



## **NATIONAL FAMILY PRESERVATION NETWORK**

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*Developing Strong Families by Supporting Preservation, Reunification, and Fatherhood Initiatives*

# **INTENSIVE FAMILY PRESERVATION SERVICES PROTOCOL**

**March 2003**

# EXECUTIVE SUMMARY

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The National Family Preservation Network (NFPN) is pleased to present the Intensive Family Preservation Services (IFPS) Protocol. The IFPS Protocol is a response to a general lack of information in the human services field about current IFPS resources, research, tools, and training. By providing this road map to IFPS, NFPN intends to expand the availability of these services and ensure that they remain rooted in proven, research-based models.

From its inception in the early 1970s to the present day, the role of Intensive Family Preservation Services has been to keep children with their parents whenever possible and to provide families with the resources they need to safely stay together. IFPS values and beliefs are the foundation for the range of home-based services available across the country today. Providing IFPS to families at imminent risk of placement is the most cost-effective way to keep families together.

Federal legislation and policies have consistently supported family preservation services although interpretations of one law, the Adoption and Safe Families Act, have shifted the focus somewhat to adoption. The Child and Family Services Review is once again putting the spotlight on states' efforts to preserve and reunify families.

IFPS program standards allow for flexibility in developing a program while adhering to tenets that maintain model integrity and effectiveness. Recent research on programs adhering to IFPS program standards demonstrates that IFPS is effective in working with the highest risk families.

In tight budget times, states are tempted to reduce funding for IFPS and reallocate the funding to less intensive services in order to reach more families. This dilution of services contributes to model drift, reduces the effectiveness of services, and places children at greater risk of being harmed. During tight budget times, states should *increase* IFPS services, not decrease them. Doing so reduces the pressure of finding an ever-increasing number of out-of-home placements, frees up state social workers to handle the most serious cases, and saves scarce public resources. IFPS services are cost-effective at a placement prevention rate of only 20% to 25%; most IFPS programs have placement prevention rates at least three to four times higher, thus resulting in considerable savings to states. There is another bonus: IFPS services are some of the most effective in the nation in preventing child deaths.

NFPN provides resources, tools, training, and technical assistance to states for IFPS services. After reviewing the protocol, please let us know how we may assist you.

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# Intensive Family Preservation Services PROTOCOL

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## *Introduction*

The Intensive Family Preservation Services (IFPS) Protocol provides an overview of Intensive Family Preservation Services including the history of IFPS, linkages to federal legislation, program standards, staffing, research, public policy, and resources. Please note that IFPS may be provided in different systems: child welfare, juvenile justice, mental health, developmental disabilities, etc. However, the most frequent use of IFPS has been in the child welfare system. Thus, in this protocol, the child welfare system will represent all other systems.

## *Background*

Over the past decade, there has been a swing in the pendulum of child welfare services that has greatly affected Intensive Family Preservation Services. The early 1990s witnessed tremendous growth in IFPS as state after state adopted and implemented these services. But by the late nineties, child welfare caseloads were increasing due largely to an increase in substance abusing parents. As out-of-home placements and their costs increased, states did not make corresponding increases in IFPS funding. In fact, IFPS was often cut, along with other services designed to keep children at home. Cuts in IFPS resulted in model drift as some states tried to save money by creating less intensive programs in order to spread the services among more families. In reality, model drift dilutes IFPS services and often renders them ineffective. It also places children at greater risk of being harmed.

Into this mix of system issues was added the 1997 Adoption and Safe Families Act which emphasized permanency for children within a definite time frame. While the goal was laudable, the legislation ratcheted up the pressure on child welfare agencies and turned their focus from family preservation and reunification to termination of parental rights and adoption. In a number of states, child welfare agencies are now experiencing unmanageable caseloads, large turnover in staff, and an increase in child deaths.

In spite of sound theory, improving research findings, validated tools to assist good practice, and the availability of high quality training, the family preservation field is being abandoned by many state child welfare systems, national child welfare organizations, and academia. Against this backdrop, the National Family Preservation Network believes that it is urgent to once again promote IFPS services, and to provide the leadership, training, tools, and resources to assist policy makers and practitioners to build on a family's strengths and to preserve family bonds so children can be protected and nurtured at home.

