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# Adapting a Promising Multi-Faceted Child Maltreatment Preventive Intervention to Respond to Differences in Target Populations

## Paper 4: Families with Children Determined to be Unsafe (SAFE-Family Connections)

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UNIVERSITY OF MARYLAND SCHOOL OF SOCIAL WORK

**Ruth H. Young Center for Families and Children**

*Serving families, educating practitioners, generating knowledge*

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# Acknowledgements

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- Data used in this paper were previously presented at two conferences:
  - DePanfilis, D., Clarkson Freeman, P., & Reiman, S. Using quantitative and qualitative methods to explore barriers to permanency for children who entered care because they were unsafe at home. *Society for Social Work & Research 16<sup>th</sup> Annual Conference: Research that Makes a Difference – Advancing Practice and Shaping Public Policy*. Washington, DC, January 11-15, 2012.
  - DePanfilis, D., Filene, J. H., & Smith, E.G. Multi-site findings from the replication of a family strengthening program with diverse populations to prevent child maltreatment symposium. *IVIII ISPCAN International Congress: Strengthening Children and Families Affected by Personal, Intra-Familial and Global Conflict*. Honolulu, Hawaii, September 26-29.2010.

# Acknowledgements

- SAFE-FC was developed by integrating two existing interventions:
  - Family Connections, developed at the University of Maryland
  - Safety Assessment Family Evaluation (SAFE) system, developed by ACTION for Child Protection

# Rationale

- Families with children who are determined to be unsafe following a report of child abuse and neglect are different than families determined to be at *risk* of child maltreatment.
  - Intervention adaptations are needed to respond to these differences.

# Paper Objectives

- ① To illustrate family and service characteristics identified in a sample of families with children determined to be unsafe and therefore placed in foster care compared to characteristics of families served by the preventive intervention;
- ② identify predictors among these family and service characteristics that might explain the length of foster care; and
- ③ illustrate how these differences led to changes in the intervention and specification of fidelity criteria.

# Methods

- Qualitative and quantitative methods were used to explore differences in family and service characteristics between a sample of 1500 unsafe children who entered care and 762 families (approximately 2,133 children) served by Family Connections replication organizations targeting children at risk of maltreatment.

# ① Contrast Between Samples (Child/Family Characteristics)

FAMILY CONNECTIONS REPLICATION  
SITES (N=762 families, approximately  
2,133 children)

- Mean child age – 7
- Gender – male – 51%
- Race-Ethnicity
  - Caucasian 31%
  - Hispanic 21%
  - Black 38%
  - Asian 10%
- Marital Status – 34%  
married

UNSAFE CHILDREN IN FOSTER CARE  
prior to implementation (N=1500  
children)

- Mean child age – 6.39
- Gender – male – 59%
- Race-Ethnicity
  - Caucasian 78%
  - Hispanic 1%
  - Black 12%
  - Asian 3.9%
  - Native American 4.5%
- Marital Status – 24% married

# ① Contrast Between Samples (Service Characteristics)

FAMILY CONNECTIONS REPLICATION SITES  
(N=762 families, approximately 2,133 children)

- CPS History – 20%
- Quality of assessments
  - 5 site's assessments were judged to be comprehensive in over 90% of cases;
  - 2 site's assessments were comprehensive in over 58% of cases
- Use of SMART goals – 75% met standard
- Frequency of face to face contact w/caregiver
  - 3 sites high % of at least 1 hour of weekly contact (77% to 91% of families)
  - 4 sites – moderate % of families received at least 1 hour of weekly contact (49%-58%)

UNSAFE CHILDREN IN FOSTER CARE prior to implementation (N=1500 children, N=30 in qualitative sample\*)

- CPS History – 100%
- \*Quality of assessments – only 7% were judged to be comprehensive
- \*Use of SMART goals
  - All goals were service focused
  - 50% were a poor match to reasons for placement (1 year after placement)
  - 75% were a poor match to reasons for placement 2 years after placement)
- \*Frequency of face to face contact w/caregiver
  - 80% of caregivers seen monthly or less

