(n)	(58)	(7)	(59)	(12)
Child's Misconduct	M	63.2	44.6 *	62.9	50.0 +
	sd	21.5	9.8	21.8	17.1
	(n)	(63)	(7)	(63)	(14)
<b>ADDITIONAL SCALES</b>					
Supervision of Children	M	84.5	73.0	85.0	75.7
	sd	19.0	22.5	18.4	22.5
	(n)	(64)	(7)	(64)	(14)
Adult Relations	M	69.5	82.8	70.0	72.2
	sd	20.4	23.7	20.6	21.1
	(n)	(48)	(5)	(46)	(9)
Support for Caregiver	M	91.2	86.2	91.4	84.3 +
	sd	10.8	17.7	9.9	17.5
	(n)	(61)	(6)	(62)	(12)
Sexual Abuse	M	87.3	91.1	87.6	88.3
	sd	29.3	23.4	29.1	28.3
	(n)	(55)	(7)	(57)	(12)
Caregiver Substance Abuse <sup>e</sup>	M	1.4	1.0	1.3	1.4
	sd	0.9	0.0	0.9	0.8
	(n)	(58)	(6)	(60)	(11)

\*Not weighted for seriousness

+p < .10

\* p < .05. \*\* p < .01. \*\*\* p < .005. \*\*\*\* p < .001.

TABLE 33

TERMINATION SCORES BY PLACEMENT STATUS  
PENDLETON, OREGON IFS

		PLACEMENT AT TERMINATION		PLACEMENT AT 12 MONTHS	
		<u>NO PLACEMENT</u>	<u>PLACEMENT</u>	<u>NO PLACEMENT</u>	<u>PLACEMENT</u>
SFI <sup>a</sup>	M	5.4	5.2	5.4	5.5
	sd	1.6	2.1	1.7	1.2
	(n)	(52)	(5)	(46)	(11)
GLOBAL HEALTH/ PATHOLOGY <sup>a</sup>	M	5.5	5.9	5.2	6.2
	sd	2.34	2.7	2.4	2.4
	(n)	(59)	(7)	(53)	(13)
CWBS PARENT <sup>a</sup>	M	83.7	82.3	83.6	83.2
	sd	12.8	10.7	11.9	15.7
	(n)	(60)	(7)	(54)	(13)
CWBS CHILD <sup>a</sup>	M	76.4	68.9	75.8	74.8
	sd	16.5	16.6	17.4	19.4
	(n)	(58)	(7)	(52)	(13)
CWBS TOTAL <sup>a</sup>	M	83.7	83.1	83.7	83.3
	sd	11.4	11.7	10.5	15.0
	(n)	(60)	(7)	(54)	(13)
N STRESSFUL LIFE EVENTS	M	0.6	0.7	0.4	0.6
	sd	1.0	1.0	1.0	0.8
	(n)	(65)	(7)	(58)	(14)
N OF PROBLEMS	M	5.1	6.3	4.9	6.3
	sd	1.0	1.0	2.9	2.8
	(n)	(65)	(7)	(59)	(13)
IMPROVEMENT RATE ON FAMILY SYSTEMS CHANGE SCALE	M	.41	.25	.42	.30
	sd	.31	.29	.30	.31
	(n)	(56)	(7)	(50)	(13)
GOAL ACHIEVEMENT RATE	M	.46	.29	.40	.41
	sd	.47	.41	.45	.50
	(n)	(63)	(7)	(63)	(14)
WORKER'S RATING OF SUCCESS	M	2.0	3.0 *	2.0	2.4
	sd	1.0	1.0	1.0	1.1
	(n)	(65)	(7)	(58)	(14)
FAMILY SATISFACTION	M	1.5	1.5	1.5	1.6
	sd	0.6	0.6	0.7	0.5
	(n)	(54)	(6)	(48)	(12)

<sup>a</sup>Controlled for score at intake (sds based on means before controlling for intake scores).

**TABLE 34**  
**TERMINATION CHILD WELL-BEING SCALES**  
**BY PLACEMENT STATUS**  
**(CONTROLLED FOR SCORES AT INTAKE)<sup>a</sup>**  
**PENDLETON, OREGON IFS**

		<b>PLACEMENT AT TERMINATION</b>		<b>PLACEMENT AT 12 MONTHS</b>	
		<u>NO PLACEMENT</u>	<u>PLACEMENT</u>	<u>NO PLACEMENT</u>	<u>PLACEMENT</u>
<b>PARENTAL DISPOSITION</b>					
<b>Mental Health Care</b>	M	86.1	84.2	88.7	75.1 **
	sd	19.3	30.0	16.5	36.2
	(n)	(56)	(7)	(50)	(13)
<b>Capacity for Child Care</b>	M	82.4	88.4	81.7	88.2
	sd	23.7	19.8	22.5	26.9
	(n)	(59)	(7)	(53)	(13)
<b>Recognition of Problems</b>	M	82.0	73.2	81.8	78.0
	sd	23.3	22.0	23.5	23.3
	(n)	(59)	(7)	(53)	(13)
<b>Motivation to Solve Problems</b>	M	84.1	79.2	83.4	84.2
	sd	17.7	17.4	17.5	19.9
	(n)	(60)	(7)	(54)	(13)
<b>Cooperation with Services</b>	M	89.8	86.0	88.6	92.5
	sd	18.7	21.3	18.9	19.5
	(n)	(59)	(7)	(53)	(13)
<b>Acceptance of Children</b>	M	77.7	81.0	78.6	76.0
	sd	22.0	14.6	20.4	25.4
	(n)	(55)	(7)	(50)	(12)
<b>Approval of Children</b>	M	81.9	84.9	81.7	84.6
	sd	11.5	8.3	10.4	14.0
	(n)	(55)	(7)	(50)	(12)
<b>Expectations of Children</b>	M	82.2	82.1	82.2	82.4
	sd	13.7	15.6	13.3	16.8
	(n)	(54)	(7)	(49)	(12)
<b>Consistency of Discipline</b>	M	85.8	87.6	85.3	88.9
	sd	14.5	10.4	13.8	15.3
	(n)	(54)	(7)	(49)	(12)
<b>Teaching/Stimulation of Children</b>	M	83.8	87.0	84.0	84.4
	sd	15.7	12.3	13.5	21.9
	(n)	(53)	(6)	(47)	(12)

TABLE 34 (continued)

Protection from Abuse	M	80.1	100.0	82.0	80.4
	sd	23.5	0.0	23.0	25.8
	(n)	(18)	(1)	(14)	(5)
Abusive Physical Discipline	M	90.2	92.4	91.8	85.3
	sd	24.4	2.6	21.0	31.2
	(n)	(56)	(7)	(50)	(13)
Threat of Abuse	M	78.1	79.4	77.0	82.7
	sd	25.5	24.5	25.8	24.7
	(n)	(54)	(6)	(47)	(13)
Child's Family Relations	M	75.7	56.0 <sup>a</sup>	74.2	72.2
	sd	19.9	11.2	21.1	23.9
	(n)	(57)	(6)	(51)	(12)
CHILD PERFORMANCE					
Academic Performance	M	78.7	70.3	78.9	73.6
	sd	19.1	15.4	19.0	22.1
	(n)	(54)	(6)	(48)	(12)
School Attendance	M	86.6	85.0	86.1	88.1
	sd	20.2	30.2	21.8	28.1
	(n)	(52)	(7)	(48)	(11)
Child's Misconduct	M	65.4	51.0 <sup>a</sup>	64.3	61.8
	sd	20.9	7.3	21.1	23.9
	(n)	(57)	(7)	(51)	(12)
ADDITIONAL SCALES					
Supervision of Children	M	90.3	80.3	91.3	81.0 <sup>a</sup>
	sd	17.1	24.8	15.9	24.5
	(n)	(57)	(7)	(51)	(13)
Adult Relations	M	75.9	76.1	75.0	80.8
	sd	22.8	21.4	22.8	23.3
	(n)	(42)	(5)	(40)	(7)
Support for Caregiver	M	89.6	90.3	89.9	88.5
	sd	11.1	17.1	10.8	14.6
	(n)	(58)	(6)	(52)	(12)
Sexual Abuse	M	91.0	98.4	91.4	93.6
	sd	23.5	0.0	23.4	20.8
	(n)	(50)	(7)	(45)	(12)
Caregiver Substance Abuse <sup>a</sup>	M	1.3	1.2	1.3	1.2
	sd	0.8	0.0	0.8	0.8
	(n)	(54)	(6)	(49)	(11)

<sup>a</sup>SDs based on means before controlling for intake scores; <sup>b</sup>Not weighted for seriousness; <sup>+</sup> p < .10; \* p < .05

**TABLE 35**  
**LOGISTIC REGRESSION MODEL**  
**PROBABILITY OF PLACEMENT AT 12 MONTHS**  
**PORTLAND, OREGON IFS**

MODEL CHI-SQUARE	Chi-Square 40.401	df 5	Significance .0000
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CLASSIFICATION RATE:  
96.40% nonplacement correctly classified  
43.33% placement correctly classified  
85.11% overall correctly classified

VARIABLES IN THE EQUATION

VARIABLE	B	S.E.	Wald	df	Sig	R	Exp(B)
Prior placement	.9387	.5148	3.3248	1	.0682	.0953	2.5567
Reunification	.9867	.5551	3.1598	1	.0755	.0891	2.6823
Six month	-1.5113	.6757	5.0018	1	.0253	-.1434	.2206
Adult health	2.0150	.5512	13.3645	1	.0003	.2790	7.5008
Change in parental disposition	-.0985	.0274	12.9420	1	.0003	-.2738	.9062

**TABLE 36**

**DEMOGRAPHICS AND INTAKE SCORES BY GROUP  
BALTIMORE, MARYLAND IFS**

		<b>GROUP</b>	
		<u>3-MONTH</u> (n = 94)	<u>6-MONTH</u> (n = 98)
% SINGLE CAREGIVERS		62.8	69.7
% NON-WHITE		81.9	88.7
AGE PRIM. CAREGIVER	M sd	28.8 (10.5)	27.7 (8.8)
AGE CHILDREN	M sd	4.6 (3.7)	5.5 (4.0)
NUMBER OF CHILDREN	M sd	3.0 (1.7)	2.8 (1.6)
% OLDEST CHILD 12 OR OLDER		25.5	28.3
% OLDEST CHILD 6 OR YOUNGER		53.2	47.5
% BELOW \$10,000 PER YEAR		87.6	81.6
MONTHLY INCOME	M sd	578 (332)	578 (279)
NUMBER SUPPORTED	M sd	4.1 (1.9)	3.8 (1.6)
PER CAPITA INCOME	M sd	144 (63)	167 (111)
% PLACEMENT PREVENTION CASES		70.2	63.6
% WITH AGENCY HISTORY		24.2	25.8
% PREVIOUS PLACEMENTS		4.4	6.2
NUMBER OF STRESSFUL LIFE EVENTS IN YEAR PRIOR	M sd	2.7 (1.5)	2.7 (1.7)

TABLE 36 (continued)

		GROUP	
		<u>3-MONTH</u> (n = 94)	<u>6-MONTH</u> (n = 98)
CWBS TOTAL	M	84.6	86.2
	sd	(8.9)	(8.4)
CWBS PARENT	M	81.8	82.1
	sd	(12.1)	(13.2)
CWBS HOUSEHOLD	M	85.1	87.9
	sd	(12.7)	(10.5)
CWBS CHILD	M	86.1	87.3
	sd	(18.9)	(16.6)
CWBS NEGLECT	M	85.7	88.7 *
	sd	(11.5)	(8.8)
GLOBAL HEALTH/PATHOLOGY	M	5.1	5.1
	sd	(1.5)	(1.3)
TOTAL NUMBER OF PROBLEMS IDENTIFIED DURING IFS	M	6.2	6.0
	sd	(3.3)	(3.3)
NUMBER OF CONCURRENT SERVICES	M	4.1	3.7
	sd	(2.5)	(2.3)

**TABLE 37**  
**PLACEMENT RATE BY GROUP**  
**BALTIMORE, MARYLAND IFS**

	<b>GROUP</b>	
	<u>3-MONTH</u>	<u>6-MONTH</u>
% PLACED AT TERMINATION (WORKER REPORT, N = 184)	14.6 (13)	10.5 (10)
% PLACED IN YEAR AFTER IFS (STATE MIS, N = 193)	20.2 (19)	17.2 (17)

**TABLE 38**  
**TERMINATION SCORES BY GROUP ASSIGNMENT**  
**BALTIMORE, MARYLAND IFS**

		<b>3-MONTH</b>	<b>6-MONTH</b>
GLOBAL HEALTH/ PATHOLOGY <sup>a</sup>	M	4.5	4.6
	sd	1.8	1.8
	(n)	(72)	(94)
CWBS PARENT <sup>a</sup>	M	85.7	86.5
	sd	12.2	11.2
	(n)	(87)	(94)
CWBS CHILD <sup>a</sup>	M	90.6	90.5
	sd	14.5	13.6
	(n)	(69)	(88)
CWBS HOUSEHOLD <sup>a</sup>	M	95.6	95.4
	sd	7.4	6.8
	(n)	(87)	(94)
CWBS NEGLECT <sup>a</sup>	M	95.5	95.2
	sd	6.6	6.6
	(n)	(86)	(92)
CWBS TOTAL <sup>a</sup>	M	91.4	91.4
	sd	8.2	7.3
	(n)	(88)	(94)
N STRESSFUL LIFE EVENTS	M	.93	.64
	sd	1.2	1.0
	(n)		
N OF PROBLEMS	M	6.2	6.0
	sd	3.3	3.3
	(n)	(89)	(92)
IMPROVEMENT RATE ON FAMILY SYSTEMS CHANGE SCALE	M	.56	.64
	sd	.31	.28
	(n)	(83)	(88)
GOAL ACHIEVEMENT	M	.77	.79
	sd	.33	.31
	(n)	(91)	(94)
WORKER'S RATING OF SUCCESS	M	1.8	1.6*
	sd	.82	.71
	(n)	(89)	(95)
FAMILY SATISFACTION WITH IFS	M	1.3	1.3
	sd	.55	.61
	(n)	(75)	(85)

\* p < .05

<sup>a</sup> Controlled for score at intake (SDs based on uncontrolled means).

**TABLE 39**  
**TERMINATION CHILD WELL-BEING SCALES**  
**BY GROUP (CONTROLLED FOR SCORES AT INTAKE)\***  
**BALTIMORE, MARYLAND IFS**

		3-MONTH	6-MONTH
<b>PARENTAL DISPOSITION</b>			
Mental Health Care	M	91.2	92.1
	sd	18.5	13.9
	(n)	(63)	(76)
Capacity for Childcare	M	84.0	90.5*
	sd	22.9	17.3
	(n)	(84)	(90)
Recognition of Problems	M	74.8	77.2
	sd	25.4	24.2
	(n)	(80)	(89)
Motivation to Solve Problems	M	82.3	83.5
	sd	19.6	19.0
	(n)	(81)	(90)
Cooperation with Services	M	81.5	81.2
	sd	22.2	21.4
	(n)	(80)	(93)
Acceptance of Children	M	85.8	86.7
	sd	19.1	18.7
	(n)	(80)	(88)
Approval of Children	M	89.1	91.5
	sd	12.3	11.5
	(n)	(62)	(76)
Expectations of Children	M	83.9	86.5
	sd	16.0	12.6
	(n)	(71)	(83)
Consistency of Discipline	M	88.6	86.6
	sd	11.1	11.2
	(n)	(52)	(64)
Teaching/Stimulation of Children	M	86.3	84.7
	sd	15.3	14.2
	(n)	(59)	(70)
Protection from Abuse	M	90.3	99.5
	sd	19.0	17.9
	(n)	(10)	(7)
Abusive Physical Discipline	M	89.9	91.1
	sd	20.1	20.2
	(n)	(75)	(84)

**TABLE 39 (Continued)**

Threat of Abuse	M	87.8	89.5
	sd	21.4	19.7
	(n)	(65)	(73)
Child's Family Relations	M	88.9	91.6
	sd	17.9	15.7
	(n)	(69)	(77)
<b>CHILD PERFORMANCE</b>			
Adequacy of Education	M	90.8	94.8
	sd	17.2	13.5
	(n)	(55)	(59)
Academic Performance	M	89.7	89.7
	sd	17.9	16.9
	(n)	(44)	(52)
School Attendance	M	91.7	89.8
	sd	18.8	19.8
	(n)	50)	(54)
Child's Misconduct	M	84.2	83.4
	sd	22.5	23.8
	(n)	(60)	(69)
<b>HOUSEHOLD ADEQUACY</b>			
Nutrition <sup>b</sup>	M	94.7	94.7
	sd	12.3	11.8
	(n)	(78)	(86)
Clothing <sup>b</sup>	M	97.3	97.2
	sd	6.6	6.8
	(n)	(84)	(90)
Hygiene <sup>b</sup>	M	95.6	95.5
	sd	10.6	10.4
	(n)	(81)	(90)
Adequacy of Furnishings <sup>b</sup>	M	96.0	95.7
	sd	7.2	10.3
	(n)	(80)	(87)
Crowding <sup>b</sup>	M	95.5	93.7
	sd	11.0	12.2
	(n)	(80)	(87)
Sanitation <sup>b</sup>	M	91.1	91.1
	sd	16.8	16.3
	(n)	(80)	(87)
Security of Residence	M	98.0	98.7
	sd	7.6	4.9
	(n)	(83)	(91)