## *Purpose*

The National Family Preservation Network has prepared the IFPS Protocol for the following reasons:

- To reintroduce IFPS to the child welfare system as a valuable, effective, and integral part of the system
- To define IFPS and the standards for its successful implementation
- To confirm the effectiveness of IFPS through research findings
- To demonstrate the linkage of IFPS to federal legislation and policies
- To offer information, tools, resources, and training to the child welfare system

NFPN is the primary national voice for the preservation of families. The tool for achieving our mission is Intensive Family Preservation Services.

## ***History***

An identifiable system of child welfare in this country may be most easily traced to the mid-1800s when the Children's Aid Society in New York began picking up homeless and destitute children and shipping them by trainloads to Midwest rural homes. The roots of family preservation can be traced to 1909 when President Theodore Roosevelt convened the first White House Conference on Dependent Children. During this conference, a key principle of family preservation was expressed in that children should be kept with their parents whenever possible and the family provided with the necessary aid to maintain children in suitable homes.

The importance of maintaining children in their own homes was reflected in the annual report of the Children's Aid Society in 1923:

*There is a well-established conviction on the part of social workers that no child should be taken from his natural parents until everything possible has been done to build up the home into what an American home should be. Even after a child has been removed, every effort should be continued to rehabilitate the home and when success crowns one's efforts, the child should be returned. In other words, every social agency should be a "homebuilder" and not a "homebreaker."*

There was a dichotomy between the Children's Aid Society of 1853 and that of 1923 in terms of rescuing children by shipping them to homes far away versus doing everything possible to keep children in their own homes. Far from being present in only one agency, the dichotomy has continued to the present day. From the time of the prophetic words of the 1923 Children's Aid Society report, 50 years passed before a "homebuilders" model to preserve families was established. In the intervening years, the child welfare system focused on maintaining children in foster or residential care. Not until 1959 did a national study by the Child Welfare League of America reveal that neither the parents nor the agencies serving children in foster care had any definite plans for their future. Two-thirds of these children were growing up in their foster homes.

In 1974, the best-known intensive family preservation services model was established through the HOMEBUILDERS program in Washington state. Its goal was to strengthen families and thus provide an alternative to out-of-home placements. The impetus for expansion nationwide of replications of the HOMEBUILDERS program came from the Adoption Assistance and Child Welfare Act of 1980. This federal act required states to provide *reasonable efforts* to prevent or eliminate the removal of children from their homes or make it possible for them to return home. Family preservation services were listed as an essential component of satisfying the reasonable efforts requirement.

With federal law and policy supportive of family preservation, the private sector stepped up to provide key funding. Especially deserving of recognition is the Edna McConnell Clark Foundation, which funded the development and expansion of family preservation services nationwide. The HOMEBUILDERS model was adopted by 33 states and was also adopted in 8 foreign nations over the two decades following its inception.

Within the past five years, the pendulum has once again swung in the opposite direction. Foundation funding for IFPS is nearly non-existent, state funding for IFPS services is decreasing, and child welfare agencies are developing initiatives in other areas, such as adoption. A new initiative is needed to restore IFPS to its proper role in the child welfare system.

**Sources:**

*Cole, Betsy and Duva Joy. Family Preservation: An Orientation for Administrators and Practitioners, Child Welfare League of America, 1990.*

*McGowan, Brenda. Family Based Services and Public Policy. In Whittaker, Kinney, Tracy, and Booth. Reaching High Risk Families. New York: Aldine de Gruyter, 1990.*

### ***IFPS Links to Federal Legislation and Policies***

As has been stated, intensive family preservation services were directly linked to the reasonable efforts requirement of the 1980 Adoption Assistance and Child Welfare Act. IFPS principles and practices were further supported by the passage of the 1993 Family Preservation and Support Act. An unintended shift away from family preservation occurred when Congress passed the 1997 Adoption and Safe Families Act (ASFA). This legislation preserved earlier legislation's emphasis on family preservation themes:

- Timely and outcome-focused services
- Safety is paramount
- Reauthorization of the 1993 Family Preservation and Support Act (now known as Safe and Stable Families Program)
- Maintains requirement for reasonable efforts to be made to keep families together

However, by shortening the time limits on achieving permanency for children under court jurisdiction, ASFA has shifted child welfare agencies' focus to termination of parental rights and adoption. The danger inherent in this shift is that children whose relationship with their own families has been terminated will grow to adulthood in out-of-home placements including foster care and institutions. In fiscal year 2000, less than 40% of the children free for adoption were adopted that year. This means that nearly two-thirds are, at least to some extent, growing up in foster care, very similar to the finding discovered by CWLA over 40 years ago. Widespread use of foster care for long periods of time has negative effects on children. The Department of Health and Human Services estimated that 1.5% of children in foster care were abused in 1999. Children aging out of foster care often lack high school diplomas, have high unemployment, higher criminal involvement, and a high rate of pregnancy.

As part of ASFA, the federal government is evaluating state child welfare agencies. The Child and Family Services Review requires an audit of every state's child welfare agency, measuring seven outcomes for children and families. One outcome specifically relates to family preservation: children are safely maintained in their homes whenever possible and appropriate. Agencies are expected to have 90% of their cases in substantial conformity with this goal during the first review and 95% during subsequent reviews. Thus far, only about one-sixth of the states reviewed are meeting this standard. In order to achieve this goal, child welfare agencies will again need to consider the important role of IFPS in the continuum of services. Family preservation will once more be in the spotlight. This leads to the question: what are Intensive Family Preservation Services, what standards are involved, and how can they be implemented successfully?

### ***Definition of Intensive Family Preservation Services***

Before providing an operational definition of IFPS, it is first necessary to make a distinction between family preservation as a philosophy and family preservation as a model of services.

Everyone has a philosophy of family preservation, with the strongest philosophical belief being that families must be preserved at all costs. By contrast, a model of family preservation sets forth the conditions under which children may be safely maintained in their homes. If safety cannot be assured, then it is necessary to place the child outside the home.

Intensive Family Preservation Services are short-term, intensive, in-home, crisis intervention services that teach skills and provide supports for families in which a child is at imminent risk of out-of-home placement.

The decision of whether or not to place a child out of the home is generally made by a public agency. IFPS services are considered only when placement is imminent. Some states attach a time frame to imminence, usually placement of the child within 72 hours, absent the IFPS intervention. The primary goal of IFPS is to serve as an alternative to the unnecessary placement of children in out-of-home care. Thus, only those families whose children are at imminent risk of placement should receive IFPS services. Or, from another perspective, if the family does not receive IFPS, the only alternative is to place the child.

Screening for imminent placement, also known as targeting, is a key component of IFPS. Child welfare agencies may use risk assessment tools, gatekeepers, and teams including IFPS providers to determine which families will receive IFPS. Targeting the wrong families crowds out the highest risk families who truly need the services, wastes scarce public funds, and confounds the research on the effectiveness of IFPS.

### ***IFPS Values and Beliefs***

The original HOMEBUILDERS program provided the values and beliefs that are commonly used by IFPS programs nationwide. The following is taken directly from the HOMEBUILDERS standards:

*Safety is our first concern.*

The safety of IFPS clients, practitioners, and other members of the community is of utmost importance and is our highest priority.

*It is best for children to be raised in their own families whenever possible.*

Children usually benefit most from living with their immediate or extended families. In situations where it is not possible for them to do so, permanency planning is the best option to help reduce the effects of separation and loss.

*We are most effective when we work in partnership with our clients.*

Clients have the best information about themselves and their lives, and treating them as partners and colleagues is the best way to gain access to that information. Everyone has strengths, skills, and unique cultural experiences. If we recognize these experiences and treat clients with respect we will be most likely to develop positive working relationships and to be successful in our work with them.

