



## An innovative child welfare pilot initiative: Results and outcomes



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### ABSTRACT

Successful family reunification is achieved only about 50% of the time when children are in foster care. Parents' ability to access and complete court ordered services are paramount in determining whether the family can achieve reunification. However, the research on how to best facilitate service access and utilization are sparse. A matched sample of 100 families with no prior child welfare involvement and at least one child in out of home care were selected from Department of Children and Family closed administrative case files. This study compared 48 families who received traditional child welfare services to 48 families who received a Family First model intervention (PFFP) from a large urban public child welfare agency. The independent variables were the elements that distinguished the Family First model from traditional child welfare services and included the number of caseworkers for the life of the case, caseload size, and service needs met through community partnerships. The dependent variables were the stability of the children's out of home placement, the time to reunification, the length of agency involvement, the stability of reunification at one year follow up, subsequent substantiated child maltreatment reports one year after the cases were closed, the distance a placement location was from the home of the family at intake, the match between identified needs and the timely access of services. Hierarchical regression and survival models were constructed to examine elements of the intervention for their impact on family outcomes. The results suggested that a community partnership model that incorporated family engagement, enhanced service provider accessibility, reduced caseloads, one caseworker for each family, are associated with successful reunification outcomes. Moreover, the intervention families were more likely to have their needs met with clinical or economic services, experienced fewer days in out-of-home placement, shorter involvement with the agency, reduced placement moves and were more likely to be reunified sooner compared to the group who received standard child welfare services. At one year follow up, the intervention families also had fewer substantiated child maltreatment reports and children were more likely to be living in the parental home. Implications for policy, research and practice are presented.

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### 1. Introduction

For children who have been placed in foster care, reunification with their biological parents is one of the child welfare system's primary goals. Evidence has shown that reunification focused on preventing re-entry has many benefits, which include stability, safety, permanency, and well-being for children, as well as potential cost benefits for state and local agencies (Child Welfare Information Gateway, 2012). Yet, according to a recent report on state performance on federal child welfare outcomes, only 43% of children placed in foster care were reunified within 12 months (Children's Bureau, 2010). In 2014, there were 415,129 children in the foster care system in the United States. Approximately 60% of these children exited the foster care system; yet only 51% were reunified with their biological parents (U.S. Department of Health and

Human Services, 2015). The most recent data from California shows a similar 12-month reunification rate, increasing to about 60% after 24 months in care and then stabilizing at that level (Needell et al., 2013).

Current knowledge about the types of interventions that work best for families who want to achieve reunification have been increasingly over the years. However, current evidence regarding how these interventions may be linked to family outcomes are limited (DePanfilis, 2014; Testa et al., 2014). This study addresses these gaps by evaluating the impact of a community partnership on specific family and child outcomes, which include reunification, number of days in placement, moves and re-entry rates.

### 2. Background: Pomona Family First project

The Pomona office of the Los Angeles County Department of Children and Family Services (DCFS) collaborated with the Annie E. Casey foundation to implement the "Family First Project" (PFFP) based on the Family to Family initiative. This approach hypothesizes that

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**Table 1**  
Child and caregiver characteristics.

Variables	Comparison by intervention			$\chi^2$	df	p
	Total sample (n = 96)	PFFP subsample (n = 48)	Matched comparison subsample (n = 48)			
	Column %	Column %	Column %			
<i>Child gender</i>						
Male	41	36	46	1.03	1	.31
Female	59	64	54			
<i>Child race/ethnicity</i>						
African American	15	22	8	8.12	3	0.16
Caucasian	20	14	26			
Latino	59	54	64			
Mixed	6	10	2			
<i>Child age at removal</i>						
< 1 year	9	16	24	11.8	4	.45
1–3 years	9	26	16			
4–6 years	12	14	16			
7–9 years	15	8	24			
10 years or older	55	34	20			
<i>Reason for removal</i>						
Removal for neglect	62	40	64	6.89	2	.10
Removal for physical abuse	25	14	8			
Removal for sexual abuse	13	14	12			
<i>Household composition</i>						
Two bio parents	26	30	22	6.16	3	.10
Two bio parents/separate	21	28	14			
Single parent and SO	14	8	20			
Single parent (mom)	39	34	44			
<i>Primary race/ethnicity</i>						
African American	15	22	8	6.41	3	.09
Caucasian	23	16	30			
Latino	61	60	62			
Asian	1	2	–			
<i>Primary language</i>						
English	72	68	76	0.79	1	.37
Spanish	28	32	24			
Primary undocumented	16	18	14	0.30	1	.59

successful outcomes for families are facilitated by a focus on child safety, family well-being, and community partnerships with service providers, local organizations, and private citizens. The Family to Family initiative aims to achieve a set of outcomes that includes: 1) Reduce the number and rate of children placed away from their birth families; 2) Place more children in their own neighborhoods; 3) Reduce number of children served in institutional and group care by shifting resources to kinship care, family foster care and family-centered services; 4) Decrease lengths of stay of children in placement; 5) Increase the number and rate of children reunified with their birth families, 6) Decrease number and rate of children reentering placement; 7) Reduce number of moves

children in care experience; and 8) Increase number and rate of siblings placed together (Annie E. Casey Foundation, 2009).

In an attempt to attain these outcomes, four strategies were implemented in the Pomona Family First project: 1) Found and maintained foster and kinship families who can support children and families in their own neighborhoods; 2) Built community partnerships to better link families with services; 3) Provided Team Decision Making (TDM) meetings; and 4) Created self-evaluation tools utilizing family outcome data that allowed DCFs staff, community members, service providers, and local organizations to identify areas of progress and change (Annie E. Casey Foundation, 2009).

**Table 2**  
Needs and services.

	N	PFFP needs case opening	Total % needs met	N	Comparison case opening	Total % needs met
<i>Clinical needs of primary caregiver</i>						
Substance use	27	54%	70%	24	64%	70%
Domestic violence*	13	26%	100%	19	38%	56%
Mental health	4	12%	100%	10	20%	40%
<i>Economic needs of primary caregiver</i>						
Minimal resources	25	52%	51%	28	58%	50%
Medical insurance	31	65%	50%	35	73%	33%
<i>Family economic needs</i>						
Housing	7	14%	25%	11	22%	10%
Transportation	24	48%	87%	39	78%	64%
Child care**	15	32%	60%	23	50%	10%

\* p &lt; 0.05.

\*\* p &lt; 0.01.

Administrators at the Pomona office also added a reduced caseload requirement: instead of the standard caseload of 30 or more families, each worker was assigned a maximum number of 15 families from intake to case closure instead of the usual practice of families assigned to another worker when they begin family perseveration services. Staff included one supervisor, three English-speaking caseworkers, and three Spanish-speaking caseworkers. Each caseworker also had extensive experience (an average of 12.7 years) working at the agency at the beginning of the project.