**TABLE 39 (continued)**

Availability of Utilities <sup>b</sup>	M	98.7	98.7
	sd	6.0	6.6
	(n)	(77)	(86)
Safety of Residence <sup>b</sup>	M	93.6	94.7
	sd	19.0	16.6
	(n)	(81)	(87)
<b>ADDITIONAL SCALES</b>			
Physical Health Care <sup>b</sup>	M	94.9	95.8
	sd	11.8	8.2
	(n)	(81)	(88)
Supervision of Young Children <sup>b</sup>	M	95.4	94.5
	sd	11.4	12.5
	(n)	(80)	(87)
Supervision of Children (older)	M	95.1	95.5
	sd	11.6	11.6
	(n)	(77)	(88)
Arrangement for Substitute Care <sup>b</sup>	M	96.2	94.8
	sd	9.7	11.2
	(n)	(76)	(87)
Adult Relations	M	83.9	85.3
	sd	22.1	21.1
	(n)	(54)	(57)
Support for Caregiver	M	94.7	94.0
	sd	10.5	9.8
	(n)	(79)	(91)
Availability of Services	M	94.1	95.8
	sd	10.7	9.2
	(n)	(83)	(92)
Sexual Abuse	M	97.0	100.0*
	sd	13.1	6.5
	(n)	(69)	(75)
Exploitation of Children <sup>b</sup>	M	96.4	98.3
	sd	17.3	8.9
	(n)	(45)	(54)
Degree of Impairment	M	83.9	86.3
	sd	17.1	18.5
	(n)	(40)	(36)
Continuity of Childcare <sup>b</sup>	M	95.6	95.2
	sd	10.1	12.5
	(n)	(81)	(86)

**TABLE 39 (continued)**

Substance Abuse <sup>c</sup>	M	1.3	1.9*
	sd	1.0	0.8
	(n)	(118)	(27)
Habitability of Residence <sup>c</sup>	M	1.2	1.2
	sd	.48	.51
	(n)	(81)	(88)
Suitability of Residence <sup>c</sup>	M	1.1	1.2
	sd	.31	.42
	(n)	(85)	(92)

<sup>a</sup> SDs based on uncontrolled means

<sup>b</sup> Included in Neglect Subscale

<sup>c</sup> Not weighted for seriousness

\*p < .05

**TABLE 40**  
**SIX AND TWELVE MONTH FOLLOW-UP SCORES**  
**BY GROUP ASSIGNMENT**  
**BALTIMORE, MARYLAND IFS**

AT SIX MONTH FOLLOW UP		3-MONTH	6-MONTH
GLOBAL HEALTH/ PATHOLOGY <sup>a</sup>	M	4.6	4.4
	SD	2.0	2.0
	(N)	(40)	(47)
CWBS PARENT <sup>a</sup>	M	88.8	90.3
	SD	11.7	11.5
	(N)	(52)	(54)
CWBS CHILD <sup>a</sup>	M	90.6	94.2
	SD	15.7	9.5
	(N)	(41)	(40)
CWBS HOUSEHOLD <sup>a</sup>	M	95.9	93.2
	SD	8.2	9.8
	(N)	(52)	(54)
CWBS NEGLECT <sup>a</sup>	M	96.1	95.1
	SD	7.0	8.0
	(N)	(51)	(54)
CWBS TOTAL <sup>a</sup>	M	92.3	92.5
	SD	8.3	8.2
	(N)	(52)	(55)
N STRESSFUL LIFE EVENTS	M	1.5	1.4
	SD	1.4	1.4
	(N)	(53)	(56)
N OF PROBLEMS	M	3.4	2.8
	SD	3.0	2.4
	(N)	(54)	(56)
IMPROVEMENT RATE ON FAMILY SYSTEMS CHANGE SCALE	M	.40	.40
	SD	.37	.35
	(N)	(52)	(55)
FAMILY SATISFACTION WITH IFS	M	1.2	1.1
	SD	.5	.4
	(N)	(47)	(49)

<sup>a</sup> Controlled for intake score (SDs based on uncontrolled means).

TABLE 40 (continued)

AT TWELVE MONTH FOLLOW UP		3-MONTH	6-MONTH
GLOBAL HEALTH/ PATHOLOGY <sup>a</sup>	M	4.2	4.6
	SD	2.0	1.7
	(N)	(40)	(29)
CWBS PARENT <sup>a</sup>	M	90.5	91.4
	SD	11.0	9.5
	(N)	(53)	(32)
CWBS CHILD <sup>a</sup>	M	94.0	95.6
	SD	10.6	7.3
	(N)	(41)	(22)
CWBS HOUSEHOLD <sup>a</sup>	M	95.0	95.3
	SD	10.4	6.8
	(N)	(50)	(31)
CWBS NEGLECT <sup>a</sup>	M	94.9	95.5
	SD	10.3	5.7
	(N)	(48)	(30)
CWBS TOTAL <sup>a</sup>	M	93.5	94.0
	SD	8.3	8.2
	(N)	(53)	(32)
N STRESSFUL LIFE EVENTS	M	1.9	1.6
	SD	1.7	1.6
	(N)	(53)	(32)
N OF PROBLEMS	M	3.5	2.1 *
	SD	3.1	1.9
	(N)	(57)	(33)
IMPROVEMENT RATE ON FAMILY SYSTEMS CHANGE SCALE	M	.42	.42
	SD	.35	.34
	(N)	(57)	(32)
FAMILY SATISFACTION WITH IFS	M	1.1	1.1
	SD	.2	.4
	(N)	(49)	(29)

\* p < .05

<sup>a</sup> Controlled for score at intake (SDs based on uncontrolled means).

TABLE 41a

DEMOGRAPHICS AND INTAKE SCORES BY PLACEMENT AT TERMINATION  
BALTIMORE, MARYLAND IFS

		NO PLACEMENT	PLACEMENT
% SINGLE CAREGIVERS		68.3	56.5
% NON-WHITE		85.6	91.3
AGE PRIM. CAREGIVER	M	27.0	35.1 *
	sd	7.9	14.6
	N	(156)	(23)
AGE CHILDREN	M	4.8	6.6
	sd	3.9	4.0
	(n)	(159)	(23)
NUMBER OF CHILDREN	M	2.8	3.1
	sd	1.6	1.6
	(n)	(161)	(23)
% OLDEST CHILD 12 OR OLDER		24.2	39.1
% OLDEST CHILD 6 OR YOUNGER		54.7	30.4 *
% BELOW \$10,000 PER YEAR		85.3	78.3
MONTHLY INCOME	M	561	690
	sd	285	443
	(n)	(117)	(16)
NUMBER SUPPORTED	M	3.9	4.2
	sd	1.7	1.8
	(n)	(159)	(23)
PER CAPITA INCOME	M	155	177
	sd	86	142
	(n)		
% WITH AGENCY HISTORY		23.6	39.1
% PREVIOUS PLACEMENTS		5.1	8.7
NUMBER OF STRESSFUL LIFE EVENTS IN YEAR PRIOR	M	2.7	3.3
	sd	1.6	1.5
	(n)	(160)	(23)

TABLE 41a (continued)

		NO PLACEMENT	PLACEMENT
CWBS TOTAL	M	86.2	82.3
	sd	8.7	8.7
	(n)	(160)	(23)
CWBS PARENT	M	82.8	78.4
	sd	12.6	12.8
	(n)	(160)	(23)
CWBS CHILD	M	89.8	75.6 **
	sd	15.1	22.7
	(n)	(128)	(22)
CWBS HOUSEHOLD	M	86.5	87.7
	sd	11.9	9.7
	(n)	(160)	(23)
CWBS NEGLECT	M	87.9	86.8
	sd	10.4	9.2
	(n)	(158)	(23)
GLOBAL HEALTH/PATHOLOGY	M	5.0	5.9 *
	sd	1.4	1.4
	(n)	(141)	(20)

\* p < .05

\*\* p < .01

**TABLE 41b**

**DEMOGRAPHICS AND INTAKE SCORES BY PLACEMENT IN YEAR FOLLOWING IFS  
BALTIMORE, MARYLAND IFS**

		<b>NO PLACEMENT</b>	<b>PLACEMENT</b>
% SINGLE CAREGIVERS		67.5	61.1
% NON-WHITE		84.6	88.6
AGE PRIM. CAREGIVER	M	27.4	32.0
	sd	8.0	14.5
	N	(151)	(34)
AGE CHILDREN	M	4.8	5.8
	sd	3.8	4.4
	(n)	(155)	(35)
NUMBER OF CHILDREN	M	3.0	2.6
	sd	1.7	1.4
	(n)	(157)	(23)
% OLDEST CHILD 12 OR OLDER		25.5	33.3
% OLDEST CHILD 6 OR YOUNGER		50.3	50.0
% BELOW \$10,000 PER YEAR		85.5	80.0
MONTHLY INCOME	M	573	602
	sd	292	363
	(n)	(117)	(23)
NUMBER SUPPORTED	M	5.0	3.7
	sd	1.8	1.5
	(n)	(156)	(35)
PER CAPITA INCOME	M	151.3	181.5
	sd	86.6	116.3
	(n)	(117)	(23)
% WITH AGENCY HISTORY		24.8	25.7
% PREVIOUS PLACEMENTS		5.9	2.9
NUMBER OF STRESSFUL LIFE EVENTS IN YEAR PRIOR	M	2.6	3.2 *
	sd	1.6	1.7
	(n)	(156)	(36)

**TABLE 41b (continued)**

CWBS TOTAL	M	86.5	80.7 ***
	sd	8.4	8.7
	(n)	(156)	(36)
CWBS PARENT	M	83.3	76.1 **
	sd	12.1	13.3
	(n)	(156)	(36)
CWBS CHILD	M	88.7	78.7 *
	sd	16.1	21.8
	(n)	(127)	(32)
CWBS HOUSEHOLD	M	87.6	82.2 *
	sd	11.3	12.8
	(n)	(156)	(36)
CWBS NEGLECT	M	88.0	83.8 *
	sd	9.9	11.5
	(n)	(154)	(36)
GLOBAL HEALTH/PATHOLOGY	M	5.0	5.3
	sd	1.4	1.4
	(n)	(139)	(30)

\* p < .05

\*\* p < .01

\*\*\* p < .005

\*\*\*\* p < .001

**TABLE 42**  
**INTAKE CHILD WELL-BEING SCALES**  
**BY PLACEMENT STATUS**  
**BALTIMORE, MARYLAND IFS**

		PLACEMENT AT TERMINATION		PLACEMENT IN 12 MONTHS POST-IFS		
		<u>NO PLACEMENT</u>	<u>PLACEMENT</u>	<u>NO PLACEMENT</u>	<u>PLACEMENT</u>	
PARENTAL DISPOSITION						
	Mental Health Care	M	87.8	81.7	88.3	81.8
		sd	19.6	19.9	19.2	20.3
		(n)	(128)	(20)	(125)	(29)
Capacity for Childcare	M	85.1	67.4 ****	85.1	70.1 ****	
	sd	19.8	20.8	20.0	20.0	
	(n)	(153)	(23)	(149)	(35)	
Recognition of Problems	M	70.4	72.5	70.4	67.0	
	sd	23.7	25.0	23.5	24.2	
	(n)	(152)	(23)	(148)	(36)	
Motivation to Solve Problems	M	79.0	75.8	79.6	72.6 *	
	sd	18.6	19.9	18.5	19.0	
	(n)	(153)	(23)	(149)	(36)	
Cooperation with Services	M	80.6	77.3	80.3	76.3	
	sd	21.1	22.5	21.2	21.6	
	(n)	(154)	(23)	(150)	(36)	
Acceptance of Children	M	82.9	82.7	83.9	77.1	
	sd	20.3	23.1	20.0	23.0	
	(n)	(154)	(22)	(150)	(34)	
Approval of Children	M	86.9	89.1	87.5	84.6	
	sd	12.4	13.0	12.3	13.0	
	(n)	(125)	(21)	(127)	(28)	
Expectations of Children	M	83.6	81.0	83.7	80.2	
	sd	13.0	11.4	12.2	13.6	
	(n)	(141)	(20)	(136)	(34)	
Consistency of Discipline	M	83.4	77.3 +	84.2	75.4 ***	
	sd	13.0	12.7	12.5	12.0	
	(n)	(107)	(16)	(106)	(24)	
Teaching/Stimulation of Children	M	81.9	79.8	83.0	74.5 *	
	sd	16.1	18.2	15.4	17.9	
	(n)	(120)	(18)	(119)	(26)	

TABLE 42 (continued)

		PLACEMENT AT TERMINATION		PLACEMENT IN 12 MONTHS POST-IFS	
		<u>NO PLACEMENT</u>	<u>PLACEMENT</u>	<u>NO PLACEMENT</u>	<u>PLACEMENT</u>
Protection from Abuse	M	86.5	100.0	86.1	92.9
	sd	23.7	0.0	23.9	18.9
	(n)	(39)	(4)	(38)	(7)
Abusive Physical Discipline	M	81.5	81.9	82.3	78.6
	sd	30.6	31.4	29.6	34.7
	(n)	(144)	(21)	(143)	(29)
Threat of Abuse	M	87.6	80.7	88.2	78.7 *
	sd	22.1	27.2	21.9	26.0
	(n)	(138)	(19)	(134)	(28)
Child's Family Relations	M	90.2	77.3 +	90.1	75.4 **
	sd	16.8	28.9	17.5	26.4
	(n)	(131)	(21)	(131)	(29)
CHILD PERFORMANCE					
Adequacy of Education	M	90.3	75.4 *	88.7	79.3 *
	sd	18.0	25.1	19.0	25.0
	(n)	(100)	(20)	(103)	(25)
Academic Performance	M	90.1	74.6 *	89.2	75.1 *
	sd	14.8	23.6	15.9	24.3
	(n)	(83)	(16)	(87)	(19)
School Attendance	M	90.6	76.8 +	91.6	73.8 **
	sd	19.8	29.5	19.3	28.9
	(n)	(88)	(19)	(91)	(24)
Child's Misconduct	M	83.7	68.5	82.7	70.6 *
	sd	23.9	29.1	24.2	29.1
	(n)	(115)	(21)	(114)	(30)
HOUSEHOLD ADEQUACY					
Nutrition*	M	85.6	85.3	86.7	80.1
	sd	21.0	19.2	20.0	21.5
	(n)	(146)	(22)	(143)	(34)
Clothing*	M	92.7	89.4	92.9	89.6
	sd	11.1	15.9	11.0	14.2
	(n)	(155)	(23)	(150)	(35)
Hygiene*	M	91.5	90.6	92.1	89.2
	sd	14.6	16.3	14.1	16.7
	(n)	(152)	(23)	(148)	(34)

TABLE 42 (continued)

		PLACEMENT AT TERMINATION		PLACEMENT IN 12 MONTHS POST-IFS	
		<u>NO PLACEMENT</u>	<u>PLACEMENT</u>	<u>NO PLACEMENT</u>	<u>PLACEMENT</u>
Adequacy of Furnishings <sup>a</sup>	M	83.2	81.3	84.2	78.1
	sd	17.2	18.1	16.9	18.1
	(n)	(150)	(21)	(144)	(34)
Crowding <sup>a</sup>	M	83.3	83.7	83.6	82.5
	sd	18.7	19.3	18.7	18.5
	(n)	(149)	(21)	(145)	(33)
Sanitation <sup>a</sup>	M	78.5	86.0	80.8	72.0
	sd	25.0	18.0	23.8	25.8
	(n)	(150)	(21)	(146)	(33)
Security of Residence	M	92.8	91.4	94.1	84.7 ***
	sd	13.0	14.0	12.0	16.1
	(n)	(155)	(22)	(151)	(35)
Availability of Utilities <sup>a</sup>	M	94.0	97.7	94.5	93.0
	sd	11.9	10.5	11.0	15.6
	(n)	(146)	(20)	(140)	(34)
Safety of Residence <sup>a</sup>	M	80.1	85.1	81.9	73.0
	sd	28.7	27.5	27.8	31.2
	(n)	(151)	(21)	(146)	(34)
ADDITIONAL SCALES					
Physical Health Care <sup>a</sup>	M	90.2	88.5	91.3	83.6 +
	sd	15.1	20.9	12.8	24.1
	(n)	(150)	(22)	(149)	(32)
Supervision of Young Children <sup>a</sup>	M	86.9	85.3	86.9	85.9
	sd	17.2	21.5	17.7	17.5
	(n)	(148)	(22)	(144)	(33)
Supervision of Children (older)	M	90.8	82.1 *	91.0	84.3 *
	sd	17.1	19.3	16.8	19.5
	(n)	(145)	(21)	(141)	(34)
Arrangement for Substitute Care <sup>a</sup>	M	90.2	83.5	89.0	90.1
	sd	17.7	19.2	18.2	16.1
	(n)	(147)	(21)	(142)	(33)
Adult Relations	M	74.4	68.4	74.8	69.4
	sd	23.6	22.0	23.5	22.1
	(n)	(111)	(14)	(118)	(27)

TABLE 42 (continued)

ADDITIONAL SCALES		PLACEMENT AT TERMINATION		PLACEMENT IN 12 MONTHS POST-IFS	
		NO PLACEMENT	PLACEMENT	NO PLACEMENT	PLACEMENT
Support for Caregiver	M	93.2	87.2 <sup>+</sup>	92.7	91.2
	sd	10.5	15.2	10.7	13.6
	(n)	(152)	(23)	(148)	(36)
Availability of Services	M	89.2	88.1	89.1	88.3
	sd	12.4	13.3	12.4	13.0
	(n)	(156)	(23)	(152)	(36)
Sexual Abuse	M	96.5	100.0	96.4	97.5
	sd	15.9	0.0	16.1	13.7
	(n)	(129)	(22)	(126)	(30)
Exploitation of Children <sup>a</sup>	M	94.8	89.5	94.6	91.7
	sd	19.8	20.9	20.1	19.0
	(n)	(96)	(19)	(93)	(24)
Continuity of Childcare <sup>a</sup>	M	92.6	82.0 <sup>+</sup>	91.6	90.1
	sd	15.0	25.2	16.6	17.8
	(n)	(150)	(23)	(146)	(35)
Degree of Impairment	M	85.9	80.0	84.9	80.2
	sd	20.3	25.9	21.4	23.8
	(n)	(86)	(12)	(85)	(20)
ORDINAL SCALES					
Substance Abuse <sup>b</sup>	M	1.4	1.9 <sup>+</sup>	1.3	1.9 <sup>*</sup>
	sd	0.9	1.2	0.1	1.2
	(n)	(121)	(19)	(118)	(27)
Habitability of Residence <sup>b</sup>	M	1.6	1.8	1.6	1.8
	sd	1.0	1.2	1.0	1.1
	(N)	(151)	(21)	(148)	(32)
Suitability of Residence <sup>b</sup>	M	1.8	1.8	1.8	2.1
	sd	1.1	1.0	1.0	1.1
	(n)	(158)	(22)	(154)	(35)

<sup>a</sup>Included in Neglect Subscale

<sup>b</sup>Not weighted for seriousness

<sup>+</sup>p < .10

<sup>\*</sup>p < .05

<sup>\*\*</sup>p < .01

<sup>\*\*\*</sup>p < .005

<sup>\*\*\*\*</sup>p < .001

TABLE 43a

**TERMINATION SCORES BY PLACEMENT AT TERMINATION  
BALTIMORE, MARYLAND IFS**

		NON-PLACEMENT	PLACEMENT
CWBS PARENT <sup>a</sup>	M	86.6	82.3 +
	sd	10.8	16.4
	(n)	(160)	(21)
CWBS CHILD <sup>a</sup>	M	90.7	93.6
	sd	13.3	15.9
	(n)	(125)	(20)
CWBS HOUSEHOLD <sup>a</sup>	M	95.7	94.0
	sd	6.5	11.1
	(n)	(161)	(21)
CWBS NEGLECT <sup>a</sup>	M	95.6	93.1 +
	sd	5.9	10.4
	(n)	(157)	(21)
CWBS TOTAL <sup>a</sup>	M	91.8	88.9 +
	sd	7.0	11.0
	(n)	(160)	(22)
GLOBAL HEALTH/ PATHOLOGY <sup>a</sup>	M	4.5	5.3 +
	sd	1.7	1.8
	(n)	(138)	(18)
N STRESSFUL LIFE EVENTS	M	0.7	1.6 *
	sd	1.0	1.7
	(n)	(160)	(23)
N OF PROBLEMS	M	5.6	9.2 *****
	sd	2.9	4.0
	(n)	(158)	(23)
IMPROVEMENT RATE ON FAMILY SYSTEMS CHANGE SCALE	M	.62	.45 *
	sd	.29	.33
	(n)	(150)	(21)
GOAL ACHIEVEMENT	M	.83	.60 *
	sd	.27	.39
	(n)	(158)	(22)
WORKER'S RATING OF SUCCESS	M	1.7	2.0 *
	sd	0.8	0.8
	(n)	(161)	(23)
FAMILY SATISFACTION	M	1.2	1.6
	sd	0.5	0.8
	(n)	(144)	(16)

<sup>a</sup>Controlled for score at intake (SDs based on uncontrolled means).