*People are doing the best they can.*

People's behavior is influenced by many factors, including their past and present environment, the skills they have learned, and the social support that they have available. It is critical that we remain non-judgmental while assessing the effects of these factors on each individual.

*All people have the potential to change.*

People change constantly, as a result of planned and incidental learning. The knowledge that people can and do change helps us maintain an optimistic outlook. A skills-based teaching approach helps us influence the direction and nature of that change.

*We cannot tell which situations are amenable to change.*

Historical information can help us assess each family's situation, but is not sufficient to predict which families will make changes during our intervention. Therefore we must remain open-minded about each family's chances of success.

*A crisis is an opportunity for change.*

In a time of crisis, clients may find that their usual ways of doing things no longer work. This presents us with an opportunity to help them develop new and more effective skills.

*We are accountable to our clients and ourselves for service quality.*

It is essential that we provide services that meet the needs of both the families we are trying to help and the people who refer them to us. In order to do so all of our consumers must become involved in the process of evaluating our work. Only with this involvement can we be truly accountable for the quality of the services we provide.

*It is important to reduce barriers to services.*

It is the job of the practitioner to do everything possible to reduce the barriers that make it difficult for clients to take advantage of our services. We can reduce these barriers and increase motivation by being accessible and flexible, and taking the service into families' homes. When the help that we offer is attractive, comfortable, and culturally responsive, clients will be inspired to believe that change can occur.

**Source:** *An Introduction to the IFPS Standards, Institute for Family Development.*

## ***IFPS Program Standards***

The IFPS program standards promulgated by NFPN allow for some variation in IFPS programs while maintaining the integrity of the standards. The basic standards are:

- Staff are available 24 hours a day, 7 days a week
- Staff have small caseloads (2–4 families at a time)
- An IFPS worker sees a family within 24 hours of referral
- IFPS services are generally delivered in the family's home
- Intensive services (5–20 hours per week) are provided
- Services are available and provided on evenings and weekends
- Services are time limited to 4–8 weeks total

The following are some of the types of services offered by the IFPS worker:

- Parent training
- Family communication building
- Teaching behavior management
- Marital counseling

- Life skills training
- Self-management of moods/behavior
- School interventions
- Safety planning
- Relapse prevention
- Concrete and advocacy services
- Referral to ongoing services

The IFPS worker and the family engage in an ongoing collaborative process of assessing family strengths, values, and problems. Specific goals are developed as a result of this process. The IFPS worker is skilled in a wide variety of interventions and provides families with information and skills so they can learn to more effectively manage their lives. Because of the short, intensive nature of IFPS services, the worker prepares clients from the first meeting for termination of services and later addresses the attainment of goals, maintenance of progress after termination, and ongoing service needs.

Current research indicates that aftercare is important. The effects of intervention, in some cases, diminish about four months following intervention. NFPN recommends leaving the door open for families to call if they need help following termination of IFPS, for up to one year following intervention. Many families will require no assistance while others may just need reassurance. However, if a serious problem with the family is identified and addressed by the IFPS worker, the small amount of funding for aftercare is easily justified and averts more costly and less desirable alternatives.

Adhering to program standards is critical to the success of IFPS. Space in this protocol is limited to listing the essential standards. Some states, including Missouri, North Carolina, and New Jersey have developed comprehensive standards. The original HOMEBUILDERS model standards are available through the Institute for Family Development in Federal Way, Washington.

## ***Staffing***

Qualified and dedicated staff are critical to the success of the IFPS program. Staff are required to demonstrate a wide range of skills. They must be available at all hours to respond to crises, which are the best time to teach and model the new behavior and skills family members need if they are to stay together.

IFPS practitioners ideally have a master's degree in social work or counseling. The alternative is a bachelor's degree in a related field with two years of experience working with families. All beginning practitioners need formal training in the IFPS program model and on-the-job training with another experienced practitioner or a supervisor. All IFPS practitioners should receive annual training.

The IFPS supervisor provides back-up to the practitioner as well as supervision. The recommended ratio of supervisors to staff should not exceed 1:6.