### 3. Literature review

Over the past two decades, increased attention has focused on the identification of best practices for family reunification and the literature is expanding regarding what types of interventions are the most promising for families involved in the child welfare system (Carnochan, Lee, & Austin, 2013; Fraser, Walton, Lewis, & Pecora, 1996; Pine, Spath, Werrbach, Jensen, & Kerman, 2009). This literature review focuses on reunification practices in the following four areas: 1) Parental visitation; 3) Matched services; 3) Staff /caseload interventions; and 4) Promising programs.

#### 3.1. Parental visitation

Studies have demonstrated that regular parental visits for children in foster care are associated with increased rates of reunification (Carnochan et al., 2013; Hess, 1999; Nesmith, 2015). With a sample size of 922 children, researchers found that children who had regular visits with parents were more likely to achieve reunification than children whose parents had inconsistent visits (Davis, Landsverk, Newton, & Ganger, 1996). Leathers (2002) also found that parents who visited with their child in the family home, were involved in case planning and provided transportation to various appointments (i.e., doctor visits and/or school meetings), had increased chances of the child returning home. Parents who saw their children at the agency office and/or at a fast food restaurant were not as likely to obtain reunification. However, the children who were reunified only made up 9% of the sample in Leathers's study.

In an earlier study, McWey and Mullis (2004) examined the impact of supervised visits for 123 children in foster care and found that compared to children who had fewer parental contacts, children who had consistent and timely contact with their parents had stronger bonds and experienced fewer placement moves. Compared to children who had fewer parental contacts, children who had consistent and timely contact with their parents had stronger bonds and experienced fewer placement moves (McWey & Mullis, 2004).

#### 3.2. Matched services

In recent years, researchers have focused on the match between family needs and services. That is, if parents have a specific need such as mental health care or require economic assistance, do they receive the related service (D'Andrade, 2015; D'Andrade & Nguyen, 2014)?

Some studies that examined case plans have shown a mismatch between family needs and available services. Either no association was found between an identified need and receipt of related services (Ryan & Schuerman, 2004), or a relatively low percentage of clients

(25–43%) with an agency-identified or client-identified treatment need received the services (Smith & Marsh, 2002). Marcenko, Lyons, and Courtney (2011) in their interviews with 809 mothers also found that mothers who were seeking to reunify reported needing but not receiving medical and mental health services. One third of the caregivers did not obtain family counseling services and one fifth did not get necessary medical treatment.

Other studies (Cheng, 2010; Cheng & Lo, 2012) found that families who required and received financial assistance and housing services were more likely to reunify. Choi and Ryan (2007) found that when family needs were matched (i.e., mental health, housing, family counseling and substance use treatment) with the service, the likelihood of reunification increased significantly.

#### 3.3. High caseloads and staff turnover

For child welfare agencies, workforce related issues such as inadequate training, high caseloads, and staff turnover have a negative impact on reunification and permanency outcomes for children in foster care (Blome & Steib, 2014; Child Welfare Information Gateway, 2010, 2012; Schreiber, Fuller, & Paceley, 2013; Social Work Policy Institute, 2010; General Accounting Office, 2003).

Although there is not a consistent definition of "high caseloads," most researchers use the Child Welfare League of America (1999) recommended standards of 12–15 children per caseworker. In key studies conducted by the American Public Human Services Association (2005) and the General Accounting Office (2003), the average child welfare caseloads were twice the recommended standard at 24–31 children; actual numbers ranged from 10 to an overwhelming 110 children per caseworker. In a survey of 43 states, the annual turnover rate was 22% and vacancy rate was 7% (Cyphers, 2001). In a recent study of public child welfare agencies in New York State, the average turnover rate of caseworkers over a five year period was 25% (Shim, 2014).

As a result of large caseloads and high rates of staff turnover, caseworkers have limited time to develop trusting relationships with families, and consequently a decreased ability to focus on child safety, provide quality services and achieve positive reunification outcomes (General Accounting Office, 2003, 2006; Strolin-Goltzman, Kollar, & Trinkle, 2010). In interviews with caseworkers, Smith and Donovan (2003) found that workers did not have sufficient time to work with the parents; their priorities were monitoring children, attending court hearings and keeping records. During focus group interviews with 60 child welfare caseworkers in Pittsburg, they reported that reasonable caseloads were imperative if they were to provide quality family services and achieve successful outcomes (Yamatani, Engel, & Spjeldnes, 2009).

Studies have also found that children who had multiple caseworkers due to staff turnover experienced longer stays in foster care and were less likely to be reunified (Ryan, Garnier, Zyphur, & Zhai, 2006). Flower, McDonald, and Sumski (2005) discovered that increases in the number of worker changes correlated to decreases in the chance of achieving reunification/permanency. Children in their study with only one caseworker achieved reunification/permanency by a rate of 74.5%; cases with more than one caseworker, decreased significantly, ranging from 17.5% for those with 2 caseworkers to 0.1% for children who were assigned to 6 or 7 caseworkers.

#### 3.4. Promising interventions

Several programs that have included some or all of the five aforementioned areas have been effective in achieving high rates of family reunification. The two that will be covered in this section are: 1) Intensive Reunification Services/Integrated Services and 2) Family to Family model (Carnochan et al., 2013).

**Table 3**  
Time in placement for PFFP and comparison groups percent reunified.

Group	N	Weeks from removal to reunification				
		26	52	78	104	136
PFFP	31	11%	39%	70%	93%	99%
Comparison	42	4%	16%	25%	42%	64%

Note, log-rank test for equality of survivor functions:  $\chi^2(1) 22.64, p < 0.001$ .

**Table 4**  
Case opening to beginning of services for primary caregivers.

	Drug testing (n = 22)	Inpatient treatment (n = 11)	Outpatient treatment (n = 14)	Mental health (n = 26)	Domestic violence (n = 14)	Parenting services (n = 43)	Supervised visits (n = 38)
Days children are in placement	r = 0.80***	r = 0.75**	r = 0.86***	r = 0.54**	r = 0.39 ns	r = 0.50***	r = 0.32*
Days case is open in DCFS	r = 0.67***	r = 0.76**	r = 0.70**	r = 0.51**	r = 0.66**	r = 0.75**	r = 0.39**

\* p < .05.

\*\* p = 0.01.

\*\*\* p = 0.001.

### 3.4.1. Intensive Reunification Services

Research has demonstrated that families who are involved in the child welfare system may face economic-rated concerns (i.e., unemployment, unstable housing, minimal health insurance); mental health and/or substance use issues, and experience domestic violence

(Cheng, 2010; Cheng & Lo, 2012; Marsh, Ryan, Choi, & Testa, 2006). Given these multiple inter-related problems, a promising program model is the Utah Experimental Intensive Family Reunification Services (FRS). The program provides services for ninety days to families whose children are in out of home care and relies on the framework of Homebuilders family preservation and family support program (Fraser et al., 1996; Lewis, 1994; Walton, Fraser, Lewis, & Pecora, 1993; Walton, 1998). This model typically includes clinical and concrete services, frequent parent and child visitations, small caseloads for staff and intensive home-based services that are tailored to meet the family's needs (National Family Preservation Network, 2003).