## ② Predictors of Time in Foster Care (Families with Unsafe Children)

- 5 variables increased the time to exit:
  - African American children
  - # of safety threats identified at placement
  - Inadequate housing at the time of placement
  - Single mother
  - Caregiver use of methamphetamine at time of placement
- 1 variable decreased the time to exit:
  - Placement partially due to having a “parent who could not cope”

# What child, family & service characteristics were associated to the time to exit?

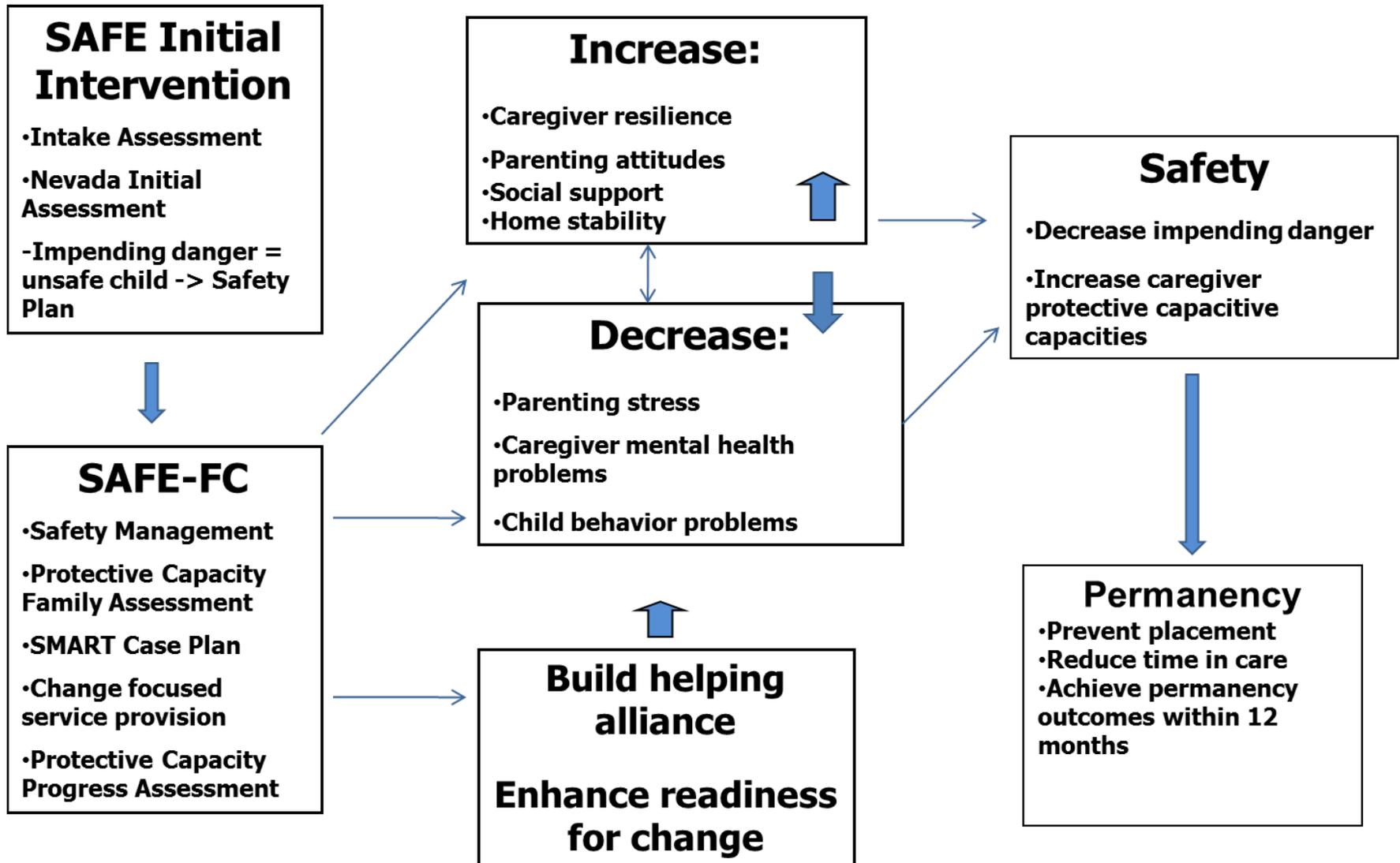
## Variables in the Equation (Cox Proportional Regression Model, n=1500)