## ***Research***

The concept of family preservation can be traced back to the 1900s with "friendly home visitors" and through various stages of development such as the "multi-problem" or intensive family therapy efforts in the 1950s (e.g., Geismar & Ayers, 1958; Reed & Kirk, 1998). However, its emergence as a formal program model was most notably marked by the HOMEBUILDERS program in the mid-1970s. The

HOMEBUILDERS™ model was fully “operationalized” in 1991 with the publication of *Keeping Families Together: The Homebuilders Model* (Kinney, Haapala, & Booth, 1991). However, between the mid-1970s and the 1991 publication of *Keeping Families Together* the concept of Intensive Family Preservation Services (IFPS), including the formal HOMEBUILDERS model, were widely disseminated based upon the belief that IFPS could prevent a large number of the out-of-home placements that were thought to be responsible for the burgeoning foster care population in the United States. Though little rigorous research was accomplished in the early days of IFPS, one early study (Kinney, Madsen, Fleming, & Haapala, 1977) reported “placement prevention” rates of 97%. This rate of placement prevention served as a springboard for rapid and widespread program implementation. Additional research conducted in the late 1980s and early 1990s provided additional general support for IFPS. (Pecora, Frazer, and Haapala, 1991).

The implementation of IFPS programs nationally coincided with the availability of federal funds under the newly implemented Adoption Assistance and Child Welfare Act of 1980 (PL96-272). A large portion of these federal funds was devoted to providing pre-placement services intended to keep children out of the foster care system. Community-based IFPS providers became increasingly important to state child welfare agencies administering the new law and received substantial funding to assist states to meet the new policy requirements of “placement prevention.”

The increasing expenditures of IFPS and the claims of program success led policy analysts and researchers to become interested in testing the efficacy of the model. Because the HOMEBUILDERS models was (and remains) the most well-defined Intensive Family Preservation Services model, research attempted to focus on family preservation as defined by that model. Unfortunately, the research conducted on IFPS from the mid-1980s to the mid-1990s is problematic and controversial. Several studies produced equivocal findings, and some researchers implied that IFPS did not work after their studies revealed no significant differences in placement rates between the families that received IFPS and families that did not. However, it can be argued that much of the research on IFPS from this period, and even more recently, is flawed with respect to both research design and implementation, and the findings do not accurately reflect performance of the HOMEBUILDERS programs. Continuing post hoc review of programs involved in those studies indicate that they were not necessarily following the HOMEBUILDERS model.

The most well known studies (Feldman, 1991; Yuan, Y.Y., McDonald, W.R., Wheeler, C.E., Struckman-Johnson, D., & Rivest, M., 1990; Shurman, Rzipnicki, Littell, & Chak, 1993) employed experimental research models and gathered data from large samples in an effort to “prove” whether family preservation worked or did not work. These experimental models employ random assignment of potential service recipients into experimental groups (that purportedly received family preservation services ) and control groups (that received a variety of services under differing treatment models). The statistical methods used in experimental designs are based upon “difference testing” (e.g., t-tests, analysis of variance, etc.). These models and their associated statistical tests are, literally, the only true test capable of providing both a measure of treatment effects and a measure of proof that the treatment caused those effects.

However, experimental models rely on certain assumptions and demand a high degree of rigor in their implementation, if their findings are to be accepted as valid. Researchers who examined the cited studies found that the studies suffered methodological and implementation problems. Most notably, Heneghan (et al, 1996) and her colleagues at Yale analyzed several of these experimental studies to see if they adhered to rigorous methodological criteria. These criteria included: eligibility for services;

standardized assessment of imminent risk; exclusionary criteria; method of assignment to experimental/control groups; purity of experimental/control cohorts (i.e., no crossover), adherence to family preservation services treatment model, measurement of “customary” social services (for the control group), and treatment outcomes, including outcomes other than placement. None of the cited studies fared well, when held to these criteria.

For example, the Shuerman/Illinois study (Shuerman, et al, 1993), which is perhaps the most widely referenced of the experimental studies of family preservation, purported not to have found improved outcomes for IFPS families when compared to non-IFPS families, using placement prevention as the dependent variable. However, Heneghan (et al, 1966) found that the Shuerman study met only 3 of the 15 criteria for rigorous research.