Initial findings demonstrated that families who received FRS were more likely to be reunified and at faster rates than families who received traditional child welfare services (Fraser et al., 1996). In two follow up studies, researchers also found that more children who received FRS were reunited with their families at the ninety day and twelve month follow ups (Walton, 1998; Walton et al., 1993). In looking at long term effects, the results are mixed. Two studies found that there was no significant differences between the FRS group and the non-FRS group of children who were maintained at home during the study time period (Fraser et al., 1996; Walton, 1998). In contrast, Walton and colleagues found a greater number of FRS children continued to live at home compared to children in the non-FRS group (Walton et al., 1993).

Pine et al. (2009) also found that for children who had experienced a first time removal and received intensive family reunification services, children were more likely to achieve reunification and had fewer placement moves than children who received traditional child welfare services (Pine et al., 2009). A program that also provided home-based intensive services and included a parent support group found the

rates of reunification were twice that of families receiving standard state agency services (Berry, McCauley, & Lansing, 2007).

In 2000, the Illinois Department of Children and Family Services (DCFS) tested a service integration model that focused on substance-involved families who were involved with DCFS.

An intensive case management using recovery coaches was implemented and included comprehensive assessment, targeted services and strong linkages with community services. Using an experimental design, the findings indicated that the experimental families used substance use services at a higher rate and were able to achieve reunification than were families in the control group (Ryan et al., 2006). In a follow up study, researchers found that for families who saw progress in the areas of domestic violence, mental health and housing, the chances of achieving reunification were higher. It also showed that progress in one problem also led to increased reunification rates. That is, families who demonstrated substantial progress in each of the problem areas were more likely to be reunified (Marsh et al., 2006).

### 3.4.2. Family to Family model

Child welfare agencies have created and implemented community partnership models with the idea that child protection and permanency cannot be achieved through a single agency but is achievable with coordinated community support and resources (Bearman, Garland, & Schoenwald, 2014; Carnochan et al., 2013). Research on the effectiveness of these interventions has been sparse, the majority are descriptive studies on implementation processes and factors (Crea, Crampton, Abramson-Madden, & Usher, 2008; Crea, Wildfire, & Usher, 2009) with limited studies on child and family outcomes (Crampton, Usher, Wildfire, Webster, & Cuccaro-Alamin, 2011). This lack of research may be explained by difficulties in measurement, due to variability in child welfare practices and loosely defined services (Bearman et al., 2014).

The Family to Family initiative, developed by the Annie E. Casey Foundation in 1992, is a widely recognized and influential model that has been implemented in 60 sites across 19 states (Batterson et al., 2007; Crea et al., 2009). This framework hypothesizes that successful outcomes for families are facilitated by a focus on child safety, family well-being, and community partnerships with parents, service providers, local organizations, and private citizens. The model draws upon the strengths of families and engages family and community members in program planning (Bearman et

**Table 5**  
Cox Regression: PFFP elements and weeks to family reunification (N = 96).

Independent variables	B	S.E.	Hazard ratio	p
<i>Number of workers (ref = 1)*</i>				
2–3 workers	–1.26	0.53	0.283	0.056
4–6 workers	–1.072	0.604	0.341	0.444
Caseload size (worker visits)	0.198	0.128	1.219	0.033
Group (ref = 1)	0.812	0.602	2.253	0.921
Total days case open	–0.003	0.000	0.997	<0.001
<i>Community partnerships</i>				
Drug testing (n = 60)	–0.002	0.001	0.998	0.026
Inpatient AOD (n = 20)	–0.003	0.002	0.997	0.07
Outpatient AOD (n = 29)	–0.002	0.001	0.998	0.036
Mental health service (n = 46)	–0.001	0.001	0.999	0.098
Dom. violence service (n = 19)	–0.003	0.002	0.997	0.102
Parenting service (n = 63)	–0.001	0.001	0.999	0.092
Supervised visits (n = 60)	–0.002	0.002	0.998	0.335

**Table 6**  
Days in placement regressed on time to AOD outpatient entry (N = 31).

	B	SE b	β
<i>Step 1</i>			
Constant	295.607	368.909	
CSW assigned	358.865	150.716	0.530*
Caseload	–59.821	53.418	–0.220
<i>Step 2</i>			
Constant	378.975	257.399	
CSW assigned	162.758	110.783	0.212
Caseload	–56.158	37.214	–0.207
Days to treatment	0.820	0.148	0.622**

Note:  $R^2 = 0.41$  for Step1:  $\Delta R^2 = 0.32$  ( $p < 0.001$ ).

\* p < 0.05.

\*\* p < 0.001.

al., 2014; DeMuro & Rideout, 2002; Kemp, Marcenko, Hoagwood, & Vesneski, 2009; Williamson & Gray, 2011). The strategies to achieve these outcomes are: recruit and maintain foster and kinship families in family's own neighborhoods; develop community partnerships, provide Team Decision Making (TDM) meetings; and utilize family outcome data that allow child welfare staff, community members, service providers, and local organizations to identify areas of progress and change (Annie E. Casey Foundation, 2009).

Although research on the F2F model has focused on implementation factors and the Team Decision Making (TDM) model strategy, some outcome studies have been conducted.

(Crea et al., 2008; Research Triangle Institute & Jordan Institute for Families, 1998; Usher, Wildfire, Webster, & Crampton, 2010). The Annie E. Casey Foundation conducted extensive self-evaluation efforts that included an initial report in 1998 and a final report in 2010 (Usher et al., 2010). In the initial implementation stage, pre- and post-program data from five communities showed increased use of kinship care, reduction in child placement moves and improved reunification rates (Research Triangle Institute & Jordan Institute for Families, 1998).

In the 2010 report, children with high exposure to F2F were 15% more likely to reunify within twelve months. Children with low F2F exposure were 8% more likely to reunify or live with a relative within 12 months than those with no F2F exposure (Usher et al., 2010). In an evaluation of six states, Crampton et al. (2011) also noted that reunification occurred more quickly for families who had some exposure to Family to Family than for families who had no exposure.

This paper attempts to fill some of these gaps by providing the quantitative results from a larger mixed-method research study that evaluated the Family to Family initiative at a large urban child welfare agency. Specifically, six hypotheses were tested: Compared to children of families who received standard child welfare services, children of families who participated in the PFFP will 1) be more likely be reunified, 2) spend fewer days in out-of-home placement, 3) experience fewer placement moves, 4) be less likely to re-enter placement, and 5) be more likely be placed in their own neighborhoods or communities. The last hypothesis is that the PFFP caregivers' needs identified at intake will be more likely matched with appropriate services in a shorter period reducing the time the case was open and the children were in placement.