\*p < .10. \* p < .05. \*\* p < .01. \*\*\* p < .005. \*\*\*\*\* p < .001

TABLE 43b

TERMINATION SCORES BY PLACEMENT IN 12 MONTHS FOLLOWING IFS  
BALTIMORE, MARYLAND IFS

		NON-PLACEMENT	PLACEMENT
CWBS PARENT <sup>a</sup>	M	86.7	83.1 +
	sd	11.2	12.7
	(n)	(150)	(31)
CWBS CHILD <sup>a</sup>	M	91.3	87.3 +
	sd	12.5	17.6
	(n)	(118)	(27)
CWBS HOUSEHOLD <sup>a</sup>	M	96.0	93.4 +
	sd	5.9	11.1
	(n)	(150)	(31)
CWBS NEGLECT <sup>a</sup>	M	95.8	93.0 *
	sd	5.8	9.0
	(n)	(150)	(31)
CWBS TOTAL <sup>a</sup>	M	91.9	89.0 +
	sd	7.2	8.9
	(n)	(151)	(32)
GLOBAL HEALTH/ PATHOLOGY <sup>a</sup>	M	4.4	5.4 **
	sd	1.7	1.7
	(n)	(130)	(26)
N STRESSFUL LIFE EVENTS	M	0.6	1.5 ***
	sd	1.0	1.5
	(n)	(150)	(33)
N OF PROBLEMS	M	5.7	8.0 ****
	sd	3.0	3.7
	(n)	(148)	(33)
IMPROVEMENT RATE ON FAMILY SYSTEMS CHANGE SCALE	M	.63	.47 *
	sd	.28	.33
	(n)	(140)	(31)
GOAL ACHIEVEMENT	M	.80	.67 *
	sd	.31	.38
	(n)	(151)	(34)
WORKER'S RATING OF SUCCESS	M	1.7	1.9
	sd	0.7	0.9
	(n)	(151)	(33)
FAMILY SATISFACTION	M	1.2	1.5 *
	sd	0.5	0.8
	(n)	(134)	(26)

<sup>a</sup>Controlled for score at intake (SDs based on uncontrolled means).

+p < .10. \* p < .05. \*\* p < .01. \*\*\* p < .005. \*\*\*\* p < .001.

**TABLE 44**  
**TERMINATION CHILD WELL-BEING SCALES**  
**BY PLACEMENT STATUS**  
**(CONTROLLED FOR SCORES AT INTAKE)\***  
**BALTIMORE, MARYLAND IFS**

		PLACEMENT AT TERMINATION		PLACEMENT AT 12 MONTHS	
		<u>NO</u> <u>PLACEMENT</u>	<u>PLACEMENT</u>	<u>NO</u> <u>PLACEMENT</u>	<u>PLACEMENT</u>
<b>PARENTAL DISPOSITION</b>					
Mental Health Care	M	92.2	88.4	91.9	90.9
	sd	16.0	17.3	14.9	20.8
	(n)	(154)	(20)	(113)	(26)
Capacity for Childcare	M	87.8	84.0	88.4	82.3
	sd	19.0	27.6	18.8	24.8
	(n)	(153)	(21)	(143)	(31)
Recognition of Problems	M	76.5	72.7	77.3	69.9
	sd	24.4	27.7	24.5	25.0
	(n)	(149)	(20)	(140)	(29)
Motivation to Solve Problems	M	83.0	82.4	83.7	79.1
	sd	18.8	23.3	18.4	22.8
	(n)	(151)	(20)	(142)	(29)
Cooperation with Services	M	81.4	80.7	81.7	79.7
	sd	21.5	23.8	21.5	23.2
	(n)	(152)	(21)	(143)	(30)
Acceptance of Children	M	86.9	80.6	87.0	82.3
	sd	18.4	22.1	18.5	19.3
	(n)	(150)	(18)	(140)	(28)
Approval of Children	M	90.9	87.0	90.9	87.6
	sd	11.4	14.9	11.4	13.0
	(n)	(120)	(18)	(116)	(22)
Expectations of Children	M	85.6	82.6	86.3	81.1 +
	sd	13.5	19.9	13.4	17.0
	(n)	(137)	(17)	(125)	(29)
Consistency of Discipline	M	87.9	84.7	87.8	86.1
	sd	10.1	16.9	10.8	12.2
	(n)	(103)	(13)	(96)	(20)
Teaching/Stimulation of Children	M	85.5	85.2	85.8	83.5
	sd	14.1	19.3	15.0	12.7
	(n)	(114)	(15)	(107)	(22)

TABLE 44 (continued)

		PLACEMENT AT TERMINATION		PLACEMENT AT 12 MONTHS	
		<u>NO PLACEMENT</u>	<u>PLACEMENT</u>	<u>NO PLACEMENT</u>	<u>PLACEMENT</u>
Protection from Abuse	M	93.9	98.4	93.9	98.4
	sd	16.9	25.8	15.9	25.0
	(n)	(16)	(1)	(16)	(1)
Abusive Physical Discipline	M	92.4	76.4 ***	91.5	85.2
	sd	17.0	33.7	18.5	26.4
	(n)	(141)	(18)	(135)	(24)
Threat of Abuse	M	88.4	91.1	88.4	90.4
	sd	19.8	24.9	19.6	24.0
	(n)	(122)	(16)	(116)	(22)
Child's Family Relations	M	91.9	80.6 ***	91.8	83.7 *
	sd	14.3	26.2	14.5	23.5
	(n)	(126)	(20)	(120)	(26)
CHILD PERFORMANCE					
Adequacy of Education	M	92.4	95.2	93.2	91.4
	sd	15.1	17.5	14.7	18.2
	(n)	(95)	(19)	(94)	(20)
Academic Performance	M	88.6	95.4	89.7	89.7
	sd	17.2	18.1	16.5	19.8
	(n)	(81)	(15)	(81)	(15)
School Attendance	M	90.4	92.3	92.0	85.3
	sd	18.4	23.6	15.6	28.3
	(n)	(86)	(18)	(84)	(20)
Child's Misconduct	M	86.6	67.6 ****	86.0	74.4 *
	sd	20.6	28.7	21.2	27.9
	(n)	(110)	(19)	(104)	(25)
HOUSEHOLD ADEQUACY					
Nutrition <sup>b</sup>	M	95.2	94.5	95.5	93.0
	sd	11.8	13.8	11.5	14.2
	(n)	(145)	(19)	(136)	(28)
Clothing <sup>b</sup>	M	97.3	96.6	97.5	95.7
	sd	6.4	9.1	6.1	8.9
	(n)	(154)	(20)	(144)	(30)
Hygiene <sup>b</sup>	M	95.3	97.2	96.1	92.8 +
	sd	10.4	11.1	8.7	16.5
	(n)	(151)	(20)	(142)	(29)

TABLE 44 (continued)

		PLACEMENT AT TERMINATION		PLACEMENT AT 12 MONTHS	
		<u>NO PLACEMENT</u>	<u>PLACEMENT</u>	<u>NO PLACEMENT</u>	<u>PLACEMENT</u>
Adequacy of Furnishings <sup>b</sup>	M	95.9	95.4	95.3	93.0 <sup>+</sup>
	sd	8.7	10.7	7.6	13.1
	(n)	(148)	(19)	(138)	(29)
Crowding <sup>b</sup>	M	94.4	95.7	94.8	93.3
	sd	11.6	12.0	11.4	12.4
	(n)	(148)	(19)	(139)	(28)
Sanitation <sup>b</sup>	M	91.5	87.9	92.2	85.1 <sup>*</sup>
	sd	15.6	22.2	14.4	23.5
	(n)	(148)	(19)	(139)	(28)
Security of Residence	M	98.9	94.6 <sup>***</sup>	98.7	96.9
	sd	5.0	12.0	5.2	10.1
	(n)	(154)	(20)	(144)	(30)
Availability of Utilities <sup>b</sup>	M	98.6	95.6	98.5	97.3
	sd	6.2	7.1	6.3	6.3
	(n)	(145)	(18)	(134)	(29)
Safety of Residence <sup>b</sup>	M	95.3	86.3 <sup>+</sup>	95.2	89.7
	sd	16.3	26.0	16.4	23.0
	(n)	(149)	(19)	(139)	(29)
<b>ADDITIONAL SCALES</b>					
Physical Health Care <sup>b</sup>	M	96.6	93.6	96.0	91.8 <sup>*</sup>
	sd	9.2	15.9	8.3	15.4
	(n)	(149)	(20)	(142)	(27)
Supervision of Young Children <sup>b</sup>	M	94.8	96.1	94.8	95.4
	sd	11.7	14.1	12.3	10.6
	(n)	(147)	(20)	(138)	(29)
Supervision of Children (older)	M	95.7	92.5	95.3	95.5
	sd	10.7	16.9	11.9	9.6
	(n)	(145)	(20)	(135)	(40)
Arrangement for Substitute Care <sup>b</sup>	M	95.4	95.8	95.5	95.2
	sd	10.1	13.2	10.2	11.8
	(n)	(145)	(18)	(135)	(28)
Adult Relations	M	84.2	89.2	86.5	73.5 <sup>*</sup>
	sd	21.4	24.2	21.2	21.8
	(n)	(102)	(9)	(95)	(16)

TABLE 44 (continued)

		PLACEMENT AT TERMINATION		PLACEMENT AT 12 MONTHS	
		<u>NO PLACEMENT</u>	<u>PLACEMENT</u>	<u>NO PLACEMENT</u>	<u>PLACEMENT</u>
Support for Caregiver	M	94.9	90.4 *	94.9	91.8
	sd	8.9	15.8	9.4	12.9
	(n)	(150)	(20)	(141)	(29)
Availability of Services	M	94.9	95.6	94.7	96.7
	sd	9.9	10.3	10.1	8.8
	(n)	(154)	(21)	(145)	(30)
Sexual Abuse	M	99.5	93.4 **	99.4	95.4 *
	sd	7.9	19.0	8.2	15.9
	(n)	(123)	(1)	(116)	(28)
Exploitation of Children <sup>b</sup>	M	98.3	93.2	97.7	96.3
	sd	12.2	19.6	13.1	16.0
	(n)	(82)	(17)	(80)	(19)
Continuity of Childcare <sup>b</sup>	M	97.2	82.0 ****	97.2	87.0 ****
	sd	8.4	19.4	9.3	16.2
	(n)	(147)	(20)	(138)	(29)
Degree of Impairment	M	86.3	75.4 *	86.4	77.6 +
	sd	14.8	28.7	14.7	27.0
	(n)	(67)	(9)	(64)	(12)
ORDINAL SCALES					
Substance Abuse <sup>c</sup>	M	1.4	1.7	1.4	1.7
	sd	0.8	1.5	0.8	1.4
	(n)	(17)	(16)	(109)	(24)
Habitability of Residence <sup>c</sup>	M	1.2	1.3	1.2	1.2
	sd	0.5	0.6	0.5	0.7
	(n)	(150)	(19)	(142)	(27)
Suitability of Residence <sup>c</sup>	M	1.1	1.2	1.2	1.1
	sd	0.4	0.4	0.3	0.5
	(n)	(157)	(20)	(147)	(30)

\*SDs based on uncontrolled means

<sup>b</sup>Included in Neglect Subscale

<sup>c</sup>Not weighted for seriousness

\* p < .05

\*\* p < .01

\*\*\* p < .005

\*\*\*\* p < .001

TABLE 45a

**OUTCOME MEASURES AT SIX MONTH FOLLOW-UP  
BY PLACEMENT STATUS  
BALTIMORE, MARYLAND IFS**

		PLACEMENT AT TERMINATION		PLACEMENT AT 12 MONTHS	
		<u>NO PLACEMENT</u>	<u>PLACEMENT</u>	<u>NO PLACEMENT</u>	<u>PLACEMENT</u>
CWBS PARENT <sup>a</sup>	M	90.4	83.7 *	91.3	81.7 ****
	sd	10.9	14.3	9.7	13.9
	(n)	(91)	(13)	(87)	(19)
CWBS CHILD <sup>a</sup>	M	92.5	94.1	92.6	90.7
	sd	12.8	11.2	12.0	17.0
	(n)	(70)	(9)	(68)	(13)
CWBS HOUSEHOLD <sup>a</sup>	M	94.9	92.6	95.3	91.2 +
	sd	8.5	12.7	7.7	13.0
	(n)	(91)	(13)	(87)	(19)
CWBS NEGLECT <sup>a</sup>	M	95.2	94.3	95.9	91.0 **
	sd	7.4	9.3	6.5	10.2
	(n)	(91)	(12)	(87)	(18)
CWBS TOTAL <sup>a</sup>	M	92.8	89.8	93.4	87.4 ***
	sd	7.8	10.2	7.0	9.8
	(n)	(92)	(13)	(88)	(19)
GLOBAL HEALTH/ PATHOLOGY <sup>a</sup>	M	4.4	4.7	4.3	5.3 +
	sd	1.9	2.6	1.8	2.3
	(n)	(74)	(11)	(72)	(15)
N STRESSFUL LIFE EVENTS	M	1.5	1.3	1.4	1.7
	sd	1.4	1.2	1.4	1.3
	(n)	(94)	(13)	(91)	(18)
N OF PROBLEMS	M	2.8	4.9 **	2.6	5.7 ****
	sd	2.5	3.5	2.3	3.2
	(n)	(94)	(14)	(91)	(19)
IMPROVEMENT RATE ON FAMILY SYSTEMS CHANGE SCALE	M	.39	.37	.43	.22 *
	sd	.36	.35	.36	.30
	(n)	(92)	(13)	(89)	(18)
FAMILY SATISFACTION	M	1.2	1.1	1.1	1.4
	sd	0.4	0.3	0.3	0.6
	(n)	(85)	(9)	(83)	(13)

+p &lt; .10

\* p &lt; .05

\*\* p &lt; .01

\*\*\* p &lt; .005

\*\*\*\*p &lt; .001

<sup>a</sup>Controlled for score at intake

TABLE 45b

OUTCOME MEASURES AT TWELVE-MONTH FOLLOW-UP  
BY PLACEMENT STATUS  
BALTIMORE, MARYLAND IFS

		PLACEMENT AT TERMINATION		PLACEMENT AT 12 MONTHS	
		<u>NO PLACEMENT</u>	<u>PLACEMENT</u>	<u>NO PLACEMENT</u>	<u>PLACEMENT</u>
CWBS PARENT <sup>a</sup>	M	90.8	92.2	89.8	84.1 *
	sd	10.6	9.7	10.1	8.9
	(n)	(76)	(7)	(74)	(11)
CWBS CHILD <sup>a</sup>	M	95.1	91.4	94.8	92.8
	sd	9.1	10.4	8.7	13.0
	(n)	(55)	(6)	(55)	(8)
CWBS HOUSEHOLD <sup>a</sup>	M	94.8	96.5	95.8	90.8 +
	sd	9.6	3.6	8.0	14.2
	(n)	(72)	(7)	(70)	(11)
CWBS NEGLECT <sup>a</sup>	M	94.9	96.5	95.9	90.6 *
	sd	9.2	3.5	7.8	12.9
	(n)	(69)	(7)	(67)	(11)
CWBS TOTAL <sup>a</sup>	M	93.7	94.6	94.5	88.8 *
	sd	7.8	4.5	7.1	6.8
	(n)	(76)	(7)	(74)	(11)
GLOBAL HEALTH/ PATHOLOGY <sup>a</sup>	M	4.36	4.24	4.2	6.3 ***
	sd	1.9	2.7	1.8	2.2
	(n)	(62)	(6)	(62)	(7)
N STRESSFUL LIFE EVENTS	M	1.8	1.9	1.7	2.2
	sd	1.5	2.7	1.6	1.7
	(n)	(79)	(7)	(75)	(15)
N OF PROBLEMS	M	2.9	4.4	2.6	5.2 ***
	sd	2.9	2.3	2.6	3.2
	(n)	(79)	(9)	(75)	(15)
IMPROVEMENT RATE ON FAMILY SYSTEMS CHANGE SCALE	M	.43	.36	.47	.17 ***
	sd	.34	.43	.34	.27
	(n)	(78)	(9)	(74)	(15)
FAMILY SATISFACTION	M	1.1	1.0	1.1	1.0
	sd	0.3	0.0	0.3	0.0
	(n)	(71)	(5)	(69)	(9)

+p < .10

\* p < .05

\*\* p < .01

\*\*\* p < .005

\*\*\*\*p < .001

<sup>a</sup>Controlled for score at intake.