	B	SE	Wald	df	Sig.	Exp(B)	95.0% CI for Exp(B) Lower	95.0% CI for Exp(B) Upper
age	.012	.007	2.972	1	.085	1.012	.998	1.027
Prior placements	-.094	.068	1.874	1	.171	.911	.796	1.041
Total # Reasons for placement	-.027	.038	.502	1	.479	.973	.903	1.049
Total # Safety Threats	.051	.025	4.237	1	.040	1.052	1.002	1.105
Race	-.216	.110	3.828	1	.050	.806	.650	1.000
Marital Status (SF)	-.158	.073	4.706	1	.030	.854	.740	.985
Parent Can't Cope	.299	.108	7.743	1	.005	1.349	1.092	1.665
Parental DA	.104	.092	1.270	1	.260	1.109	.926	1.328
Inadequate Housing	-.297	.103	8.329	1	.004	.743	.607	.909
Parental Incarceration	-.121	.080	2.282	1	.131	.886	.757	1.037
Parental Meth Use	-.210	.109	3.687	1	.055	.810	.654	1.004

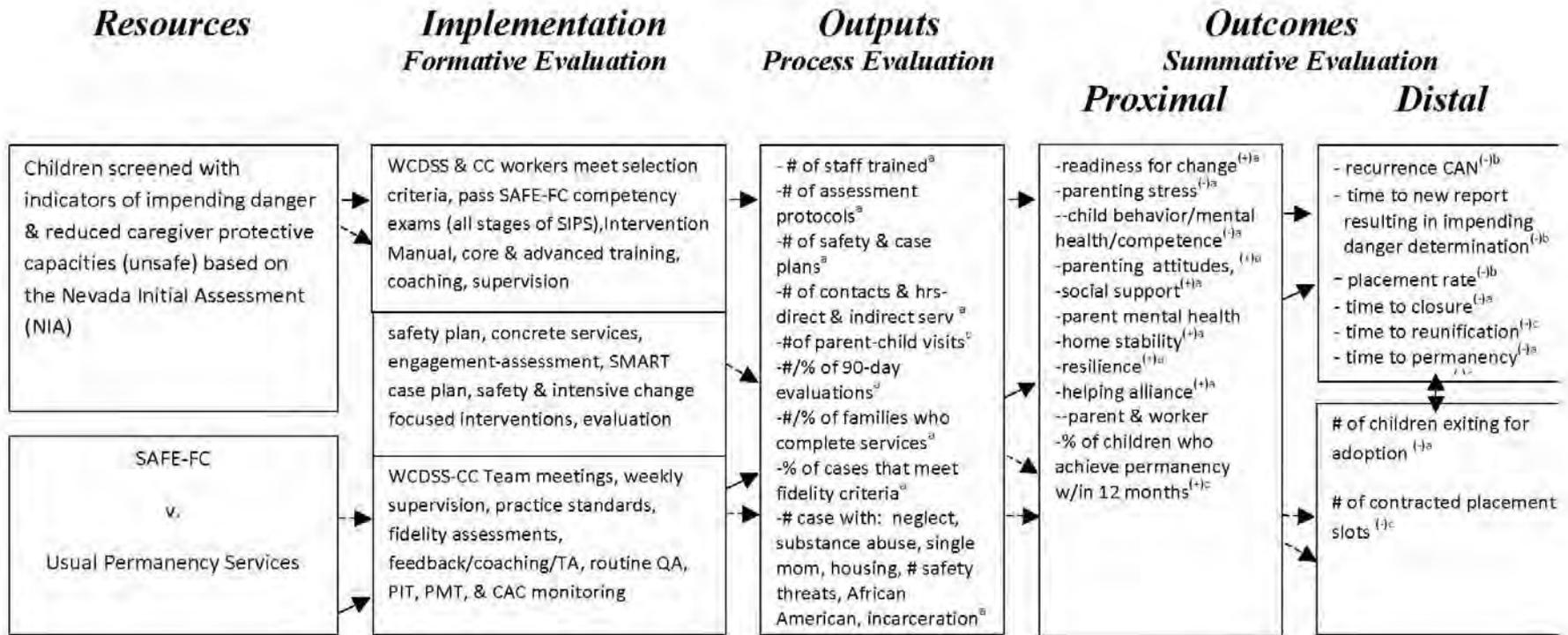
# ③ How did Differences Relate to Adaptations to Intervention