## 4. Methods

### 4.1. Research design and instrumentation

A non-equivalent groups design was used for the outcome analysis to determine whether or not the project had met the goals. A case-reading tool was developed based on the outcome goals and variables identified in prior research that were likely to mediate or moderate reunification outcomes and included child and family characteristics, demographic and clinical as well as contextual items including household composition, risk assessments, income sources and family needs. The data for this study were drawn from closed case files and administrative databases. Approval for this project was granted by the Los Angeles County Department of Children and Families Services, the Institutional Review Board at California State University, Long Beach, and the Los Angeles County Juvenile Court.

### 4.2. Sample and sampling procedures

A total of 157 families were identified from the child welfare administrative database. Of these, 50 families had received PFFP services on or after August 1, 2005, and their cases were closed before or on July 31, 2009. A historical comparison group consisted 50 of matched families who received standard child welfare services after January 1, 2001, and their cases were closed before or on May 31, 2005. This timeframe facilitated matching the caseworker and location. The participating families in both groups were from the same county. Caseworkers at the time

of the intervention had an average of 13 years of Department of Children and Family Services work experience. These 100 families were first matched using four criteria as follows: 1) all families had a substantiated child maltreatment allegation, 2) at least one child was removed from the family home at the time of the case opening, 3) families must not have received prior child welfare services, and 4) the same caseworker provided services to both the project and comparison families. We applied propensity score matching using SPSS 24, without replacement employing a liberal match tolerance of 0.5. Matching was based on the following criteria: 1) number of children in the family, 2) reason for child removal, 3) age of the children, 4) household composition, 5) housing needs, 6) identified mental health concerns; 7) substance use, and 8) domestic violence issues in the home. This matching process resulted in 48 PFFP group families and 48 for comparison.

### 4.3. Measures

The independent variables were the elements that distinguished the PFFP group from the comparison group and included: 1) the PFFP group had one caseworker for the life of the case; the comparison group had at least two caseworkers or more depending on different circumstances such as transfers and/or promotions; 2) reduced caseload size was operationalized by the proxy measure of the number of worker visits with the family. This proxy was considered reasonable because while the exact caseload size of 15 was documented for PFFP workers, the exact caseload sizes were not available for the comparison cases. A comparison of caseworker visits per month reinforced this: PFFP ( $M = 4.67$ ,  $SE = 0.20$ ) comparison group ( $M = 1.60$ ,  $SE = 0.37$ ). Research by Yamatani et al. (2009) used a comparable proxy measure to determine child welfare workloads; 3) community partnerships for service needs was operationalized by the proxy measure of the number of days between a referral to service and the client's admission into the service. Primary dependent variables were 1) the number of days the case was open, 2) the child placement at case closure and at one year follow up, 3) the number of days the children were in placement, 4) the number of placement moves the children experienced, 5) the number of subsequent substantiated child maltreatment reports one year after the cases were closed, and 6) the distance a placement location was from the home of the family at intake.

Demographic information regarding the primary caregivers and the children and the identified caregiver clinical and service needs were extracted from the case files/administrative datasets and documented in the case reading tool. Data included gender, age, race/ethnicity, education, language(s) spoken, and immigration status. Data collected from the case files regarding service needs were measured dichotomously by the worker assessment at the time the case was open; service provision was measured by worker referral to specific services and family accessing services. Duration between referral and access to services was measured continuously. Service needs were derived from the case file that had been collected at intake and case closure in two major domains: 1) clinical needs that included mental health, substance use, and interpersonal violence; and 2) economic needs that included housing, transportation, income assistance, and childcare. Maltreatment variables from the case files included the types of substantiated allegations of child maltreatment and were recoded into neglect, physical abuse, and sexual abuse.

### 4.4. Data analysis method

To test for statistically significant differences between the PFFP group and the comparison group independent *t* tests for continuous variables and Chi square tests for categorical variables were conducted. General linear modeling (GLM) and non-parametric tests were used when appropriate. The Bonferroni approach was used to control for Type I errors across tests, and a *p*-value of  $<0.02$  was required for significance; however, observed effect sizes are reported along with exact *p*

values in order to evaluate the importance of the results given the small sample size (Nakagawa, 2004). Sub-sample analysis was augmented using a bootstrapping procedure (Hesterberg, Moore, Monaghan, Clipson, & Epstein, 2005).

The following tests were used to test the six hypotheses. Pearson's Chi Square was used to test the first hypothesis: children of families who participated in the PFFP will be more likely be reunified compared to children of families who received standard child welfare services. The second hypothesis tested the association between program elements, using survival analysis to measure the weeks in out of home placement until reunification for families who reunified and for censored families who did not reunify during the time the case was open. The third hypothesis was children whose families participated in PFFP would experience fewer placement moves than the comparison group, was tested using GLM. The fourth hypothesis predicted that the children of families who participated in PFFP would be less likely to re-enter placement one year after the case was closed was tested by using Pearson's Chi Square. The fifth hypothesis was to examine the distance a placement location was from the home of the family at intake; geocoding was conducted using zip codes and the GIS application ArcGIS which uses Euclidean straight-line which has been found to be highly correlated with shortest-path drive distances (Jones, Ashby, Momin, & Naidoo, 2010).

To examine the sixth and last hypothesis that the PFFP caregivers' will be more likely to access services sooner was tested using two tailed Pearson's bivariate correlations between the time from referral to service access by the number of days the case was open and the number of days the children were in placement.

## 5. Results

### 5.1. Child and family characteristics

The demographic profiles for both the PFFP group and comparison group are similar with no statistically significant differences (Table 1). No association was found between the race/ethnicity of the child when the age of the child was controlled for in examining the number of months the child was out of the home in the PFFP group. In post hoc analysis, ethnicity was found to be significant in the comparison group when controlling for age  $F(2, 45) = 2.90, p = 0.074$ , African-American children spent an average of 44 (SD = 12) months out of home care compared to Latino/a children who spent an average of 23 (SD = 17) months ( $p = 0.05$ ). There were no significant differences found in either group when examining the reunification of children with developmental disabilities ( $n = 7$ ), serious physical health conditions ( $n = 12$ ), behavioral problems ( $n = 23$ ), or learning difficulties ( $n = 20$ ). Primary caretakers were identified as biological mothers whose average age was 29–30 years old. Nearly two thirds of each group (PFFP and comparison) identified as Latina whose preferred language was English. At the time of intake, the majority of women had less than a high school diploma, were unemployed, and received no assistance. Undocumented immigration status was noted for 14–18% of the women. The maltreatment profiles are similar for both groups.