**TABLE 46**  
**LOGISTIC REGRESSION MODEL**  
**PROBABILITY OF PLACEMENT AT 12 MONTHS**  
**BALTIMORE, MARYLAND IFS**

	Chi-Square	df	Significance
Model Chi Square	33.209	5	.0000

Classification Rate:  
 97.01% nonplacement cases correctly classified  
 32.26% placement cases correctly classified  
 84.85% overall correctly classified

Variables in the Equation

Variable	B	S.E.	Wald	df	Sig	R	Exp(B)
Group	.2598	.4705	.3049	1	.5809	.0000	1.2966
Neglect score	-.0317	.0214	2.2094	1	.1372	-.0362	.9688
Total problems	.2047	.0696	8.6531	1	.0033	.2043	1.2271
Drug problem	1.3859	.4806	8.3152	1	.0039	.1990	3.9986
Family change	-1.7282	.7440	5.3956	1	.0202	-.1459	.1776

**TABLE 47**  
**CONSUMER SATISFACTION SURVEY**  
**RETURN RATE BY GROUP**

SITE	GROUP			
	<u>3 MONTH</u>	<u>6 MONTH</u>	<u>NO LIMIT</u>	<u>TOTAL</u>
PORTLAND % N = 188 n	65.0 39	65.4 36	64.3 47	64.8 122
PENDLETON % N = 79 n	84.6 33	70.0 28	NA NA	77.2 61
BALTIMORE % N = 193 n	79.8 86	86.7 75	NA NA	83.4 161

**TABLE 48**  
**PERCENT SATISFIED BY TREATMENT GROUP (PORTLAND)**  
**(N = 122)**

	3 MONTH (n=39)	6 MONTH (n=36)	NO LIMIT (n=47)
<b>GENERAL SATISFACTION</b>			
Satisfied with services or what your IFS worker did	87.2	91.2	95.7
Satisfied that talked with IFS worker about most important things	92.3	88.9	95.7
Satisfied with how well goals were met	87.2	80.6	91.5
Satisfied that expectations were met	79.5	77.1	95.7
Overall, problems are better compared to before IFS	76.9	80.6	84.8
<b>SERVICES RECEIVED</b>			
Counseling	97.4	100.0	97.9
Teaching parenting skills	23.7	44.4	42.6
Assisting you in legal matters	15.8	16.7	12.8
Helping you find and use other services	13.2	19.4	21.3
Getting things for you that you needed (e.g., food, clothes)	2.6	5.6	0
Spending time with children	0	11.1	12.8
Helping around the house	0	8.3	2.1
<b>MOST HELPFUL SERVICES</b>			
Counseling	84.6	88.9	78.7
Teaching parenting skills	20.5	22.2	31.9
Helping you find and use other services	7.7	11.1	10.6
Assisting you in legal matters	10.3	11.1	4.3
Helping around the house	0	2.8	0
Getting things for you that you needed (e.g., food, clothes)	0	2.8	0
Spending time with children	0	8.3	8.5
Teaching home management	0	0	0
<b>LEAST HELPFUL SERVICES</b>			
Counseling	8.6	3.0	14.0
Teaching parenting skills	0	11.4	8.5
Helping you find and use other services	2.6	2.9	6.4
Assisting you in legal matters	2.6	0	4.3
Teaching home management	0	2.8	0
Spending time with children	0	0	0
Getting things for you that you needed (e.g., food, clothes)	0	0	0
Helping around the house	0	0	0
<b>COMPARISON WITH SERVICES RECEIVED IN THE PAST</b>			
Much more helpful than other services	34.2	30.6	51.1
A little more helpful than other services	15.8	8.3	6.7
About the same as other services	23.7	30.6	22.2
A little less helpful than other services	7.9	8.3	6.7
A lot less helpful than other services	2.6	0	2.2
Have not received other services in the past	<u>15.8</u>	<u>22.2</u>	<u>11.1</u>
	100	100	100

**FEELINGS ABOUT THE FUTURE**

<b>Much more hopeful</b>	50.0	44.4	59.1
<b>A little more hopeful</b>	23.7	38.9	27.3
<b>About the same as before</b>	23.7	11.1	9.1
<b>A little less hopeful</b>	2.6	5.6	0
<b>A lot less hopeful</b>	<u>0</u>	<u>0</u>	<u>4.5</u>
	100.0	100.0	100.0

**TABLE 49**  
**PERCENT SATISFIED BY TREATMENT GROUP (PENDLETON)**  
**(N = 61)**

	3-MONTH (n = 33)	6-MONTH (n = 28)
<b>GENERAL SATISFACTION</b>		
Satisfied with services or what your IFS worker did	90.6	96.4
Satisfied that talked with IFS worker about most important things	96.9	85.2
Satisfied with how well goals were met	90.9	82.1
Satisfied that expectations were met	90.9	92.9
Overall, problems are better compared to before IFS	81.8	71.4
<b>SERVICES RECEIVED</b>		
Counseling	97.0	100.0
Teaching parenting skills	27.3	28.6
Helping you find and use other services	21.2	7.1
Assisting you in legal matters	12.1	3.6
Spending time with children	9.1	14.3
Teaching home management	0	3.6
Getting things for you that you needed (e.g., food, clothes)	0	3.6
Helping around the house	0	0
<b>MOST HELPFUL SERVICES</b>		
Counseling	97.0	96.4
Teaching parenting skills	21.2	25
Helping you find and use other services	12.1	0
Assisting you in legal matters	3.0	3.6
Spending time with children	3.0	14.3
Teaching home management	0	0
Getting things for you that you needed (e.g., food, clothes)	0	0
Helping around the house	0	0
<b>LEAST HELPFUL SERVICES</b>		
Teaching Parenting Skills	3.1	0
Helping you find and use other services	3.1	0
Assisting you in legal matters	3.1	0
Counseling	0	3.6
Teaching home management	0	3.6
Getting things for you that you needed	0	0
Spending time with the children	0	0
Helping around the house	0	0
<b>COMPARISON WITH SERVICES RECEIVED IN THE PAST</b>		
Much more helpful than other services	37.5	32.1
A little more helpful than other services	21.9	14.3
About the same as other services	18.8	10.7
A little less helpful than other services	3.1	7.1
A lot less helpful than other services	6.3	0
Have not received other services in the past	<u>12.5</u>	<u>35.7</u>
	100	100

**FEELINGS ABOUT THE FUTURE**

<b>Much more hopeful</b>	<b>36.4</b>	<b>28.6</b>
<b>A little more hopeful</b>	<b>51.5</b>	<b>50.0</b>
<b>About the same as before</b>	<b>6.1</b>	<b>14.3</b>
<b>A little less hopeful</b>	<b>3.0</b>	<b>3.6</b>
<b>A lot less hopeful</b>	<b><u>3.0</u></b>	<b><u>3.6</u></b>
	<b>100</b>	<b>100</b>

**TABLE 50**  
**PERCENT SATISFIED BY TREATMENT GROUP (BALTIMORE)**  
**(N = 161)**

	<b>3-MONTH</b> (n = 75)	<b>6-MONTH</b> (n = 86)
<b>GENERAL SATISFACTION</b>		
Satisfied with services or what your IFS worker did	94.7	94.1
Satisfied that talked with IFS worker about most important things	97.3	94.2
Satisfied with how well goals were met	98.7	96.5
Satisfied that expectations were met	93.3	98.8
Overall, problems are better compared to before IFS	93.2	92.9
<b>SERVICES RECEIVED</b>		
Counseling	78.4	84.9
Getting things for you that you needed (e.g., food, clothes)	82.4	74.4
Helping you find and use other services	71.6	58.1
Teaching parenting skills	68.9	61.6
Spending time with children	62.2	46.5
Helping around the house	60.8	43.0
Teaching home management	59.5	55.8
Assisting you in legal matters	17.6	14.0
<b>MOST HELPFUL SERVICES</b>		
Counseling	64.9	67.1
Getting things for you that you needed (e.g., food, clothes)	62.7	67.6
Helping you find and use other services	50.0	34.1
Teaching parenting skills	46.7	31.8
Spending time with children	40.0	27.9
Teaching home management	40.0	29.1
Helping around the house	33.3	22.1
Assisting you in legal matters	8.0	12.8
<b>LEAST HELPFUL SERVICES</b>		
Teaching home management	9.3	4.7
Teaching parenting skills	6.7	4.7
Helping you find and use other services	4.1	3.5
Counseling	2.7	5.9
Assisting you in legal matters	1.3	0
Spending time with children	1.3	0
Getting things for you that you needed (e.g., food, clothes)	1.3	1.2
Helping around the house	0	2.3
<b>COMPARISON WITH SERVICES RECEIVED IN THE PAST</b>		
Much more helpful than other services	63.5	70.6
A little more helpful than other services	8.1	7.1
About the same as other services	1.4	2.4
A little less helpful than other services	0	0
A lot less helpful than other services	0	0
Have not received other services in the past	<u>27.0</u>	<u>17.6</u>
	100	100

COMPARISON OF FEELINGS ABOUT THE FUTURE

Much more hopeful	36.4	28.6
A little more hopeful	51.5	50
About the same as before	6.1	14.3
A little less hopeful	3.0	3.6
A lot less hopeful	<u>3.0</u>	<u>3.6</u>
	100	100.1

\*  $p < .05$ .

**TABLE 51  
WORKER DEMOGRAPHICS, WORKER EDUCATION AND EXPERIENCE**

	<b>PORTLAND</b> (n = 10)	<b>PENDLETON</b> (n = 4)	<b>BALTIMORE</b> (n = 12)
<b>WORKER DEMOGRAPHICS</b>			
Median Age	38	42.5	39
Percent Female	70	25	83
Percent Married	50	50	42
Median Number of Children	1	0	1
<b>WORKER EDUCATION AND EXPERIENCE</b>			
Median Years Education	18	18	18
Median Years Child Welfare Experience	0	2.7	10.5
Percent with No Public Social Service Experience	60	50	75
Percent with No Individual Counseling Experience	70	25	33
Median Years of Family Counseling Experience	6.5	4.5	2
Mean Years of Total Paid Professional Experience	7	13	11.5
Median Years of Experience with Agency	6	1.2	3.8
Median Salary	\$22,000	\$50,000	\$28,550
Median Number of Hours Per Week	34.5	33.5	37

**TABLE 52  
SALARY COMPARABILITY AND MORALE  
(Percent of Respondents)**

	<b>PORTLAND</b> (n = 10)	<b>PENDLETON</b> (n = 4)	<b>BALTIMORE</b> (n = 12)
<b>SALARY COMPARABILITY</b>			
Percent Lower than Most Agencies	0	DK	92
Percent Same as Most Private Agencies	30	50	0
Percent Same as Most Public Agencies	0	50	67
Percent Higher than Most Agencies	20	DK	25
Percent Don't Know	50	DK	8
<b>MORALE</b>			
Percent Very Satisfied	70	25	42
Percent Somewhat Satisfied	30	70	58
Percent Reported Morale is High	80	100	8
Median Number of Additional Years Plan to do IFS	15	6.7	4

**TABLE 53**  
**REASONS FOR LEAVING IFS**  
**(Percent of Respondents)**

	<b>PORTLAND</b> (n = 10)	<b>PENDLETON</b> (n = 4)	<b>BALTIMORE</b> (n = 12)
<b>(Percent Very Important or Important)</b>			
Low pay	20	N	0
Opportunities for advancement	30	O	33
Stress related to the demands of IFS	20	N	25
Personal or family reasons (unrelated to the job)	20	E	16
Stress due to the structure or policies of the agency	20		50
Layoffs or reductions in staff	0	L	8
Reassignment by agency	0	E	33
Need for a change	20	F	16
Personality conflict	0	T	16
Other	30		0

**TABLE 54**  
**BEST PRACTICES OF IFS**  
**(Percent of Respondents)**

	<b>PORTLAND</b> (n = 10)	<b>PENDLETON</b> (n = 4)	<b>BALTIMORE</b> (n = 12)
<b>(Percent Extremely Important or Important)</b>			
Delivery of hard services	30	50	100
Asking clients to determine own treatment goals	90	100	100
24 hour availability for emergency visits/calls	10	25	58
Referring family to other counseling services	100	75	100
Routinely providing services in the home	80	0	83
Routinely providing services night/weekends	10	25	75
Setting appointments at families convenience	90	100	83
Making initial contact within 24 hours of referral	20	50	92
Brief in duration, lasting no more than 90 days	40	25	92
Intense, 2-3 time weekly, 1-4 hours per time	10	25	92
Accepting non-motivated clients for service	70	0	75
Children are better off in their own home	100	75	100
Encouragement for families to assume responsibility	100	100	100
Services focused on goal-oriented case plan	100	50	100

**TABLE 55**  
**TYPES OF FAMILIES FOR WHICH IFS IS MOST EFFECTIVE**  
**(Percent of Respondents)**

	<b>PORTLAND</b> (n = 10)	<b>PENDLETON</b> (n = 4)	<b>BALTIMORE</b> (n = 12)
<b>(Percent Reporting IFS Effective)</b>			
Families with little motivation or desire	60	50	33
Families who have had children placed before	100	100	75
Families new to the service system	100	100	100
Families who have an extensive service history	100	100	17
Families who are court-ordered	90	75	67
Families who seek services voluntarily	100	100	100
Families who are facing imminent placement	100	100	100
Families whose problems are not yet at the crisis stage	100	100	83
Families in crisis	100	100	100
Families in which substance abuse is a problem	90	75	17
Families in which chronic mental illness is a problem	40	50	8
Families in which chronic neglect is a problem	60	100	42
Families with children with disabilities	90	100	100
Families with housing problems in addition to other problems	20	100	92

**TABLE 56**  
**IFS AND RELATIONSHIPS WITH OTHER AGENCIES**  
**(Percent of Respondents)**

	<b>PORTLAND</b> (n = 10)	<b>PENDLETON</b> (n = 4)	<b>BALTIMORE</b> (n = 12)
<b>(Percent Reporting Positive Relationship)</b>			
Public Social Service	80	25	75
Family Service Agencies	60	75	58
Community Mental Health Centers	80	50	75
Probation	80	75	75
Police	40	75	67
Court	80	75	75
Medical Personnel or Hospital	40	75	92
Other Intensive Family Services	80	50	33
Other Service Units in Your Agency	60	50	50

**TABLE 57**  
**CORE VALUES WHICH ARE PART OF COUNTY SYSTEM OF CARE**  
**(Percent of Respondents)**

	<b>PORTLAND</b> (n = 10)	<b>PENDLETON</b> (n = 4)	<b>BALTIMORE</b> (n = 12)
<b>(Percent of Workers)</b>			
Early identification and intervention for children and families are promoted by the system to enhance positive outcomes	40	100	75
Care is family-centered; the needs of the children and families dictate the types and mix of services	30	100	92
Care is community-based; the locus of services, management, and decision-making rests at the community level	40	100	50
Children & families receive individualized service, unique needs and potential of families guide individual service plans	50	100	75
Children & families receive services within the least restrictive most "normal" environment that is clinically appropriate	70	100	83
The families and surrogate families of children are full participants in the planning and delivery of services	50	75	92

**INFORMATION SUMMARY**  
**INTENSIVE FAMILY SERVICES**  
**RESEARCH PROJECT**

Kristine Nelson  
Principle Investigator:  
National Resource Center on Family Based Services

This study involves research about the length and cost of family based services. You are being asked to participate in this project for the length of your service contract and to agree to be contacted for follow-up interviews. If you agree to participate, you will be assigned to a service period of \_\_\_\_\_ months. This research will help agencies make better decisions about the length of services they should offer their clients, and will help agencies evaluate the cost of their services.

If you agree to participate, your intensive family service worker will record information about your family, services you receive and problems you have. This information will be used in research, but your full name will not be given to anyone outside the agency. You will be contacted by your worker (or another agency worker) 6 months and 12 months after your case is closed for follow-up interviews, and you will be asked to complete forms about your family and your satisfaction with the service you received.

The service you will receive is the agency's intensive family services program: the only thing that will vary is the length of service. If the time limit needs to be extended, you will be offered additional service and, if necessary, be dropped from the study.

If you do not wish to participate in this project, please tell me. You will not be penalized or denied services if you do not wish to participate.

A record of your participation in this research will be kept, but the record will be confidential. Only the agency representatives: your worker and the agency project coordinator, will know your full name. Data used by the researchers will not include any identifying information such as your full name and address.

Questions about the research can be answered by Kristine Nelson or Maggie Tyler, National Resource Center on Family Based Services, N240 Oakdale Hall, Iowa City, Iowa 52242, 319/335-4123. You may call collect.

Your participation is voluntary. You may discontinue participation in the research project at any time. Thank you for your help with this project.

Kristine Nelson  
Kristine Nelson, Principle Investigator

8-28-89  
Date

I have discussed the above points with the subject or legally authorized representative, using a translator when necessary. It is my opinion that the subject understands the risks, benefits, and obligations involved in participation in this project.

\_\_\_\_\_  
Intensive Family Service Worker's Signature

\_\_\_\_\_  
Date

**INTENSIVE FAMILY SERVICES  
RESEARCH PROJECT**

**CONSENT FORM**

I, \_\_\_\_\_, have been told by \_\_\_\_\_  
\_\_\_\_\_ about the intensive family services research project. I have been told that I will receive services for \_\_\_ months, and that the worker will be recording information about my family which will be used in the research project. I understand that six months and twelve months after my case is closed, I will be contacted by my worker or another agency worker for interviews, and that I will be asked to fill out forms about my family and about my satisfaction with the service.

I understand that no identifying information, such as my full name or address, will be given to anyone outside of this agency.

I also understand that if \_\_\_ months is not long enough, I will be offered additional service and my case may be deleted from the study.