- Address Safety Threats 
  - Integration of SAFE system with Family Connections
- Quality of Assessments 
  - Integration of FC fidelity criterion (using standardized assessment instruments) into Assessments
- Use of Outcomes & SMART Goals 
  - Integrated Outcomes & SMART goals (FC fidelity criteria) into case plan format
- Frequency of Caregiver Contact 
  - Require FC fidelity criterion (at least 1 hour of weekly purposeful change focused intervention)

# Theory of Change for SAFE-FC



# LOGIC MODEL SAFE-FC Population 1



## External Conditions

- high rate of unemployment<sup>(-)</sup>
- scarcity of affordable housing<sup>(-)</sup>
- high rate of seasonal employment<sup>(-)</sup>
- high rate of transiency<sup>(-)</sup>
- child care shortage (especially for parents who work evenings)<sup>(-)</sup>
- CW budget reductions<sup>(-)</sup>
- workforce turnover<sup>(-)</sup>
- workload/caseload<sup>(-)</sup>
- readiness for organizational change<sup>(+)</sup>
- organizational climate<sup>(+)</sup>
- support of state CW leadership<sup>(+)</sup>
- public-private partnerships<sup>(+)</sup>

## Assumptions

- Child maltreatment is a consequence of the interplay between a complex set of risk and protective factors at the individual, family, community, & society levels; it is the primary reason families receive child welfare services; approximately 20% of maltreated children enter care
- Undeveloped in-home safety services result in children coming into care unnecessarily; children from families with complex family problems and multiple safety threats because of impaired caregiver protective capacities are most likely to stay in long-term foster care
- Usual permanency services are unsuccessful engaging parents in a mutual understanding of the primary behaviors/conditions that impair protective capacities and jeopardize safety and do not tailor intervention
- Promoting safe, stable, & nurturing relationships between parents and children through engagement, comprehensive assessments, and intensive, safety focused intervention will reduce long term foster care.

## End-Values

- Child safety
- Family stability, permanence, and well-being
- Child well-being
- Cost effectiveness

### Codes:

- <sup>a</sup> - in-home & out-of-home
- <sup>b</sup> - in-home
- <sup>c</sup> - out-of-home

# Conclusions

- The first phase of intervention research, i.e., exploring risk and protective factors in the target population is crucial when adapting an existing intervention.
- Exploring how similar or different current practice is with the new intended practice is also very important for planning and implementing competency building and coaching methods.

# Evaluation of SAFE-FC

- In 2009, 423,773 children were in foster care in the U.S. and almost half (44%) had not achieved permanency by 17 months as mandated by ASFA (DHHS, 2010).
  - To address this problem, in 2010, the U.S. federal government launched a major permanency innovation initiative to improve outcomes for children with the most serious barriers to permanency, build an evidence base for practice, and disseminate findings.
- SAFE-FC is currently being evaluated in a randomized trial conducted by Westat.
  - Families with unsafe children are randomly assigned to receive SAFE-FC or permanency services as usual.