Clinical needs and material needs for the PFFP and comparison groups did not vary significantly. Families in both groups demonstrated a high number of both clinical needs such as substance use, mental health concerns and economic needs including unemployment and minimal health insurance coverage. However, there was one exception, transportation needs as measured by the family not having a car (48% vs. 78%) were significantly different between the PFFP and comparison groups ( $\chi^2(1) = 9.653, p < 0.002$ , Cramer's  $V = 0.31$ ).

The most frequently reported needs for the treatment group included health insurance for primary caregiver (65%), substance use by the primary caregiver (54%), minimal resources (50%) and domestic violence (26%). The comparison group, the most frequently reported needs were transportation (78%), health insurance for primary

caregiver (73%), substance use by the primary caregiver (64%), minimal resources (60%) and domestic violence (38%).

Overall, families in both groups received referrals for the necessary clinical services (see Table 2). Parents with substance use problems received drug testing, inpatient and/or outpatient treatment; parents identified with domestic violence issues received group and individual counseling. In the PFFP group, economic needs were matched with services on a more frequent basis than the comparison group for health insurance, transportation, and child care needs.

Housing needs were less likely to be met for families in both groups. At case opening 14% of PFFP families were homeless. Only one homeless family received housing assistance. However, at case closure, no PFFP families were homeless. For the comparison group 22% were homeless at case opening. Similar to the PFFP group, only two of the homeless families received housing assistance. At case closure for the comparison group, four families were homeless.

In terms of reunification, three families who were homeless at the case opening and received PFFP services, did not receive housing assistance and did not have their children return home. Of the comparison families, four were homeless at case closing, had not received housing assistance and did not have their children return home.

### 5.2. Bivariate outcomes

To model the first hypothesis and measure the variation between the PFFP and comparison groups in examining reunification, Pearson's Chi Square was used with a  $2 \times 2$  contingency table.

There was a significant association between the PFFP and comparison families and whether or not the children returned home at the time of case closure. Families participating in the PFFP reunified significantly more frequently (76%) than did comparison families (44%),  $\chi^2(1, N = 100) = 10.67, p = 0.001$ , odds ratio = 4.03, 95% CI [1.72, 9.49].

To examine the second hypothesis and evaluate if there were differences between the PFFP and comparison groups in regard to the length of time children spent in out-of-home placements, an independent sample  $t$ -test was conducted. Results indicated that children in families who received PFFP services averaged fewer out-of-home placement days ( $M = 408.6, SD = 364.37$ ) than children in the comparison group families ( $M = 792.8, SD = 556.43$ ). The difference was significant ( $t(85) = 3.686, p = 0.001, d = 0.79, 95\% CI [0.3559, 1.234]$ ). Table 3 displays the reunification rates for the two groups at week intervals beginning at 26 weeks. At 52 weeks (1 year), almost 40% of the PFFP families were reunified compared to 16% of the comparison families.

For the third hypothesis, an analysis of the placement moves children experienced compared children whose families received usual child welfare services to children whose families participated in the PFFP. The children in the PFFP group averaged fewer out-of-home placement moves ( $M = 1.11, SD = 1.07$ ) than the comparison group children ( $M = 2.4, SD = 1.85$ ). The difference was significant ( $t(75) = 4.149, p < 0.001, d = 0.85, 95\% CI [-0.1896, -0.666]$ ). Exploring further, we found in the PFFP group that Caucasian children with behavior problems ( $M = 4.7, SD = 2.89$ ) experienced significantly more placement moves than African-American ( $M = 1, SD = 0$ ) or Latino children ( $M = 2.1, SD = 1.36$ )  $F(2, 43) = 4.78, p = 0.02, d = 0.2, 74, 95\% CI [-0.2127, 5.698]$  with behavior problems. In the comparison group, Caucasian children with behavior problems ( $M = 5.0, SD = 3.27$ ) experienced more placement moves than Latino children ( $M = 4.9, SD = 1.46$ ) with behavior problems; no African American children were identified with behavioral problems.

Modeling the fourth hypothesis, the variation of families who reunified between PFFP and comparison families and the child's placement one year after completion found that families receiving PFFP services did not have children out of the home at one year following the closure of the case (FET  $n = 60, p = 0.02$ ). Five families in the comparison group (10%) had cases of substantiated maltreatment allegations one year following case closure. Four of these families in the comparison

group had children placed out of the home, and one family received services in the home.

The fifth hypothesis was tested to examine the distance a placement location was from the home of the family at the time of intake. The results of the analysis determined that children in both PFFP services and the comparison group remained in the zip codes of their homes at intake. Placement locations for children of families receiving PFFP services ( $M = 13$ ,  $SD = 13$ , range 47 miles) did not differ significantly in miles away from their home zip code from children in the comparison group ( $M = 11$ ,  $SD = 13$ , range 68 miles),  $t(91) = 0.674$ ,  $p = 0.50$ .

The final and sixth hypothesis was tested to if the clinical and economic needs of the caregivers identified at intake were matched with services. Chi square analysis was used and PFFP families were more likely to receive child care services to  $\chi^2(1, N = 52) = 9.95$ ,  $p = 0.002$ , Cramer's  $V = 0.60$  and to complete domestic violence services than comparison caregivers  $\chi^2(1, N = 19) = 5.63$ ,  $p = 0.018$ , Cramer's  $V = 0.54$ . Primary caregivers in the PFFP families accessed all services sooner than the primary caregivers in the comparison families. The primary caregivers in the PFFP families accessed drug testing services significantly sooner ( $M = 44$ ,  $SD = 77$ ) than the primary caregivers in the comparison families ( $M = 290$ ,  $SD = 476$ ),  $t(39) = 2.34$ ,  $p = 0.03$ , with a large effect  $d = 0.72$ . Access to mental health service was also significantly sooner for the treatment family primary caregivers ( $M = 108$ ,  $SD = 140$ ) in contrast to the comparison families ( $M = 362$ ,  $SD = 332$ ),  $t(33) = 3.11$ ,  $p = 0.004$ . PFFP families accessed parenting service sooner ( $M = 93$ ,  $SD = 108$ ) than the comparison families ( $M = 258$ ,  $SD = 366$ ),  $t(66) = 2.46$ ,  $p = 0.02$ , and supervised visiting started earlier for the PFFP primary caregivers ( $M = 2$ ,  $SD = 7$ ) versus the comparison family primary caregivers ( $M = 46$ ,  $SD = 103$ ),  $t(62) = 2.29$ ,  $p = 0.03$ .

There were positive correlations between the time it took the parents to access services and the days the cases were open and the number of days in placement. That is, the longer it took the parents to start services, the longer the child remained in placement and the longer the case was open (see Table 4).