I have been told that I have the right to ask questions at any time and that I should contact Kristine Nelson or Maggie Tyler at the National Resource Center on Family Based Services, 319/335-4123, for answers about the research and my rights.

I consent to take part in this research project.

\_\_\_\_\_  
Signature of Subject

I, the undersigned, certify that I was present during the oral presentation of the written summary attached, when it was given to the above subject.

\_\_\_\_\_  
Signature of IFS worker

**INTENSIVE FAMILY SERVICES  
RESEARCH PROJECT**

**FACE SHEET**

Instructions: Please complete at time of referral to IFS. Please fill in each blank. If the item is not applicable to the case code an "N" in each blank. If the information is not available and if with reasonable efforts you cannot obtain it, code "X" in each blank.

Family Demographics: Please complete for each member of the household, excluding boarders. Start with the primary caretaker (the person with major responsibility for the child(ren) at risk-- usually the mother in a two-parent household.) The next adult listed should be the spouse (or person in a spousal role) of the primary caretaker or another significant adult, if there is no spouse involved. All biological or adopted children of the primary caretaker should be listed in order of age with the oldest first, whether they are in the household or not. Other children should be included only if they live in the household. Step children or adopted children who usually reside in the household, but are temporarily absent should be included. If there are more than two adults or six children attach an additional Face Sheet renumbering child 1 as child 7, etc.

# CODES FOR FAMILY DEMOGRAPHICS

## 1. Sex

- 0. Male
- 1. Female

## 2. Age

Age in years. If under 6 mos., write "0".

## 3. Mental Retardation

- 0. Apparently normal or above normal intelligence
- 1. Mild retardation
- 2. Moderate retardation
- 3. Severe retardation

## 4. Educational Status

- 0. Not in school, over school-leaving age, or under 6 and not in day care
- 1. Preschool or day care
- 2. K-12, regular class
- 3. K-12, special class for mentally, emotionally or physically disabled
- 4. Alternative school or GED courses
- 5. School-age but dropped out, suspended, or expelled
- 6. Vocational, technical school or community college
- 7. 4-year college/university

## 5. Marital Status

- 0. Never married
- 1. Married (living with spouse)
- 2. Separated (married, living apart)
- 3. Divorced
- 4. Widowed

## 6. Race/Ethnicity

- 0. White/non-Hispanic
- 1. Black/non-Hispanic
- 2. Hispanic
- 3. Asian or Pacific Islander
- 4. American Indian or Alaskan Native
- 5. Other

## 7. Paid Employment

- 0. Steadily employed
- 1. Currently unemployed, but usually employed
- 2. Intermittent employment
- 3. Chronic unemployment
- N. Not applicable

## 8. Occupation

- Code current or usual
- 0. Homemaker (not otherwise employed)
  - 1. Sheltered employment
  - 2. Unskilled labor

- 3. Personal service worker (e.g. waitress, domestic, janitorial)
- 4. Skilled labor, crafts
- 5. Clerical, sales, small business
- 6. Technical, professional, managerial
- N Not applicable--never worked outside home or as homemaker

## 9, 10. Relation to Caretaker & Adult 1

- 1. Legal spouse
- 2. Former spouse
- 3. Girlfriend or boyfriend
- 4. Adopted child
- 5. Stepchild
- 6. Biological child
- 7. Unrelated
- 8. Other relative

## 11. Imminence of Risk

- 0. Child is not at risk of placement
- 1. Risk of placement, but time indefinite
- 2. Placement likely within 3 months
- 3. Placement likely within 1 month
- 4. Placement likely within 1 week
- 5. Child already in placement

## 12. Residence

- 0. Living in household
- 1. Adult maintaining a separate household
- 2. Minor living with biological parent in another household
- 3. Foster family home
- 4. Adoptive home
- 5. Emergency shelter care
- 6. Group care/halfway house
- 7. Residential treatment facility/other institution
- 8. Minor living alone or in supervised independent living situation
- 9. Homeless
- 10. Other

## 13. Previous Placements

- 1. No previous out-of-home placements for this child.
- 2. Previous placement(s) in emergency foster home or shelter care only (for less than 3 months at a time).
- 3. Previous placement(s) in foster home care only (at least once for 3 months or more).
- 4. Previous placement(s) in group, residential treatment or institutional care only (at least once for more than 3 months).
- 5. Previous placement(s) in both foster home and group/institutional care (at least once for more than 3 months in each type)

Date completed: \_\_\_\_\_

Project I.D.: \_\_\_\_\_

Purpose of referral (check one)

- placement prevention
- reunification
- assessment

Adults	First Name	1. Sex	2. Age	3. Mental Retardation	4. Educational Status	5. Marital Status	6. Race/Ethnicity	7. Paid Employment	8. Occupation	9. Relation to Primary Caretaker	10. Relation to Adult 1	11. Imminence of Risk	12. Residence	13. Previous Placements
Caretaker														
Adult 1														
<b>Children</b>														
Child 1														
Child 2														
Child 3														
Child 4														
Child 5														
Child 6														

14. How many years of education has the primary caretaker completed? \_\_\_\_ years

15. Gross monthly income (total cash income before taxes) \$ \_\_\_\_\_

16. Estimated yearly income (circle one)

- 1. below \$10,000
- 2. low income (\$10,000 -- \$20,000)
- 3. middle income (\$20,000 -- \$40,000)
- 4. high income (above \$40,000)

17. Number of persons in household supported by this income: \_\_\_\_

18. Primary source of referral to the public social service agency, or, if not through a PSS, to the agency (circle one).

- 1. public social services
- 2. emergency shelter
- 3. day care provider
- 4. police/law enforcement
- 5. medical
- 6. self-referral
- 7. other individual not in family
- 8. private social/family service agency
- 9. school
- 10. mental health
- 11. court/probation/parole
- 12. public health/visiting nurse
- 13. other community professional
- 14. other

19. Source of referral in the public agency to the intensive family services program (circle one):

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| 1. intake unit                    | 5. income maintenance unit         |
| 2. ongoing service unit           | 6. case/placement review committee |
| 3. child placement unit           | 7. other                           |
| 4. child protective services unit | N not applicable-- direct referral |

20. Prior agency history of this family (circle all that apply):

- |   |  |
|---|--|
| 1. no prior history   | 4. previous court involvement with no placement required |
| 2. previous voluntary service involvement                     | 5. previous placement history                            |
| 3. previous protective service case with no court involvement | 6. previous IFS case                                     |

21. Current legal actions in this case (circle all that apply):

1. none
2. intensive family services court-ordered
3. other services court-ordered
4. child(ren) adjudicated in need of assistance
5. child(ren) adjudicated delinquent
6. social services has protective custody of child(ren)
7. social services has legal custody (wardship) of child(ren)
8. child(ren) in court-ordered placement
9. criminal prosecution of perpetrator for child abuse or neglect
10. other (please specify) \_\_\_\_\_

22. Persons requesting or recommending placement or continuing placement of child(ren) in this case (circle all that apply):

1. no one is recommending placement
2. family member
3. social services worker (eg. intake, CPS, on-going)
4. placement review committee
5. court
6. other (please specify) \_\_\_\_\_

23. During the last 12 months, have any of the following events\* occurred in the immediate family? (Yes/No) Please circle any that have happened:

- |  |                                      |
|--|--------------------------------------|
| 1. divorce                               | 10. income decreased substantially   |
| 2. marital reconciliation                | 11. alcohol or drug problem          |
| 3. marriage                              | 12. promotion at work                |
| 4. separation                            | 13. death of close family friend     |
| 5. pregnancy                             | 14. began new job                    |
| 6. other relative moved into household   | 15. entered new school               |
| 7. income increased substantially (20%+) | 16. trouble with superiors at work   |
| 8. went deeply into debt                 | 17. trouble with teachers at school  |
| 9. moved to new location                 | 18. legal problems                   |
|  | 19. death of immediate family member |
|  | 20. major injury or illness          |

\* Life Stress Scales used with permission from Richard R. Abidin

Reason for referral to family based services: Please check a) primary reason; and b) if applicable, other reasons. Code only reasons identified by the referring worker. If more than one primary reason, check the first one on the list as the primary reason. Check only one primary reason.

Reason	Primary Reason (check one)	Other Reasons
01. physical abuse		
02. sexual abuse		
03. neglect		
04. delinquency		
05. status offense (curfew, truancy, runaway)		
06. drug or alcohol abuse by adult		
07. drug or alcohol abuse by child		
08. marital or other problems between adults		
09. parent/child conflict		
10. other parenting problems		
11. other dysfunctional family interaction		
12. homelessness/eviction		
13. other (specify)		

**IFS RESEARCH PROJECT  
IFS CASE OBJECTIVES**

Project ID: \_\_\_\_\_

Date completed: \_\_\_\_\_

**CASE OBJECTIVES/  
DESIRED OUTCOMES FOR  
INTENSIVE FAMILY SERVICES**

**PERSONS INVOLVED**  
(check all that apply)

**LEVEL  
OF  
ACHIEVE-  
MENT \***

(Use only as many as are in the Case Plan,  
developed with the intensive family services  
worker; leave the others blank. Please print  
clearly!)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_
7. \_\_\_\_\_  
\_\_\_\_\_

Primary caretaker	Other adult(s)	Child(ren) -at-risk	Other child(ren)	

Date Completed: \_\_\_\_\_

**\* LEVEL OF ACHIEVEMENT CODE**  
(complete at termination)

- 0 changed; no longer an objective
- 1 not achieved
- 2 partially achieved
- 3 substantially achieved

**IFS RESEARCH PROJECT  
CHILD WELL-BEING SCALES**

Project ID: \_\_\_\_\_

Date: \_\_\_\_\_

Coding period

- Intake
- Termination
- 6 month follow-up
- 12 month follow-up

	1. habitability of residence	2. suitability of living conditions	3. security of residence	4. mental health care	5. supervision of children	6. caretaker's capacity	7. substance abuse	8. adult relations	9. caretaker recognition	10. caretaker motivation	11. support for caretaker	12. availability of services	13. caretaker acceptance	14. caretaker approval	15. consistency of discipline	16. teaching/stimulation
PRIMARY CARETAKER																
OTHER ADULT																

	19. abusive physical discipline	20. sexual abuse-type	21. perpetrator	22. protection from abuse	23. threat of abuse	24. adequacy of education	25. academic performance	26. school attendance	27. child's family relations	28. child's misconduct	29. child's disabilities-type	30. degree of impairment
CHILD 1 -												
CHILD 2 -												
CHILD 3 -												
CHILD 4 -												
CHILD 5 -												
CHILD 6 -												

**GLOBAL HEALTH/PATHOLOGY SCALE:** This scale is meant to represent your overall general impression of the family's Health/Competence. Keep in mind that this is a subjective rating; you need to use your own experience, in that (1) represents the very best family that you have ever had experience with, and (10) represents the least competent you have ever seen. Remember to use the full range of the scale in this manner. Circle the number of the point on the following scale which best describes this family's health or pathology.

	10	9	8	7	6	5	4	3	2	1
Most Pathological										Healthiest

**IFS RESEARCH PROJECT  
CHILD WELL-BEING SCALES**

Project ID: \_\_\_\_\_

Date: \_\_\_\_\_

**Coding period**

- Intake
- Termination
- 6 month follow-up
- 12 month follow-up

- 1. physical health care
- 2. nutrition / diet
- 3. clothing
- 4. personal hygiene
- 5. household hygiene
- 6. overcrowding
- 7. household furnishings
- 8. availability of utilities
- 9. physical sanitation
- 10. physical safety in home
- 11. supervision-young children
- 12. arrangements-child care
- 13. continuity of parenting

PRIMARY CARETAKER	1	2	3	4	5	6	7	8	9	10	11	12	13
OTHER ADULT	1	2	3	4	5	6	7	8	9	10	11	12	13

13. economic exploitation

CHILD 1 -		
CHILD 2 -		
CHILD 3 -		
CHILD 4 -		
CHILD 5 -		
CHILD 6 -		

## IFS RESEARCH PROJECT CHILD WELL-BEING SCALES

Project ID: \_\_\_\_\_

Date: \_\_\_\_\_

Coding period

- Intake
- Termination
- 6 month follow-up
- 12 month follow-up

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	
PRIMARY CARETAKER																			
OTHER ADULT																			

	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.
CHILD 1 -												
CHILD 2 -												
CHILD 3 -												
CHILD 4 -												
CHILD 5 -												
CHILD 6 -												

**GLOBAL HEALTH/PATHOLOGY SCALE:** This scale is meant to represent your overall general impression of the family's Health/Competence. Keep in mind that this is a subjective rating; you need to use your own experience, in that (1) represents the very best family that you have ever had experience with, and (10) represents the least competent you have ever seen. Remember to use the full range of the scale in this manner. Circle the number of the point on the following scale which best describes this family's health or pathology.

	10	9	8	7	6	5	4	3	2	1
Most Pathological										Healthiest

**IFS RESEARCH PROJECT  
SELF-REPORT FAMILY INVENTORY: VERSION II**

Project ID: \_\_\_\_\_

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Coding Period

\_\_\_\_\_ Intake

\_\_\_\_\_ Termination

\_\_\_\_\_ 6 month follow up

\_\_\_\_\_ 12 month follow up

For each question, mark the answer that best fits how you see your family now. If you feel that your answer is between two of the labeled numbers (the odd numbers), then choose the even number that is between them.

	YES: Fits our family very well		SOME: Fits our family some		NO: Does not fit our family
1. Our family would rather do things together than with other people.	1	2	3	4	5
2. We all have a say in family plans.	1	2	3	4	5
3. There is closeness in my family but each person is allowed to be special and different.	1	2	3	4	5
4. In our home, we feel loved.	1	2	3	4	5
5. We argue a lot and never solve problems.	1	2	3	4	5
6. Our happiest times are at home.	1	2	3	4	5
7. The future looks good to our family.	1	2	3	4	5
8. We usually blame one person in our family when things aren't going right.	1	2	3	4	5
9. Family members go their own way most of the time.	1	2	3	4	5
10. Our family is proud of being close.	1	2	3	4	5
11. Our family is good at solving problems together.	1	2	3	4	5
12. When things go wrong we blame each other.	1	2	3	4	5
13. Our family members would rather do things with other people than together.	1	2	3	4	5
14. Family members pay attention to each other and listen to what is said.	1	2	3	4	5
15. My family is happy most of the time.	1	2	3	4	5

If there is only one adult in the family, please answer 16a instead of 16, and circle NA for 17.

	YES: Fits our family very well	SOME: Fits our family some	NO: Does not fit our family
16. The grownups in this family are strong leaders.	1	2	3 4 5
16a. The grownup in this family is a strong leader.	1	2	3 4 5
17. The grownups in this family understand and agree on family decisions.	NA 1	2	3 4 5

18. On a scale of 1 to 5, I would rate my family as:

1	2	3	4	5
My family functions very well together.				My family does not function well together at all. We really need help.

19. On a scale of 1 to 5, I would rate the independence in my family as:

1	2	3	4	5
(No one is independent. There are no open arguments. Family members rely on each other for satisfaction rather than on outsiders.)		(Sometimes independent. There are some disagreements. Family members find satisfaction both within and outside the family.)		(Family members usually go their own way. Disagreements are open. Family members look outside the family for satisfaction.)

**IFS RESEARCH PROJECT  
MONTHLY UPDATE**

Project ID: \_\_\_\_\_

Coding period: \_\_-\_\_ to \_\_-\_\_  
mo. day mo. day

Date completed: \_\_\_\_\_

1. Number of reports of child abuse and neglect during the month (if none, enter a 0 in each blank):

- \_\_\_\_\_ physical abuse
- \_\_\_\_\_ sexual abuse
- \_\_\_\_\_ neglect

2. Have any of the following events occurred within this family during the past month? (Yes/No) If you answered "Yes", please indicate which of these events occurred during the past month. Circle all that apply.\*

- |  |                                      |
|--|--------------------------------------|
| 1. divorce                               | 10. income decreased substantially   |
| 2. marital reconciliation                | 11. alcohol or drug problem          |
| 3. marriage                              | 12. promotion at work                |
| 4. separation                            | 13. death of close family friend     |
| 5. pregnancy                             | 14. began new job                    |
| 6. other relative moved into household   | 15. entered new school               |
| 7. income increased substantially (20%+) | 16. trouble with superiors at work   |
| 8. went deeply into debt                 | 17. trouble with teachers at school  |
| 9. moved to new location                 | 18. legal problems                   |
|  | 19. death of immediate family member |
|  | 20. major injury or illness          |

\* Life stress scale -- used with permission from Richard R. Abidin

3. Have any children been in placement this month? (Yes/No)

If yes, complete the following. Be sure child number matches number on initial grid. Use the following codes for placement setting:

- |  |   |
|--|---|
| 0. emergency shelter                               | 4. formal placement with friend or relative (agency involved)         |
| 1. foster family                                   | 5. informal placement with friend or relative (no agency involvement) |
| 2. group home                                      | 6. other  |
| 3. residential treatment center/ other institution |   |

	1st place-ment	#of days	Name of placement agency if applicable	2nd place-ment	#of days	Name of placement agency if applicable
Child 1						
Child 2						
Child 3						
Child 4						
Child 5						
Child 6						

**IFS RESEARCH PROJECT  
INTERVENTIONS CHECK LIST**

Instructions: Indicate the major interventions you used with the family during this month, checking the appropriate column(s) to show which family members were involved. Please check only primary interventions (e.g. those that were planned in advance or that had a major impact on the family). Do not include incidental interventions with minor impact on the family.