### 5.3. Program outcomes

Separate multilevel regression models were conducted to examine the specific effects of the PFFP, including reducing caseload size, working with one worker throughout the life of a case, partnerships with community service providers. The results of the bivariate analysis as well as previous research in this area guided the inclusion of the behavioral problems of the child and parental visit variables (Carnochan et al., 2013; Hess, 1999; Leathers, Falconnier, & Spielfogel, 2010; Nesmith, 2015; Usher et al., 2010). The first hierarchical multiple regression analysis examined the degree to which the number of workers assigned was associated with the number of days the case remained open and included two control variables: 1) caseload size and 2) the number of parental visits. The results suggested that the number of workers assigned to a family accounted for significant variance ( $R^2\Delta = 0.15$ ,  $p < 0.001$ ). The regression indicated two variables which explained 41% of the variation in the number of days the case remained open. The model also revealed that caseload size (Block wise  $\beta = 0.47$ ,  $p < 0.001$ ) was consistently associated with the number of days the case was open; for every worker assigned to a case, the case stayed open an additional 115 days. Caseload size was also significantly associated with the days the case was open (Block wise  $\beta = -0.207$ ,  $p = 0.023$ ).

The second model was constructed in SPSS 24 using the Complex Samples Cox Regression procedure that examined the degree to which 1) the number of workers 2) the caseload size proxy and 3) community partnerships proxy were associated with the total weeks the children were in placement before reunification. This model was developed in separate stages. In the first stage we entered the variable for the number of workers (dummy coded with 1 worker as the indicator), the caseload size proxy, (the number of days the case was open, and the group status

variable. For the second stage, we examined the association between the number of days the children were in placement and the number of days between referral and access to the service among the subsamples of only those caregivers who were referred for specific services. (see Table 5).

We found that after controlling for the time the case was open, families who had multiple workers were [(0.283–1.0)  $\times$  100%=] more likely (76%) to take longer to reunify than families with one worker. Examining the impact of caseload size, families whose workers had a reduced caseload size, the time to reunification decreased by 22%. Regarding community partnerships, we found that for every day that access to drug testing and outpatient treatment was delayed, there was a 2% increase in the time to reunification (see Table 5).

The third analysis examined if the number of workers and the caseload size was associated with the number of placement moves that children experienced after controlling for identified behavioral problems of the child at intake. The overall model accounted for 38% of the variance in the number of placement moves children experienced. With behavioral problems, parental visits, caseload size and the number of days the case was open as controls, we found that having one caseworker accounted for significant variance ( $R^2\Delta = 0.10$ ,  $p < 0.001$ ), (Block wise  $\beta = 0.498$ ,  $p < 0.001$ ). For every additional worker assigned to the case, children experienced one additional move. Parental visits and caseload size did not contribute significantly.

A fourth model was constructed to illustrate how a reduced caseload size, one consistent worker, and community partnerships affected the amount of time children remained in placement. The number of days between referral and admission to a program accounted for significant variance ( $R^2\Delta = 0.33$ ,  $p < 0.001$ ). The three predictors explained 71% of the variance in the number of days children remained in placement. Specifically, each day the primary caregiver waited to be admitted to an AOD treatment program, the child remained in placement one more day (Table 6).

### 5.4. Limitations

This study has the following limitations. Data was only collected using closed case files and computerized databases. Consequently, some information about the families' needs or services may have not been included in the available documentation. The measurement of service did not include treatment quality or intensity and family needs were determined by self-reports of the caseworkers and family members. The sample size for the treatment and comparison groups were small which limits generalizability and consequently the analysis may have had insufficient power so caution must accompany interpretation of the findings. Finally, families in both groups represented those experiencing a first time removal of their children, these families may be different from the general population of families in the child welfare system. A potential threat of history also exists because the comparison group data was collected retrospectively and although the caseworkers were the same for both groups, the PFFP had the benefit of a more seasoned workforce.

Lastly, it should be noted that these results did not occur in a vacuum; Los Angeles County Department of Children and Family Services has implemented a number of community based partnerships models over the years and this program has clearly benefited from these efforts. In spite of these limitations, this study contributes to the knowledge of the reunification process in child welfare and has important implications for practice, policy and research.

## 6. Discussion

Knowledge about the type of community based partnerships that produce successful reunification outcomes for families who are involved in the child welfare system is increasing over the years but still remains small. To address this gap in the literature, six hypotheses

were identified. Compared to standard reunification services, the PFFP program would be 1) more effective in reunifying families, 2) children would have shorter stays in out-of-home care, 3) experience fewer placement moves, 4) be less likely to re-enter placement, and 5) be more likely placed in their own neighborhoods. Lastly, the PFFP families clinical and economic needs identified at intake would be matched with appropriate services.

This study demonstrated that a community partnership model that incorporated family engagement, enhanced service provider accessibility, reduced caseloads, one caseworker for each family, Team Decision Making (TDM) meetings, and weekly meetings between parents, children and caseworkers was associated with successful reunification outcomes. Specifically, the PFFP families were more likely to have their needs met with clinical and economic services, experienced fewer days in out-of-home placement, had shorter involvement with the agency, reduced placement moves and were more likely to be reunified further supporting the findings of Lehman, Liang, and O'Dell (2005), Cheng (2010) and Cheng and Lo (2012). At one year follow up, the PFFP families also had fewer substantiated child maltreatment reports and children were more likely to be living in the parental home.

These findings suggest that providing intensive, comprehensive, community based services to first time families can result in higher success rates. Although services that include lower caseloads require more resources, they could be cost effective because children spend less time in costly placement and are less likely to return to care after reunification as suggested by Cheng (2010). Cheng studied the placement outcomes of reunification, adoption, and continuing in care of 411 children in long term foster care and found reunification was associated with caseworker engagement with the family and identification of and meeting the needs for resources particularly for families where neglect was the reason for removal. Earlier research by Flower et al. (2005) and Ryan et al. (2006) also had similar findings.

The positive findings related to the reduced length of time a child was in care and higher rates of permanency highlight the importance of intensive reunification and permanency services. The average length of time in placement was significantly shorter for the intervention group (408 days vs 792 days respectively). Similar to Cheng (2010) findings, children in the intervention group were 12 times more likely to be returned home at the time of case closure than children in the comparison group, and were 23 times more likely to be living at home one year after case closure than children in the comparison group. Reunification rates in this study were also similar in the FTF studies; families who received FTF interventions were more likely to achieve reunification compared to families who received standard child welfare services (Crampton et al., 2011; Usher et al., 2010).

### 6.1. Implications

This study suggests that when community service providers are actively involved, caseworkers have reduced caseloads and work with the families for the length of the time that the case is open, more frequent visits with parents and children occur and families receive services in a timely manner. Consequently, children spend less time in care and are more likely to achieve reunification without reentry. The interventions do require more resources but may be cost effective if children have reduced rates of in substitute care and are less likely to return to care after reunification.

### 6.2. Future research

Existing outcome research on the effectiveness of community based interventions are growing but continued research is important. Before conclusions about efficacy can be made, this research should be replicated. Future research should also expand this model to families who have had prior contact with the child welfare system. Studies evaluating the impact of social and economic factors could increase the understanding

of the role this has on reunification and permanency. Developing cost estimates for taking the program to scale are also essential.

## 7. Conclusion

Returning children to their families of origin continues to be a primary goal in the child welfare field. This study has suggested that caseworkers with reasonable caseloads and a supportive leadership that engages community partners to meet the needs of families can positively influence family outcomes.

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## References

- American Public Human Services Association (2005). *Report from the 2004 child welfare workforce survey: State agency findings*. Washington, DC: Author (Retrieved from <http://www.aphsa.org/Home/Doc/Workforce%20Report%202005.pdf>)
- Annie E. Casey Foundation (2009). *Family to family: Core strategies*. (Retrieved from [www.aecf.org/MajorInitiatives/Family to Family/CoreStrategies.aspx](http://www.aecf.org/MajorInitiatives/Family%20to%20Family/CoreStrategies.aspx)).
- Batterson, M., Crampton, D., Crea, T., Harris, F., Madden, A. A., Usher, L., & Williams, J. (2007). Implementing family to family. (Retrieved from <http://www.unc.edu/~lynnu/ImpleF2F.pdf>)
- Bearman, S. K., Garland, A. F., & Schoenwald, S. K. (2014). From practice to evidence (in child welfare): Team decisionmaking model specification and fidelity measurement. *Children and Youth Services Review*, 39, 153–159.
- Berry, M., McCauley, K., & Lansing, T. (2007). Permanency through group work: A pilot intensive reunification program. *Child and Adolescent Social Work Journal*, 24, 477–493.
- Blome, W., & Steib, S. (2014). The organizational structure of child welfare: Staff are working hard, but it is hardly working. *Children and Youth Services Review*, 44, 181–188. <http://dx.doi.org/10.1016/j.chilyouth.2014.06.018>.
- Carnochan, S., Lee, C., & Austin, M. (2013). Achieving timely reunification. *Journal of Evidence-Based Social Work*, 10(3), 17–195. <http://dx.doi.org/10.1080/1543714.2013.78948>.
- Cheng, T. (2010). Factors associated with reunification: A longitudinal study of long-term foster care. *Children and Youth Services Review*, 32(10), 1311–1316. <http://dx.doi.org/10.1016/j.chilyouth.2010.04.023>.
- Cheng, T., & Lo, C. (2012). Racial disparities in access to needed child welfare services and worker-client engagement. *Children and Youth Services Review*, 34(9), 1624–1632. <http://dx.doi.org/10.1016/j.chilyouth.2012.04.021>.
- Child Welfare Information Gateway (2010). *Caseload and workload management*. (Washington).
- Child Welfare Information Gateway (2012). Supporting reunification and preventing reentry into out-of-home care. Washington, U.S. Department of Health and Human Services, children's Bureau. (Retrieved from <https://www.childwelfare.gov/pubPDFs/srpr.pdf>)
- Child Welfare League of America (1999). *Minimum education required by state child welfare agencies, percent, by degree type*. Washington, DC: Author.
- Children's Bureau (2010). Child welfare outcomes 2007–2010: Report to Congress. (Retrieved from <http://www.acf.hhs.gov/programs/cb/pubs/cwo07-10/cwo07-10.pdf>)
- Choi, S., & Ryan, J. (2007). Co-occurring problems for substance abusing mothers in child welfare: Matching services to improve family reunification. *Children and Youth Services Review*, 29(11), 1395–1410. <http://dx.doi.org/10.1016/j.chilyouth.2007.05.013>.
- Crampton, D., Usher, C., Wildfire, J., Webster, D., & Cuccaro-Alamin, S. (2011). Does community and family engagement enhance permanency for children in foster care? Findings from an evaluation of the Family to Family initiative. *Child Welfare*, 90(4), 61–77.
- Crea, T. M., Crampton, D. S., Abramson-Madden, A., & Usher, C. L. (2008). Variability in the implementation of Team Decision-making (TDM): Scope and compliance with the Family to Family practice model. *Children and Youth Services Review*, 30(11), 1221–1232. <http://dx.doi.org/10.1016/j.chilyouth.2008.03.007>.
- Crea, T. M., Wildfire, J., & Usher, C. L. (2009). The association of team composition and meeting characteristics with foster care placement recommendations. *Journal of Social Service Research*, 35(4), 297–311. <http://dx.doi.org/10.1080/01488370903110803>.
- Cyphers, G. (2001). *APHSa report from child welfare workforce survey: State and county data and finding*. Washington, DC: American Public Human Services Association.
- D'Andrade, A. (2015). Parents and court-ordered services: A descriptive study of service use in child welfare reunification. *Families in Society*, 96(1), 25–34. <http://dx.doi.org/10.1606/1044-3894.2015.96.5>.