Therapeutic interventions	Primary Caretaker	Other Adult(s)	Child(ren) at-risk	Other child(ren)
<u>01 Drawing ecomaps/assessing social supports</u>				
<u>02 Confrontation</u>				
<u>03 Behavior rehearsal/role play (practice for future use)</u>				
<u>04 Circular questioning</u>				
<u>05 Structured family interview</u>				
<u>06 Identifying behavioral sequences</u>				
<u>07 Speaking in metaphor</u>				
<u>08 Reframing (relabeling, positive connotation)</u>				
<u>09 Prescribing the symptom</u>				
<u>10 Predicting a relapse</u>				
<u>11 Drawing genograms (multigenerational history)</u>				
<u>12 Encouraging clients to get the family facts</u>				
<u>13 Positive/negative reinforcement</u>				
<u>14 Tracking or charting behaviors</u>				
<u>15 Multiple impact therapy</u>				
<u>16 Hypothesizing the function of the symptom (i.e., purpose, effect, or gain)</u>				
<u>17 Coaching verbal or nonverbal expression (e.g. "I" statements, direct requests)</u>				
<u>18 Blocking (e.g. refusing eye contact, moving seats, interrupting)</u>				
<u>19 Unbalancing (allying with subsystem, e.g. ignoring a dominant family member)</u>				
<u>20 Restraining change (e.g. suggesting clients go slow, speculating on the consequences of change)</u>				
<u>21 Developing a time line (chronology of problems, important events, developmental issues)</u>				

## Educational Interventions

E.g. the teaching of skills and behaviors so that they become part of the family member(s) repertoire. Do not include interventions carried out by the therapist, but not taught to the family. Can include direct/dydidactic instruction, role modeling, coaching, cuing, role play, behavioral rehearsal, structured exercises, and homework.

	Primary Caretaker	Other Adult(s)	Child(ren) at-risk	Other child(ren)
22 Child behavior management skills (consequences, behavior charts, token economies, PET, STEP)				
23 Other parenting skills (e.g. age-appropriate care and expectations, nurturance, child development)				
24 Communication skills (e.g. "I" messages, active listening, feedback, negotiation)				
25 Cognitive interventions/self-management skills (self-monitoring, changing "self-talk", values clarification)				
26 Assertiveness/self-advocacy skills (e.g. levels of irritation, assertive responses, accepting "no" from others)				
27 Anger/conflict management skills (e.g. identification of emotions/areas of conflict, fair fighting)				
28 Problem-solving skills (e.g. prioritizing problems, no-lose problem solving, problem ownership)				
29 Home/financial management skills (e.g. cleaning, shopping, cooking, budgeting, daily routine)				
30 Leisure time activities (e.g. teaching how to develop or use)				
31 Sex education (e.g. birth control, avoiding victimization, dealing with sexual training)				
32 Negotiating local service systems (what services are available, how to access)				

## Casework Interventions

33 Coordinating services				
34 Accompanying family/member to appointment				
35 Advocating for the family				
36 Building informal support networks				
37 Developing community resources				
38 Testifying/attending court hearings				
39 Providing or arranging for concrete services				
40 Information and referral (not arranging for services)				

IFS RESEARCH PROJECT  
MONTHLY UPDATE

FAMILY SYSTEMS CHANGE SCALE

To what extent has there been change in the following areas in the past month?  
Please rate each area, using the following scale:

1. Has become worse in last month
2. No change - remains the same
3. Has improved in the last month

- \_\_\_ 1. Adult Skills/Knowledge  
E.g., discipline, age-appropriate child care, physical care, nurturance, home or financial management, etc.
- \_\_\_ 2. Adult behavior  
E.g., abusive behavior toward child or spouse, inappropriate sexual behavior, drug/alcohol abuse, violence, criminal activity, etc.
- \_\_\_ 3. Child behavior  
E.g., destructive, violent, uncooperative, withdrawn; truant, poor grades, conflict with adults, disruptive, delinquent, status offenses, petty offenses and misdemeanors, etc.
- \_\_\_ 4. Family structure/hierarchy  
E.g., age and generational boundaries, coalition between parents, "parenting" child; addition or loss of members, etc.
- \_\_\_ 5. Dynamics/relationships within family  
E.g., clear messages, open communication, reduction of blame, constructive problem solving, conflict, sexual relationship between adults.
- \_\_\_ 6. Family's affect or emotional climate.  
E.g., problems with self-esteem, depression, anger, separation, differentiation, guilt, blame, feelings of powerlessness vs. personal growth, fun, enjoyment.
- \_\_\_ 7. Family's perception/definition of problem  
Definition as family problem rather than identified patient's problem; reframe as positive rather than negative.
- \_\_\_ 8. Family's material resources or circumstances  
E.g., housing, income, employment, household furnishings, etc.
- \_\_\_ 9. Use of available services  
Appropriate use of, e.g., medical care, day care, counseling, homemaker, transportation, etc.
- \_\_\_ 10. Community's perception of/reaction to family  
Understanding, acceptance, tolerance on part of neighbors, officials, agencies, etc; vs, stereotyping, rejection, discrimination.
- \_\_\_ 11. Informal support network of family  
Friends, neighbors, relatives, community persons other than agency representatives, officials, etc.
- \_\_\_ 12. Degree of negative community involvement with family  
Reports, complaints, overinvolvement of agencies/helpers with family.

**IFS RESEARCH PROJECT  
TERMINATION SUMMARY**

Project ID: \_\_\_\_\_

Coding period: \_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_  
mo. day mo. day

Date Terminated: \_\_\_\_\_

Date Completed: \_\_\_\_\_

1. Have any household members experienced a change of residence since this case was opened? (Yes/No) If "Yes", complete the following. Leave blank if no change.

Household member	New Residence	RESIDENCE CODE
Primary Caretaker		0. Living in household
Other Adult		1. Adult maintaining a separate household
Child 1		2. Minor living with biological parent in another household
Child 2		3. Foster family home
Child 3		4. Adoptive home
Child 4		5. Emergency shelter care
Child 5		6. Group care/halfway house
Child 6		7. Residential treatment facility/other institution
		8. Minor living alone or in supervised independent living situation
		9. Homeless
		10. Other

2. Number of reports of child abuse and neglect since the last monthly update (if none, enter a "0" in each blank):

\_\_\_\_\_ physical abuse  
 \_\_\_\_\_ sexual abuse  
 \_\_\_\_\_ neglect

3. Have any of the following events/situations occurred since the last monthly update\*? (Yes/No) If "Yes", please indicate which of the following have occurred. Circle all that apply.

- |  |                                      |
|--|--------------------------------------|
| 1. divorce                               | 10. income decreased substantially   |
| 2. marital reconciliation                | 11. alcohol or drug problem          |
| 3. marriage                              | 12. promotion at work                |
| 4. separation                            | 13. death of close family friend     |
| 5. pregnancy                             | 14. began new job                    |
| 6. other relative moved into household   | 15. entered new school               |
| 7. income increased substantially (20%+) | 16. trouble with superiors at work   |
| 8. went deeply into debt                 | 17. trouble with teachers at school  |
| 9. moved to new location/evicted         | 18. legal problems                   |
|  | 19. death of immediate family member |
|  | 20. major injury or illness          |

\*Life stress scale -- used with permission from Richard R. Abidin

4. Have any children been in placement since the last monthly update? (Yes/No) If "Yes", complete the following. Be sure child number matches number on initial grid. Use the following codes for placement setting:

- |   |   |
|---|---|
| 0. emergency shelter                                  | 4. formal placement with friend or relative (agency involved)         |
| 1. foster family                                      | 5. informal placement with friend or relative (no agency involvement) |
| 2. group home   | 6. other  |
| 3. residential treatment center/<br>other institution |   |

	1st place- ment	#of days	Name of placement agency if applicable	2nd place- ment	#of days	Name of placement agency if applicable
Child 1						
Child 2						
Child 3						
Child 4						
Child 5						
Child 6						

5. Summary of family problems: Check for each problem identified during this service period. Leave others blank.

- |  |   |
|--|---|
| <input type="checkbox"/> 01. physical abuse                                  | <input type="checkbox"/> 20. developmental disability/mental retardation of adult |
| <input type="checkbox"/> 02. sexual abuse                                    | <input type="checkbox"/> 21. child behavior problems                              |
| <input type="checkbox"/> 03. emotional abuse                                 | <input type="checkbox"/> 22. chronic mental illness of child                      |
| <input type="checkbox"/> 04. chronic neglect                                 | <input type="checkbox"/> 23. health problems or physical disability of child      |
| <input type="checkbox"/> 05. neglect   | <input type="checkbox"/> 24. developmental disability/mental retardation of child |
| <input type="checkbox"/> 06. delinquency                                     | <input type="checkbox"/> 25. child depression or emotional problems               |
| <input type="checkbox"/> 07. status offense                                  | <input type="checkbox"/> 26. child relationship problems with siblings or peers   |
| <input type="checkbox"/> 08. chronic mental illness of adult                 | <input type="checkbox"/> 27. school problems other than truancy                   |
| <input type="checkbox"/> 09. drug or alcohol abuse by adult                  | <input type="checkbox"/> 28. teenage pregnancy                                    |
| <input type="checkbox"/> 10. adult criminal offenses                         | <input type="checkbox"/> 29. disrupted adoption                                   |
| <input type="checkbox"/> 11. drug or alcohol abuse by child                  | <input type="checkbox"/> 30. inadequate housing                                   |
| <input type="checkbox"/> 12. spouse abuse                                    | <input type="checkbox"/> 31. unemployment/employment problems                     |
| <input type="checkbox"/> 13. marital or other problems between adults        | <input type="checkbox"/> 32. poverty  |
| <input type="checkbox"/> 14. parent/child conflict                           | <input type="checkbox"/> 33. homelessness   |
| <input type="checkbox"/> 15. parenting problems                              | <input type="checkbox"/> 34. other  |
| <input type="checkbox"/> 16. other dysfunctional family interaction          |   |
| <input type="checkbox"/> 17. social isolation                                |   |
| <input type="checkbox"/> 18. adult depression or emotional problems          |   |
| <input type="checkbox"/> 19. health problems or physical disability of adult |   |

6. Rate the degree of participation of each family member in intensive family services (please use the following codes--be sure the order is the same as on the initial grid; if more spaces are needed attach another page and renumber as on initial grid).

- 0 = Not involved with intensive family services
- 1 = Attended only a few sessions
- 2 = Attended less than half the sessions
- 3 = Attended about half the sessions
- 4 = Attended more than half the sessions
- 5 = Attended most or all of the sessions

___ Primary Caretaker	___ Child 3
___ Other Adult	___ Child 4
___ Child 1	___ Child 5
___ Child 2	___ Child 6

7. Reason for termination (circle all that apply):

1. Family requested termination
2. Family failed to keep appointments
3. Family moved or unable to locate
4. Child(ren) placed
5. Child(ren) ran away
6. Child(ren) emancipated
7. No further IFS service needed
8. Family no longer eligible
9. Time limit reached
10. Other (please specify) \_\_\_\_\_

8. Disposition of case after termination with intensive family services (circle all that apply).

1. No further services from any agency.
2. Transferred to another unit in this agency.
3. Continued to receive services from only one other agency.
4. Continued to receive services from more than one other agency.
5. Started services with only one new agency.
6. Started services with more than one new agency.

9. How much did the following persons influence the disposition of this case after termination? (Please use the following scale:)

- 0 = no influence
- 1 = some influence
- 3 = a great deal of influence
- 5 = controlled disposition
- N = not applicable

___ family	___ public social services worker
___ unit supervisor	___ IFS worker
___ agency administrator	___ IFS team
___ court	

Code 10 through 12 only for those cases in which a child was in placement or in which placement was planned or imminent at termination. If no placements were made, GO ON TO QUESTION 13.

10. If children were placed out of the family at the time of termination, what were the reasons for placement? (Use the following codes, be sure child number matches initial grid.)

Code up to 3 problems with most important first or lowest number first

- |  |  |  |
|--|--|--|
| 01. physical abuse                           | 16. other dysfunctional family interaction               | 24. developmental disability/mental retardation of child |
| 02. sexual abuse                             | 17. social isolation                                     | 25. child depression or emotional problems               |
| 03. emotional abuse                          | 18. adult depression or emotional problems               | 26. child relationship problems with siblings or peers   |
| 04. chronic neglect                          | 19. health problems or physical disability of adult      | 27. school problems other than truancy                   |
| 05. neglect                                  | 20. developmental disability/mental retardation of adult | 28. teenage pregnancy                                    |
| 06. delinquency                              | 21. child behavior problems                              | 29. disrupted adoption                                   |
| 07. status offense                           | 22. chronic mental illness of child                      | 30. inadequate housing                                   |
| 08. chronic mental illness of adult          | 23. health problems or physical disability of child      | 31. unemployment/employment problems                     |
| 09. drug or alcohol abuse by adult           |  | 32. poverty  |
| 10. adult criminal offenses                  |  | 33. homelessness   |
| 11. drug or alcohol abuse by child           |  | 34. other  |
| 12. spouse abuse                             |  |  |
| 13. marital or other problems between adults |  |  |
| 14. parent/child conflict                    |  |  |
| 15. parenting problems                       |  |  |

	Reason #		
	1	2	3
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			

11. Circle the child number(s) for which placement was part of a permanency plan:

Permanency Plan: a specific, written plan that takes into account the long-term needs of the child for a permanent home as he/she grows.

Child #: 1    2    3    4    5    6

12. Who was involved in the decision to place the child(ren) (Please use the following scale:)?

- 0 = no involvement
- 1 = some involvement
- 2 = a great deal of involvement
- 3 = controlled placement
- N = not applicable

- |   |  |
|---|--|
| <input type="checkbox"/> family               | <input type="checkbox"/> public social services worker |
| <input type="checkbox"/> unit supervisor      | <input type="checkbox"/> IFS worker                    |
| <input type="checkbox"/> agency administrator | <input type="checkbox"/> IFS team                      |
| <input type="checkbox"/> court                |  |

13. Overall, do you regard this case as a "success" or a "failure"? (check one)

- a success
- more of a success than a failure
- more of a failure than a success
- a failure

Why? (circle all that apply)

1. the family was together at the time services were terminated
2. the family was able to solve its own problems without further outside help
3. the family felt better about themselves
4. all or most case objectives were met
5. positive change in the family's interactions, behavior or communication occurred
6. case objectives were not met
7. a child was placed
8. the family still needed outside help to deal with its problems
9. parenting was still not appropriate to the child's needs
10. the family achieved its own goals
11. the adults felt more competent in their roles
12. the family was stabilized and no longer in crisis
13. the children's needs were being appropriately met
14. the child(ren) at risk was placed but other children were maintained in the home
15. the family participated in the decision to place the child
16. the child was protected from further harm by placement
17. the presenting problem was resolved

ANSWER THE FOLLOWING QUESTION ONLY IF YOU REGARD THIS CASE AS A "FAILURE" OR AS "MORE OF A FAILURE THAN A SUCCESS"

14. How important were the following in contributing to the lack of success in this case? (use the following scale:)

1. not important
2. slightly important
3. moderately important
4. quite important
5. extremely important

- the family was referred for intensive family services too late
- the family was not ready for intensive family services
- the family refused services
- the family was not capable of change
- the family was not motivated to change
- services were too intensive
- services were not intensive enough
- the family's basic needs for food, shelter and clothing were not being met
- supportive services were not available
- community pressure, standards, or discrimination blocked change
- services were terminated too soon because of a time limit
- case goals/objectives were not appropriate
- the initial case assessment was not accurate
- drug or alcohol abuse was involved
- other (please specify: \_\_\_\_\_)

## CONCURRENT SERVICES LIST

Concurrent services received by family while case was open (check the appropriate column to indicate the service provider). Do not include services provided directly by the intensive family services program. Leave blank if you are sure no other services were provided.

### PROVIDER

SERVICE	Another unit in public social service agency	Purchased by public social service agency	Other community agency (not purchased)
---------	--	--	---

#### Counseling

01. individual counseling-parent			
02. individual counseling-child			
03. marital counseling			
04. group therapy			
05. school social work service			
06. psychiatric/psychological evaluation			
07. psychiatric treatment			
08. drug/alcohol treatment			
09. child protective services			
10. crisis intervention			
11. vocational/employment counseling			
12. other (specify)			

#### Support services

13. homemaker			
14. parent aide			
15. parent education class			
16. support group-substance abuse			
17. support group-other			
18. public health/visiting nurse			
19. volunteer			
20. other (specify)			

#### Concrete Services

21. AFDC			
22. emergency housing			
23. public/subsidized housing			
24. day care/Headstart			
25. housekeeper/chore service			
26. transportation			
27. legal services			
28. job training program			
29. emergency cash or goods/food bank			
30. emergency medical treatment			
31. other medical treatment			
32. battered women's shelter			
33. respite care			
34. other (specify)			

**IFS RESEARCH PROJECT  
TERMINATION SUMMARY**

**FAMILY SYSTEMS CHANGE SCALE**

To what extent has there been change in the following areas since this case opened?  
Please rate each area, using the following scale:

1. Has become worse since case was opened
2. No change - remains the same
3. Has improved since case was opened

- \_\_\_ 1. Adult Skills/Knowledge  
E.g., discipline, age-appropriate child care, physical care, nurturance, home or financial management, etc.
- \_\_\_ 2. Adult behavior  
E.g., abusive behavior toward child or spouse, inappropriate sexual behavior, drug/alcohol abuse, violence, criminal activity, etc.
- \_\_\_ 3. Child behavior  
E.g., destructive, violent, uncooperative, withdrawn; truant, poor grades, conflict with adults, disruptive, delinquent, status offenses, petty offenses and misdemeanors, etc.
- \_\_\_ 4. Family structure/hierarchy  
E.g., age and generational boundaries, coalition between parents, "parenting" child; addition or loss of members, etc.
- \_\_\_ 5. Dynamics/relationships within family  
E.g., clear messages, open communication, reduction of blame, constructive problem solving, conflict, sexual relationship between adults.
- \_\_\_ 6. Family's affect or emotional climate.  
E.g., problems with self-esteem, depression, anger, separation, differentiation, guilt, blame, feelings of powerlessness vs. personal growth, fun, enjoyment.
- \_\_\_ 7. Family's perception/definition of problem  
Definition as family problem rather than identified patient's problem; reframe as positive rather than negative.
- \_\_\_ 8. Family's material resources or circumstances  
E.g., housing, income, employment, household furnishings, etc.
- \_\_\_ 9. Use of available services  
Appropriate use of, e.g., medical care, day care, counseling, homemaker, transportation, etc.
- \_\_\_ 10. Community's perception of/reaction to family  
Understanding, acceptance, tolerance on part of neighbors, officials, agencies, etc; vs, stereotyping, rejection, discrimination.
- \_\_\_ 11. Informal support network of family  
Friends, neighbors, relatives, community persons other than agency representatives, officials, etc.
- \_\_\_ 12. Degree of negative community involvement with family  
Reports, complaints, overinvolvement of agencies/helpers with family.