- D'Andrade, A., & Nguyen, H. (2014). The relationship between use of specific services, parental problems, and reunification with children placed in foster care. *Journal of Public Child Welfare*, 8, 51–69. <http://dx.doi.org/10.1080/15548732.2013.824399>.
- Davis, I. P., Landsverk, J., Newton, R., & Ganger, W. (1996). Parental visiting and foster care reunification. *Children and Youth Services Review*, 18, 363–382.
- DeMuro, P., & Rideout, P. (2002). *Team Decisionmaking: Involving the family and community in child welfare decisions*. Baltimore, MD: The Annie E. Casey Foundation (Retrieved from) <http://www.aecf.org/resources/team-decisionmaking-involving-the-family-and-community-in-child-welfare-dec/>
- DePanfilis, D. (2014). Building, implementing, and sustaining effective child welfare practice: An introduction. *Journal of Public Child Welfare*, 8(4), 329–332.
- Flower, C., McDonald, J., & Sumski, M. (2005). *Review of turnover in Milwaukee County private agency child welfare ongoing case management staff*. Urbana-Champaign, IL: Children and Family Research Center, University of Illinois.
- Fraser, M., Walton, E., Lewis, R., & Pecora, P. (1996). An experiment in family reunification: Correlates of outcomes at one-year follow-up. *Children and Youth Services Review*, 18, 335–361.
- General Accounting Office (2003). *Child welfare: HHS could play a greater role in helping child welfare agencies recruit and retain staff (letter report, 03/31/03, GAO-03-357)*. Washington, DC: Author.
- General Accounting Office (2006). *Child welfare: Improving social service program training and technical assistance information would help address long-standing service-level and workforce challenges (publication no. GAO-07-75)*. Washington, DC: Author.
- Hess, P. M. (1999). Visitation: promoting positive visitation practices for children and their families through leadership, teamwork, and collaboration [Data file]. *Placement Review Committee, representing Child Welfare Professionals and Families from across the Commonwealth* (Retrieved from [http://www.pccyfs.org/practice\\_resources/VisitationHandbook.pdf](http://www.pccyfs.org/practice_resources/VisitationHandbook.pdf)).
- Hesterberg, T., Moore, D. S., Monaghan, S., Clipson, A., & Epstein, R. (2005). Bootstrap methods and permutation tests. In M. D.S., & G. P. McCabe (Eds.), *Introduction to the practice of statistics (pp. 14-2–14-70)*. New York: W.H. Freeman and Co.
- Jones, S. G., Ashby, A., Momin, S. R., & Naidoo, A. (2010). Spatial implications associated with using Euclidean distance measurements and geographic centroid imputation in health care research. *Health Services Research*, 45(1), 316–327.
- Kemp, S. P., Marcenko, M. O., Hoagwood, K., & Vesneski, W. (2009). Engaging parents in child welfare services: Bridging family needs and child welfare mandates. *Child Welfare*, 88(1), 101–126.
- Leathers, S. J. (2002). Parental visiting and family reunification: Could inclusive practice make a difference? *Child Welfare*, 4, 595–616.
- Leathers, S. J., Falconnier, L., & Spielfogel, J. E. (2010). Predicting family reunification, adoption, and subsidized guardianship among adolescents in foster care. *The American Journal of Orthopsychiatry*, 80(3), 422–431. <http://dx.doi.org/10.1111/j.1939-0025.2010.01045.x>.
- Lehman, C. M., Liang, S., & O'Dell, K. (2005). Impact of flexible funds on placement and permanency outcomes for children in child welfare. *Research on Social Work Practice*, 12(5), 381–388. <http://dx.doi.org/10.1177/1049731505276976>.
- Lewis, R. (1994). Application and adaptation of intensive family preservation services to use for the reunification of foster children with their biological parents. *Children and Youth Services Review*, 16, 339–361.
- Marcenko, M., Lyons, S., & Courtney, M. (2011). Mothers' experiences, resources and needs: The context for reunification. *Children and Youth Services Review*, 33(3), 431–438. <http://dx.doi.org/10.1016/j.chilyouth.2010.06.020>.
- Marsh, J., Ryan, J., Choi, S., & Testa, M. (2006). Integrated services for families with multiple problems: Obstacles to family reunification. *Children and Youth Services Review*, 28(9), 1074–1087. <http://dx.doi.org/10.1016/j.chilyouth.2005.10.012>.
- McWey, L. M., & Mullis, A. K. (2004). Improving the lives of children in foster care: The impact of supervised visitation. *Family Relations*, 53, 293–300.
- Nakagawa, S. (2004). A farewell to Bonferroni: The problems of low statistical power and publication bias. *Behavioral Ecology*, 15(6), 1044–1045.
- National Family Preservation Network (2003). *Intensive family reunification services protocol*. (Retrieved July, 10, 2016 <http://www.hunter.cuny.edu/socwork/nrcfcp/downloads/teleconferences/IFRS-Protocol.pdf>).
- Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., ... Lawson, J. (2013). Child welfare services reports for California. Retrieved from University of California at Berkeley Center for Social Services Research. Child Welfare Indicators: Project website [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)
- Nesmith, A. (2015). Factors influencing the regularity of parental visits with children in foster care. *Child and Adolescent Social Work Journal*, 32, 219–228. <http://dx.doi.org/10.1007/s10560-014-0360-6>.
- Pine, B., Spath, R., Werrbach, G., Jenson, C., & Kerman, B. (2009). A better path to permanency for children in out-of-home care. *Children and Youth Services Review*, 31, 1135–1143.
- Research Triangle Institute & Jordan Institute for Families (1998s). *Evaluation of family to family*. Baltimore, MD: The Annie E. Casey Foundation.
- Ryan, J., & Schuerman, J. (2004). Matching family problems with specific family preservation services: A study of service effectiveness. *Children and Youth Services Review*, 26(4), 347–372. <http://dx.doi.org/10.1016/j.chilyouth.2004.01.004>.
- Ryan, J., Garnier, P., Zyphur, M., & Zhai, F. (2006). Investigating the effects of caseworker characteristics in child welfare. *Children and Youth Services Review*, 28(9), 993–1006. <http://dx.doi.org/10.1016/j.chilyouth.2005.10.013>.
- Schreiber, J. C., Fuller, T., & PACELEY, M. S. (2013). Engagement in child protective services: Parent perceptions of workers skills. *Children and Youth Services Review*, 35(4), 707–715. <http://dx.doi.org/10.1016/j.chilyouth.2013.01.018>.
- Shim, M. (2014). Do organizational culture and climate really matter for employee turnover in child welfare agencies? *British Journal of Social Work*, 44(3), 542–558.
- Smith, B., & Donovan, S. (2003). Child welfare practice in organizational and institutional context. *Social Service Review*, 77(4), 541–563. <http://dx.doi.org/10.1086/378328>.
- Smith, B., & Marsh, J. (2002). Client-service matching in substance abuse treatment for women with children. *Journal of Substance Abuse Treatment*, 22(3), 161–168. [http://dx.doi.org/10.1016/S0740-5472\(02\)00229-5](http://dx.doi.org/10.1016/S0740-5472(02)00229-5).
- Social Work Policy Institute (2010, January). High caseloads: How do they impact delivery of health and human services? Research to Practice Brief. (Retrieved from) <http://www.socialworkpolicy.org/research/high-caseloads-how-do-they-impact-delivery-of-health-and-human-services.html>
- Strolin-Goltzman, J., Kollar, S., & Trinkle, J. (2010). Listening to the voices of children in foster care: Youth speak out about child welfare workforce turnover and selection. *Social Work*, 55(1), 47–53.
- Testa, M. F., DePanfilis, D., Huebner, R., Dionne, R., Deakins, B., & Baldwin, M. (2014). Bridging the gap between research and practice: The work of the steering team for the child welfare research and evaluation translational framework workgroup. *Journal of Public Child Welfare*, 8(4), 333–353.
- U.S. Department of Health and Human Services (2015). *The adoption and foster care analysis and reporting system report, FY. 2015*, (Retrieved from) <http://www.acf.hhs.gov/programs/cb/resource/afcars-report-22>
- Usher, L., Wildfire, J., Webster, D., & Crampton, D. (2010). *Evaluation of the anchor-site phase of family to family*. Chapel Hill: Jordan Institute for Families, University of North Carolina, School of Social Work.
- Walton, E. (1998). In-home family-focused reunification: A six-year follow-up of a successful experiment. *Social Work Research*, 22, 205–214.
- Walton, E., Fraser, M., Lewis, R., & Pecora, P. (1993). In-home family-focused reunification: An experimental study. *Child Welfare*, 72, 473–487.
- Williamson, E., & Gray, A. (2011). New roles for families in child welfare: Strategies for expanding family involvement beyond the case level. *Children and Youth Services Review*, 33(7), 1212–1216.
- Yamatani, H., Engel, R., & Spjeldnes, S. (2009). Child welfare worker caseload: What's just right? *Social Work*, 54(4), 361–368.