Termination

Case I.D.# \_\_\_\_\_

Date: \_\_\_\_\_

### FAMILY SATISFACTION SURVEY\*

Answer each question by circling the number next to the answer you want to give. Circle only one number per question, unless you are asked to circle all that apply.

1) In general, how satisfied were you with the services you received or with what your Intensive Family Services (IFS) worker did? (Circle one number.)

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

2) Do you feel that you talked with your IFS worker about the most important things? (Circle one number.)

1. No
2. Yes

3) Think about the goals you and your IFS worker set for your family. How do you feel about how well these goals were met? (Circle one number.)

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

4) Think about what you expected from the services when you first talked with someone about IFS. Which of the following statements best describes how you feel your expectations were met? (Circle one number.)

1. Services were much more helpful than I had expected them to be.
2. Services were a little more helpful than I had expected.
3. Services were about what I had expected.
4. Services were a little less helpful than I had expected.
5. Services were a lot less helpful than I had expected.

\* Adapted from The Parent Outcome Interview, Magura and Moses, 1986.

5) Think about the problems your family was having before you talked with someone from IFS. Overall, how are these problems now, compared to that time? (Circle one number.)

1. A lot better
2. A little better
3. About the same
4. A little worse
5. A lot worse

6) If things have gotten better for you and your family, do you think this would have happened anyway, even without your IFS worker's help? (Circle one number.)

1. No, things probably would have stayed the same or gotten worse.
2. Yes, things probably would have gotten better anyway.
3. Does not apply (Things did not get better for my family.)

7) If your family's problems have stayed the same or gotten worse, do you think that your IFS worker could or should have done things differently to help your family? (Circle one number.)

1. No
2. Yes
3. Does not apply (Things did not stay the same or get worse for my family.)

8) Which of the following services did you and your family receive? (Circle as many as are applicable.)

1. Counseling
2. Teaching parenting skills
3. Teaching home-management skills (such as budgeting, shopping, cooking, cleaning)
4. Getting things for you that you needed (such as clothing, housing, food, transportation)
5. Helping you find and use other services
6. Helping you around the house and spending time with you
7. Spending time with the children
8. Assisting you or your family in court or with other legal matters

9) Of the services you received, which ones do you feel helped you and your family the MOST? (Circle all the services you feel helped the MOST.)

1. Counseling
2. Teaching parenting skills
3. Teaching home-management skills (such as budgeting, shopping, cooking, cleaning)
4. Getting things for you that you needed (such as clothing, housing, food, transportation)
5. Helping you find and use other services
6. Helping you around the house and spending time with you
7. Spending time with the children
8. Assisting you or your family in court or with other legal matters

10) Of the services you received, which ones do you feel helped you and your family the LEAST? (Circle all the services you feel helped the LEAST.)

1. Counseling
2. Teaching parenting skills
3. Teaching home-management skills (such as budgeting, shopping, cooking, cleaning)
4. Getting things for you that you needed (such as clothing, housing, food, transportation)
5. Helping you find and use other services
6. Helping you around the house and spending time with you
7. Spending time with the children
8. Assisting you or your family in court or with other legal matters

11) How would you compare Intensive Family Services with other services you may have received in the past? Would you say that you think this service was: (Circle one number.)

1. Much more helpful than other services
2. A little more helpful than other services
3. About the same as other services
4. A little less helpful than other services
5. A lot less helpful than other services
6. None of the above--we have not received other services in the past.

12) Since you first talked with someone from the Intensive Family Services program, have you noticed a change in how you feel about your family's future? Would you say that you feel (Circle one number.)

1. Much more hopeful
2. A little more hopeful
3. About the same as before, no change
4. A little less hopeful
5. A lot less hopeful

13) Who participated in filling out this questionnaire? (Circle all that apply.)

1. The mother in this family
2. The father in this family
3. Another adult in this family (female)
4. Another adult in this family (male)
5. The children in this family

14) Your IFS worker will be checking back with you in six months to see how things are going and to ask you to complete the Family Inventory once more. If you would, please give us the names, addresses and phone numbers of 3 friends or relatives who will know how to reach you in case you move. Thanks very much for your participation.

1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

3) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**IFS RESEARCH PROJECT  
SIX-MONTH FOLLOW-UP**

Project ID: \_\_\_\_\_

Coding period: \_\_\_-\_\_\_ to \_\_\_-\_\_\_  
mo. day mo. day

Date Terminated: \_\_\_\_\_ Date Completed: \_\_\_\_\_

1. If any household members have experienced a change of residence in the last six months, please select the code indicating their current residence. If no change from the last interview, enter 00.

Household member	New Residence	RESIDENCE CODE
Primary Caretaker		00. No change 01. Living in household 02. Adult maintaining separate household 03. Minor living with biological parent in another household 04. Foster family home 05. Adoptive home 06. Emergency shelter care 07. Group care/halfway house 08. Residential treatment facility/other institution 09. Minor living alone or in supervised independent living situation 10. Homeless 11. Other
Other Adult		
Child 1		
Child 2		
Child 3		
Child 4		
Child 5		
Child 6		

2. a) Number of reports of child abuse and neglect since the termination summary (if none, enter a "0" in each blank):

\_\_\_\_\_ physical abuse  
 \_\_\_\_\_ sexual abuse  
 \_\_\_\_\_ neglect

b) Number substantiated after investigation (if none, enter a "0" in each blank):

\_\_\_\_\_ physical abuse  
 \_\_\_\_\_ sexual abuse  
 \_\_\_\_\_ neglect

3. Have any of the following events/situations occurred since the termination summary\*? (Yes/No) If "Yes", please indicate which of the following have occurred. Circle all that apply.

- |  |                                      |
|--|--------------------------------------|
| 1. divorce                               | 10. income decreased substantially   |
| 2. marital reconciliation                | 11. alcohol or drug problem          |
| 3. marriage                              | 12. promotion at work                |
| 4. separation                            | 13. death of close family friend     |
| 5. pregnancy                             | 14. began new job                    |
| 6. other relative moved into household   | 15. entered new school               |
| 7. income increased substantially (20%+) | 16. trouble with superiors at work   |
| 8. went deeply into debt                 | 17. trouble with teachers at school  |
| 9. moved to new location/evicted         | 18. legal problems                   |
|  | 19. death of immediate family member |
|  | 20. major injury or illness          |

\*Life stress scale -- used with permission from Richard R. Abidin

4. Current legal actions in this case (circle all that apply):

- 01. None
- 02. Intensive family services court ordered
- 03. Other services court ordered
- 04. Child(ren) adjudicated in need of assistance
- 05. Child(ren) adjudicated delinquent
- 06. Social services has protective custody of children
- 07. Social services has legal custody (wardship) of children
- 08. Child(ren) in court-ordered placement
- 09. Criminal prosecution of perpetrator for child abuse or neglect
- 10. Other (please specify) \_\_\_\_\_

5. Have any children been in placement since the termination summary? (Yes/No) If "Yes", complete the following. Be sure child number matches number on initial grid (face sheet). Use the following codes for placement setting:

- 0. emergency shelter
- 1. foster family
- 2. group home
- 3. residential treatment center/  
other institution
- 4. formal placement with friend  
or relative (agency involved)
- 5. informal placement with friend  
or relative (no agency  
involvement)
- 6. other

	1st place- ment	#of days	Name of placement agency if applicable	2nd place- ment	#of days	Name of placement agency if applicable
Child 1						
Child 2						
Child 3						
Child 4						
Child 5						
Child 6						

	3rd place- ment	#of days	Name of placement agency if applicable	4th place- ment	#of days	Name of placement agency if applicable
Child 1						
Child 2						
Child 3						
Child 4						
Child 5						
Child 6						

Code questions 6 through 8 only for those cases in which a child was in placement during the last 6 months, or in which placement is planned or imminent at this follow-up. If no placements were made, GO ON TO QUESTION 9.

**FOR PLACEMENT CASES:**

6. Who was involved in the decision to place the child(ren) (Please use the following scale:)?

- 0 = no involvement
- 1 = some involvement
- 2 = a great deal of involvement
- 3 = controlled placement
- N = not applicable

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> family</li> <li><input type="checkbox"/> unit supervisor</li> <li><input type="checkbox"/> agency administrator</li> <li><input type="checkbox"/> court</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> public social services worker</li> <li><input type="checkbox"/> IFS worker</li> <li><input type="checkbox"/> IFS team</li> </ul> |
|--|--|

7. If children were placed out of the family after termination from IFS, what were the reasons for placement? [Use the following codes. Be sure child number matches number on the initial grid (face sheet).]

Code up to 3 problems with most important first or, if equally important, lowest number first.

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>01. physical abuse</li> <li>02. sexual abuse</li> <li>03. emotional abuse</li> <li>04. chronic neglect</li> <li>05. neglect</li> <li>06. delinquency</li> <li>07. status offense</li> <li>08. chronic mental illness of adult</li> <li>09. drug or alcohol abuse by adult</li> <li>10. adult criminal offenses</li> <li>11. drug or alcohol abuse by child</li> <li>12. spouse abuse</li> <li>13. marital or other problems between adults</li> <li>14. parent/child conflict</li> </ul> | <ul style="list-style-type: none"> <li>15. parenting problems</li> <li>16. other dysfunctional family interaction</li> <li>17. social isolation</li> <li>18. adult depression or emotional problems</li> <li>19. health problems or physical disability of adult</li> <li>20. developmental disability/mental retardation of adult</li> <li>21. child behavior problems</li> <li>22. chronic mental illness of child</li> <li>23. health problems or physical disability of child</li> </ul> | <ul style="list-style-type: none"> <li>24. developmental disability/mental retardation of child</li> <li>25. child depression or emotional problems</li> <li>26. child relationship problems with siblings or peers</li> <li>27. school problems other than truancy</li> <li>28. teenage pregnancy</li> <li>29. disrupted adoption</li> <li>30. inadequate housing</li> <li>31. unemployment/employment problems</li> <li>32. poverty</li> <li>33. homelessness</li> <li>34. other</li> </ul> |
|---|--|---|

	Reason #		
	1	2	3
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			

8. Circle the child number(s) for which placement was part of a permanency plan:

Permanency Plan: a specific, written plan that takes into account the long-term needs of the child for a permanent home as he/she grows.

Child #:    1        2        3        4        5        6

**FOR ALL CASES:**

9. Disposition of case during the last 6 months after termination with intensive family services (circle all that apply).

1. No further services from any agency.
2. Transferred to another unit in this agency.
3. Continued to receive services from only one other agency.
4. Continued to receive services from more than one other agency.
5. Started services with only one new agency.
6. Started services with more than one new agency.

10. How much did the following persons influence the disposition of this case during the past 6 months? (Please use the following scale.)

- 0 = no influence
- 1 = some influence
- 3 = a great deal of influence
- 5 = controlled disposition
- N = not applicable

\_\_\_\_\_ family  
\_\_\_\_\_ unit supervisor  
\_\_\_\_\_ agency administrator  
\_\_\_\_\_ court

\_\_\_\_\_ public social services worker  
\_\_\_\_\_ IFS worker  
\_\_\_\_\_ IFS team

11. Summary of family problems: Check each problem noted during the 6 months since termination. Leave others blank.

- |  |  |
|--|--|
| ___ 01. physical abuse                           | ___ 20. developmental disability/mental retardation of adult |
| ___ 02. sexual abuse                             | ___ 21. child behavior problems                              |
| ___ 03. emotional abuse                          | ___ 22. chronic mental illness of child                      |
| ___ 04. chronic neglect                          | ___ 23. health problems or physical disability of child      |
| ___ 05. neglect                                  | ___ 24. developmental disability/mental retardation of child |
| ___ 06. delinquency                              | ___ 25. child depression or emotional problems               |
| ___ 07. status offense                           | ___ 26. child relationship problems with siblings or peers   |
| ___ 08. chronic mental illness of adult          | ___ 27. school problems other than truancy                   |
| ___ 09. drug or alcohol abuse by adult           | ___ 28. teenage pregnancy                                    |
| ___ 10. adult criminal offenses                  | ___ 29. disrupted adoption                                   |
| ___ 11. drug or alcohol abuse by child           | ___ 30. inadequate housing                                   |
| ___ 12. spouse abuse                             | ___ 31. unemployment/employment problems                     |
| ___ 13. marital or other problems between adults | ___ 32. poverty  |
| ___ 14. parent/child conflict                    | ___ 33. homelessness   |
| ___ 15. parenting problems                       | ___ 34. other  |
| ___ 16. other dysfunctional family interaction   |  |
| ___ 17. social isolation                         |  |
| ___ 18. adult depression or emotional problems   |  |
| ___ 19. health problems or physical              |  |

**6-MONTH FOLLOW-UP: SERVICES LIST**

Services received by family during the past six months (check the appropriate column to indicate the service provider). Do not include services provided directly by the intensive family services program. Leave blank if you are sure no other services were provided.

**PROVIDER**

<b>SERVICE</b>	<b>Another unit in public social service agency</b>	<b>Purchased by public social service agency</b>	<b>Other community agency (not purchased)</b>
----------------	---	--	---

**Counseling**

01. individual counseling-parent			
02. individual counseling-child			
03. marital counseling			
04. group therapy			
05. school social work service			
06. psychiatric/psychological evaluation			
07. psychiatric treatment			
08. drug/alcohol treatment			
09. child protective services			
10. crisis intervention			
11. vocational/employment counseling			
12. other (specify)			

**Support services**

13. homemaker			
14. parent aide			
15. parent education class			
16. support group-substance abuse			
17. support group-other			
18. public health/visiting nurse			
19. volunteer			
20. other (specify)			

**Concrete Services**

21. AFDC			
22. emergency housing			
23. public/subsidized housing			
24. day care/Headstart			
25. housekeeper/chore service			
26. transportation			
27. legal services			
28. job training program			
29. emergency cash or goods/food bank			
30. emergency medical treatment			
31. other medical treatment			
32. battered women's shelter			
33. respite care			
34. other (specify)			

IFS RESEARCH PROJECT  
SIX-MONTH FOLLOW-UP

FAMILY SYSTEMS CHANGE SCALE

To what extent has there been change in the following areas in the 6 months since the case was terminated? Please rate each area, using the following scale:

1. Has become worse in the past 6 months
2. No change - remains the same
3. Has improved in the past 6 months

- \_\_\_ 1. Adult Skills/Knowledge  
E.g., discipline, age-appropriate child care, physical care, nurturance, home or financial management, etc.
- \_\_\_ 2. Adult behavior  
E.g., abusive behavior toward child or spouse, inappropriate sexual behavior, drug/alcohol abuse, violence, criminal activity, etc.
- \_\_\_ 3. Child behavior  
E.g., destructive, violent, uncooperative, withdrawn; truant, poor grades, conflict with adults, disruptive, delinquent, status offenses, petty offenses and misdemeanors, etc.
- \_\_\_ 4. Family structure/hierarchy  
E.g., age and generational boundaries, coalition between parents, "parenting" child; addition or loss of members, etc.
- \_\_\_ 5. Dynamics/relationships within family  
E.g., clear messages, open communication, reduction of blame, constructive problem solving, conflict, sexual relationship between adults.
- \_\_\_ 6. Family's affect or emotional climate.  
E.g., problems with self-esteem, depression, anger, separation, differentiation, guilt, blame, feelings of powerlessness vs. personal growth, fun, enjoyment.
- \_\_\_ 7. Family's perception/definition of problem  
Definition as family problem rather than identified patient's problem; reframe as positive rather than negative.
- \_\_\_ 8. Family's material resources or circumstances  
E.g., housing, income, employment, household furnishings, etc.
- \_\_\_ 9. Use of available services  
Appropriate use of, e.g., medical care, day care, counseling, homemaker, transportation, etc.
- \_\_\_ 10. Community's perception of/reaction to family  
Understanding, acceptance, tolerance on part of neighbors, officials, agencies, etc; vs, stereotyping, rejection, discrimination.
- \_\_\_ 11. Informal support network of family  
Friends, neighbors, relatives, community persons other than agency representatives, officials, etc.
- \_\_\_ 12. Degree of negative community involvement with family  
Reports, complaints, overinvolvement of agencies/helpers with family.

Case I.D.# \_\_\_\_\_

Date: \_\_\_\_\_

### FAMILY SATISFACTION SURVEY\*

Answer each question by circling the number next to the answer you want to give. Circle only one number per question, unless you are asked to circle all that apply.

1) In general, how satisfied were you with the services you received or with what your Intensive Family Services (IFS) worker did? (Circle one number.)

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

2) Do you feel that you talked with your IFS worker about the most important things? (Circle one number.)

1. No
2. Yes

3) Think about the goals you and your IFS worker set for your family. How do you feel about how well these goals were met? (Circle one number.)

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

4) Think about what you expected from the services when you first talked with someone about IFS. Which of the following statements best describes how you feel your expectations were met? (Circle one number.)

1. Services were **much more helpful** than I had expected them to be.
2. Services were **a little more helpful** than I had expected.
3. Services were **about what I had expected.**
4. Services were **a little less helpful** than I had expected.
5. Services were **a lot less helpful** than I had expected.

\* Adapted from The Parent Outcome Interview, Magura and Moses, 1986.

- 5) Think about the problems your family was having before you talked with someone from IFS. Overall, how are these problems now, compared to that time? (Circle one number.)
1. A lot better
  2. A little better
  3. About the same
  4. A little worse
  5. A lot worse
- 6) If things have gotten better for you and your family, do you think this would have happened anyway, even without your IFS worker's help? (Circle one number.)
1. No, things probably would have stayed the same or gotten worse.
  2. Yes, things probably would have gotten better anyway.
  3. Does not apply (Things did not get better for my family.)
- 7) If your family's problems have stayed the same or gotten worse, do you think that your IFS worker could or should have done things differently to help your family? (Circle one number.)
1. No
  2. Yes
  3. Does not apply (Things did not stay the same or get worse for my family.)
- 8) Which of the following services did you and your family receive from IFS? (Circle as many as are applicable.)
1. Counseling
  2. Teaching parenting skills
  3. Teaching home-management skills (such as budgeting, shopping, cooking, cleaning)
  4. Getting things for you that you needed (such as clothing, housing, food, transportation)
  5. Helping you find and use other services
  6. Helping you around the house and spending time with you
  7. Spending time with the children
  8. Assisting you or your family in court or with other legal matters

9) Of the services you received, which ones do you feel helped you and your family the MOST? (Circle all the services you feel helped the MOST.)

1. Counseling
2. Teaching parenting skills
3. Teaching home-management skills (such as budgeting, shopping, cooking, cleaning)
4. Getting things for you that you needed (such as clothing, housing, food, transportation)
5. Helping you find and use other services
6. Helping you around the house and spending time with you
7. Spending time with the children
8. Assisting you or your family in court or with other legal matters

10) Of the services you received, which ones do you feel helped you and your family the LEAST? (Circle all the services you feel helped the LEAST.)

1. Counseling
2. Teaching parenting skills
3. Teaching home-management skills (such as budgeting, shopping, cooking, cleaning)
4. Getting things for you that you needed (such as clothing, housing, food, transportation)
5. Helping you find and use other services
6. Helping you around the house and spending time with you
7. Spending time with the children
8. Assisting you or your family in court or with other legal matters

11) How would you compare Intensive Family Services with other services you may have received before you came to IFS? Would you say that you think Intensive Family Services were: (Circle one number.)

1. Much more helpful than other services
2. A little more helpful than other services
3. About the same as other services
4. A little less helpful than other services
5. A lot less helpful than other services
6. None of the above--we have not received other services in the past.

12) Have you received any services since you stopped receiving Intensive Family Services? (Yes/No). If yes, answer the following question. If no, go to question 13.

How would you compare Intensive Family Services with the other services you have received since then? Would you say that Intensive Family Services were (Circle one.):

1. **Much more** helpful than other services
2. **A little more** helpful than other services
3. **About the same** as other services
4. **A little less** helpful than other services
5. **A lot less** helpful than other services
6. None of the above--we have not received any other services since we stopped receiving Intensive Family Services.

13) Since you first talked with someone from the Intensive Family Services program, have you noticed a change in how you feel about your family's future? Would you say that you feel (Circle one number.)

1. **Much more** hopeful
2. **A little more** hopeful
3. **About the same** as before, no change
4. **A little less** hopeful
5. **A lot less** hopeful

14) Who participated in filling out this questionnaire? (Circle all that apply.)

1. The mother in this family
2. The father in this family
3. Another adult in this family (female)
4. Another adult in this family (male)
5. The children in this family

**IFS RESEARCH PROJECT  
TWELVE-MONTH FOLLOW-UP**

Project ID: \_\_\_\_\_

Coding period: \_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_  
mo. day mo. day

Date Terminated: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Date of

Last Follow-up (6-mo Follow-up): \_\_\_\_\_

1. If any household members have experienced a change of residence since the last follow-up (or, if no previous follow-up, since termination) please select the code indicating their current residence. If no change from the last interview, enter 00.

Household member	New Residence	RESIDENCE CODE
Primary Caretaker		00. No change
Other Adult		01. Living in household
Child 1		02. Adult maintaining separate household
Child 2		03. Minor living with biological parent in another household
Child 3		04. Foster family home
Child 4		05. Adoptive home
Child 5		06. Emergency shelter care
Child 6		07. Group care/halfway house
		08. Residential treatment facility/other institution
		09. Minor living alone or in supervised independent living situation
		10. Homeless
		11. Other

2. a) Number of reports of child abuse and neglect since the last follow up (or, if no previous follow-up, since termination.) If none, enter a "0" in each blank):

\_\_\_\_ physical abuse  
\_\_\_\_ sexual abuse  
\_\_\_\_ neglect

- b) Number substantiated after investigation (if none, enter a "0" in each blank):

\_\_\_\_ physical abuse  
\_\_\_\_ sexual abuse  
\_\_\_\_ neglect

3. Have any of the following events/situations\* occurred since the last follow up (or, since termination)? (Yes/No) If "Yes", please indicate which of the following have occurred. Circle all that apply.

- |   |                                      |
|---|--------------------------------------|
| 1. divorce                                | 10. income decreased substantially   |
| 2. marital reconciliation                 | 11. alcohol or drug problem          |
| 3. marriage                               | 12. promotion at work                |
| 4. separation                             | 13. death of close family friend     |
| 5. pregnancy                              | 14. began new job                    |
| 6. other relative moved into household    | 15. entered new school               |
| 7. income increased substantially (20% +) | 16. trouble with superiors at work   |
| 8. went deeply into debt                  | 17. trouble with teachers at school  |
| 9. moved to new location/evicted          | 18. legal problems                   |
|   | 19. death of immediate family member |
|   | 20. major injury or illness          |

\*Life stress scale – used with permission from Richard R. Abidin

4. Current legal actions in this case (circle all that apply):

- 01. None
- 02. Intensive family services court ordered
- 03. Other services court ordered
- 04. Child(ren) adjudicated in need of assistance
- 05. Child(ren) adjudicated delinquent
- 06. Social services has protective custody of children
- 07. Social services has legal custody (wardship) of children
- 08. Child(ren) in court-ordered placement
- 09. Criminal prosecution of perpetrator for child abuse or neglect
- 10. Other (please specify) \_\_\_\_\_

5. Have any children been in placement since the last follow-up (or, since termination)? (Yes/No) If "Yes", complete the following. Be sure child number matches number on initial grid (face sheet). Use the following codes for placement setting:

- 0. emergency shelter
- 1. foster family
- 2. group home
- 3. residential treatment center/  
other institution
- 4. formal placement with friend  
or relative (agency involved)
- 5. informal placement with friend  
or relative (no agency involvement)
- 6. other

	1st place- ment	# of days	Name of placement agency if applicable	2nd place- ment	# of days	Name of placement agency if applicable
Child 1						
Child 2						
Child 3						
Child 4						
Child 5						
Child 6						

	3rd place- ment	# of days	Name of placement agency if applicable	4th place- ment	# of days	Name of placement agency if applicable
Child 1						
Child 2						
Child 3						
Child 4						
Child 5						
Child 6						

Code questions 6 through 8 only for those cases in which a child was in placement at some point since the last follow-up (or, if no previous follow-up was done, since termination), or in which placement is planned or imminent at this follow-up. If no placements were made, GO ON TO QUESTION 9.

**FOR PLACEMENT CASES:**

6. Who was involved in the decision to place the child(ren) (Please use the following scale:)?

- 0 = no involvement
- 1 = some involvement
- 2 = a great deal of involvement
- 3 = controlled placement
- N = not applicable

- family
- unit supervisor
- agency administrator
- court

- public social services worker
- IFS worker
- IFS team

7. If children were placed out of the family since the last follow-up (or, if no previous follow-up, since termination), what were the reasons for placement? [Use the following codes. Be sure child number matches number on the initial grid (face sheet).]

Code up to 3 problems with most important first or, if equally important, lowest number first.

- |  |  |  |
|--|--|--|
| 01. physical abuse                           | 15. parenting problems                                   | 24. developmental disability/mental retardation of child |
| 02. sexual abuse                             | 16. other dysfunctional family interaction               | 25. child depression or emotional problems               |
| 03. emotional abuse                          | 17. social isolation                                     | 26. child relationship problems with siblings or peers   |
| 04. chronic neglect                          | 18. adult depression or emotional problems               | 27. school problems other than truancy                   |
| 05. neglect                                  | 19. health problems or physical disability of adult      | 28. teenage pregnancy                                    |
| 06. delinquency                              | 20. developmental disability/mental retardation of adult | 29. disrupted adoption                                   |
| 07. status offense                           | 21. child behavior problems                              | 30. inadequate housing                                   |
| 08. chronic mental illness of adult          | 22. chronic mental illness of child                      | 31. unemployment/employment problems                     |
| 09. drug or alcohol abuse by adult           | 23. health problems or physical disability of child      | 32. poverty  |
| 10. adult criminal offenses                  |  | 33. homelessness   |
| 11. drug or alcohol abuse by child           |  | 34. other  |
| 12. spouse abuse                             |  |  |
| 13. marital or other problems between adults |  |  |
| 14. parent/child conflict                    |  |  |

	Reason #		
	1	2	3
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			

8. Circle the child number(s) for which placement was part of a permanency plan:

**Permanency Plan:** a specific, written plan that takes into account the long-term needs of the child for a permanent home as he/she grows.

Child #:    1    2    3    4    5    6

**FOR ALL CASES:**

9. Disposition of case since the last follow-up (or, if no previous follow-up, since termination). (Circle all that apply).

- 1. No further services from any agency.
- 2. Transferred to another unit in this agency.
- 3. Continued to receive services from only one other agency.
- 4. Continued to receive services from more than one other agency.
- 5. Started services with only one new agency.
- 6. Started services with more than one new agency.

10. How much did the following persons influence the disposition of this case since the last follow-up (or, if no previous follow-up, since termination)? (Please use the following scale.)

- 0 = no influence
- 1 = some influence
- 3 = a great deal of influence
- 5 = controlled disposition
- N = not applicable

- family
- unit supervisor
- agency administrator
- court

- public social services worker
- IFS worker
- IFS team

11. Summary of family problems: Check each problem noted since the last follow-up (or, if no previous follow-up, since termination). Leave others blank.

- 01. physical abuse
- 02. sexual abuse
- 03. emotional abuse
- 04. chronic neglect
- 05. neglect
- 06. delinquency
- 07. status offense
- 08. chronic mental illness of adult
- 09. drug or alcohol abuse by adult
- 10. adult criminal offenses
- 11. drug or alcohol abuse by child
- 12. spouse abuse
- 13. marital or other problems between adults
- 14. parent/child conflict
- 15. parenting problems
- 16. other dysfunctional family interaction
- 17. social isolation
- 18. adult depression or emotional problems
- 19. health problems or physical disability of adult

- 20. developmental disability/mental retardation of adult
- 21. child behavior problems
- 22. chronic mental illness of child
- 23. health problems or physical disability of child
- 24. developmental disability/mental retardation of child
- 25. child depression or emotional problems
- 26. child relationship problems with siblings or peers
- 27. school problems other than truancy
- 28. teenage pregnancy
- 29. disrupted adoption
- 30. inadequate housing
- 31. unemployment/employment problems
- 32. poverty
- 33. homelessness
- 34. other

**12-MONTH FOLLOW-UP:  
SERVICE LIST**

Services received by the family since the last follow-up (or, if no previous follow-up, since termination). Check the appropriate column to indicate the service provider). Do not include services provided directly by the intensive family services program. Leave blank if you are sure no other services were provided.

**PROVIDER**

<b>SERVICE</b>	<b>Another unit in public social service agency</b>	<b>Purchased by public social service agency</b>	<b>Other community agency (not purchased)</b>
----------------	---	--	---

**Counseling**

01. individual counseling-parent			
02. individual counseling-child			
03. marital counseling			
04. group therapy			
05. school social work service			
06. psychiatric/psychological evaluation			
07. psychiatric treatment			
08. drug/alcohol treatment			
09. child protective services			
10. crisis intervention			
11. vocational/employment counseling			
12. other (specify)			

**Support services**

13. homemaker			
14. parent aide			
15. parent education class			
16. support group-substance abuse			
17. support group-other			
18. public health/visiting nurse			
19. volunteer			
20. other (specify)			

**Concrete Services**

21. AFDC			
22. emergency housing			
23. public/subsidized housing			
24. day care/Headstart			
25. housekeeper/chore service			
26. transportation			
27. legal services			
28. job training program			
29. emergency cash or goods/food bank			
30. emergency medical treatment			
31. other medical treatment			
32. battered women's shelter			
33. respite care			
34. other (specify)			

**IFS RESEARCH PROJECT  
TWELVE MONTH FOLLOW-UP**

**FAMILY SYSTEMS CHANGE SCALE**

To what extent has there been change in the following areas since the last follow up (or since the case was terminated)? Please rate each area, using the following scale:

1. Has become worse in the past 6 months
2. No change - remains the same
3. Has improved in the past 6 months

- \_\_\_ 1. **Adult Skills/Knowledge**  
E.g., discipline, age-appropriate child care, physical care, nurturance, home or financial management, etc.
- \_\_\_ 2. **Adult behavior**  
E.g., abusive behavior toward child or spouse, inappropriate sexual behavior, drug/alcohol abuse, violence, criminal activity, etc.
- \_\_\_ 3. **Child behavior**  
E.g., destructive, violent, uncooperative, withdrawn; truant, poor grades, conflict with adults, disruptive, delinquent, status offenses, petty offenses and misdemeanors, etc.
- \_\_\_ 4. **Family structure/hierarchy**  
E.g., age and generational boundaries, coalition between parents, "parenting" child; addition or loss of members, etc.
- \_\_\_ 5. **Dynamics/relationships within family**  
E.g., clear messages, open communication, reduction of blame, constructive problem solving, conflict, sexual relationship between adults.
- \_\_\_ 6. **Family's affect or emotional climate.**  
E.g., problems with self-esteem, depression, anger, separation, differentiation, guilt, blame, feelings of powerlessness vs. personal growth, fun, enjoyment.
- \_\_\_ 7. **Family's perception/definition of problem**  
Definition as family problem rather than identified patient's problem; reframe as positive rather than negative.
- \_\_\_ 8. **Family's material resources or circumstances**  
E.g., housing, income, employment, household furnishings, etc.
- \_\_\_ 9. **Use of available services**  
Appropriate use of, e.g., medical care, day care, counseling, homemaker, transportation, etc.
- \_\_\_ 10. **Community's perception of/reaction to family**  
Understanding, acceptance, tolerance on part of neighbors, officials, agencies, etc; vs, stereotyping, rejection, discrimination.
- \_\_\_ 11. **Informal support network of family**  
Friends, neighbors, relatives, community persons other than agency representatives, officials, etc.
- \_\_\_ 12. **Degree of negative community involvement with family**  
Reports, complaints, overinvolvement of agencies/helpers with family.

12-month Follow-up

Case I.D.# \_\_\_\_\_

Date: \_\_\_\_\_

**FAMILY SATISFACTION SURVEY\***

Answer each question by circling the number next to the answer you want to give. Circle only one number per question, unless you are asked to circle all that apply.

1) In general, how satisfied were you with the services you received or with what your Intensive Family Services (IFS) worker did? (Circle one number.)

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

2) Do you feel that you talked with your IFS worker about the most important things? (Circle one number.)

1. No
2. Yes

3) Think about the goals you and your IFS worker set for your family. How do you feel about how well these goals were met? (Circle one number.)

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

4) Think about what you expected from the services when you first talked with someone about IFS. Which of the following statements best describes how you feel your expectations were met? (Circle one number.)

1. Services were much more helpful than I had expected them to be.
2. Services were a little more helpful than I had expected.
3. Services were about what I had expected.
4. Services were a little less helpful than I had expected.
5. Services were a lot less helpful than I had expected.

\* Adapted from The Parent Outcome Interview, Magura and Moses, 1986.

5) Think about the problems your family was having before you talked with someone from IFS. Overall, how are these problems now, compared to that time? (Circle one number.)

1. A lot better
2. A little better
3. About the same
4. A little worse
5. A lot worse

6) If things have gotten better for you and your family, do you think this would have happened anyway, even without your IFS worker's help? (Circle one number.)

1. No, things probably would have stayed the same or gotten worse.
2. Yes, things probably would have gotten better anyway.
3. Does not apply (Things did not get better for my family.)

7) If your family's problems have stayed the same or gotten worse, do you think that your IFS worker could or should have done things differently to help your family? (Circle one number.)

1. No
2. Yes
3. Does not apply (Things did not stay the same or get worse for my family.)

8) Which of the following services did you and your family receive from IFS? (Circle as many as are applicable.)

1. Counseling
2. Teaching parenting skills
3. Teaching home-management skills (such as budgeting, shopping, cooking, cleaning)
4. Getting things for you that you needed (such as clothing, housing, food, transportation)
5. Helping you find and use other services
6. Helping you around the house and spending time with you
7. Spending time with the children
8. Assisting you or your family in court or with other legal matters

9) Of the services you received, which ones do you feel helped you and your family the MOST? (Circle all the services you feel helped the MOST.)

1. Counseling
2. Teaching parenting skills
3. Teaching home-management skills (such as budgeting, shopping, cooking, cleaning)
4. Getting things for you that you needed (such as clothing, housing, food, transportation)
5. Helping you find and use other services
6. Helping you around the house and spending time with you
7. Spending time with the children
8. Assisting you or your family in court or with other legal matters

10) Of the services you received, which ones do you feel helped you and your family the LEAST? (Circle all the services you feel helped the LEAST.)

1. Counseling
2. Teaching parenting skills
3. Teaching home-management skills (such as budgeting, shopping, cooking, cleaning)
4. Getting things for you that you needed (such as clothing, housing, food, transportation)
5. Helping you find and use other services
6. Helping you around the house and spending time with you
7. Spending time with the children
8. Assisting you or your family in court or with other legal matters

11) How would you compare Intensive Family Services with other services you may have received before you came to IFS? Would you say that you think Intensive Family Services were: (Circle one number.)

1. Much more helpful than other services
2. A little more helpful than other services
3. About the same as other services
4. A little less helpful than other services
5. A lot less helpful than other services
6. None of the above--we have not received other services in the past.

12) Have you received any services since you stopped receiving Intensive Family Services? (Yes/No). If yes, answer the following question. If no, go to question 13.

How would you compare Intensive Family Services with the other services you have received since then? Would you say that Intensive Family Services were (Circle one.):

1. Much more helpful than other services
2. A little more helpful than other services
3. About the same as other services
4. A little less helpful than other services
5. A lot less helpful than other services
6. None of the above--we have not received any other services since we stopped receiving Intensive Family Services.

13) Since you first talked with someone from the Intensive Family Services program, have you noticed a change in how you feel about your family's future? Would you say that you feel (Circle one number.)

1. Much more hopeful
2. A little more hopeful
3. About the same as before, no change
4. A little less hopeful
5. A lot less hopeful

14) Who participated in filling out this questionnaire? (Circle all that apply.)

1. The mother in this family
2. The father in this family
3. Another adult in this family (female)
4. Another adult in this family (male)
5. The children in this family