Other researchers (Pecora, Fraser, Nelson, McCroskey, & Meezan, 1995; Rossi, 1992; Fraser, Nelson and Rivard, 1997) have criticized these studies with respect to design and implementation. For example, Fraser, Nelson, and Rivard (1997) conducted a meta-analysis of a large number of recent studies available in the scientific literature relating to mental health, juvenile services, and child welfare (including family preservation services). Their approach was more statistical/analytic than the Heneghan approach (which was more methodological), but their conclusions were similar with regard to the large, experimental studies of IFPS. They concluded:

*“The data might suggest that FPS [family preservation services] does not offer a sufficient response to child abuse and neglect; however, this conclusion must be conditioned on the serious limitations in the research....Counterintuitively, in many of the smaller studies in which [statistical] power should be low, positive findings were observed, and in large studies in which power should be high, null findings were observed. These results imply that problems exist not so much in the use of control and comparison conditions (or even in data analyses) as in the sampling of families and the implementation of the independent variable. As with any research, negative findings may signify failure to achieve the desired outcome—in this case failure to avert placement ... —or they may represent a failure of the research to detect the success of the program” (Bickman, 1990).*

Even the most recent attempts (US DHHS, 2001) to impose experimental designs on IFPS in actual practice settings have suffered similar shortcomings (Kirk, 2002). These studies have also been criticized for testing programs of dubious treatment model fidelity (Kirk, Reed-Ashcraft, & Pecora, in press). Thus, the existing “experimental” literature does not conclusively demonstrate that IFPS works or doesn’t work as much as it demonstrates the enormous difficulty of program replication and conducting experimental studies in public child welfare settings.

There is, however, an emerging body of research that contradicts the findings of the large research studies in the 1990s, and suggests that IFPS is effective when model fidelity is high. One recent study used an experimental design employing random assignment (Blythe & Jayaratne, 2002), and another (NC DSS, 2002) has employed approaches to the research and evaluation of IFPS that do not rely on random assignment or experimental models. Rather, it relies on broadening the scope of measurement to include multiple measures of family functioning, and on different statistical/analytic techniques that do not require random assignment or the use of control groups.

The Blythe & Jayanarte (2002) research was conducted in Michigan and assured a high degree of model fidelity with respect to the IFPS program. High-risk families (as determined by a court agreement to remove the child[ren]) were randomly assigned to either IFPS or traditional child welfare foster care services, including foster care. At 6 months after IFPS, 94% of children were living at home or with

relatives (88% were at home) compared to only 34% of non-IFPS children living at home or with relatives (17% were at home). The 12-month follow-up data are similarly disparate, with 93% of IFPS children living at home, compared to 43% of non-IFPS children.

The North Carolina study (NC DSS, 2001) measured family functioning in five areas (environment, parental capabilities, family interactions, family safety, and child well-being), and demonstrated the ability of IFPS interventions to improve family functioning in those areas. In turn, those improvements were statistically associated with the policy goals of placement prevention. That same study has demonstrated statistically significant superiority of IFPS services over traditional child welfare services in preventing out-of-home placement in high-risk families when risk factors are controlled and accounted for in the analyses. These findings are based on the use of survival curves to plot the different placement trajectories of the cohorts of children in the study and event-history analysis to test the differences.

Thus, although early research on the effectiveness of IFPS is equivocal, more recent research indicates that IFPS programs that closely follow the service standards are capable of preventing out-of-home placement among high risk families, when the comparisons between families served and not served by IFPS statistically control for the risk factors defining those families as high risk. It remains for future research on IFPS to confirm the more recent findings suggesting that IFPS is, indeed, effective, and to perhaps conduct new experimental studies with a better understanding of factors that constitute “imminent risk of removal,” better adherence to program fidelity among programs, and giving more consideration to the contexts of the programs contributing data to the studies.

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**Source:** The research summary was provided by Dr. Raymond Kirk, University of North Carolina at Chapel Hill.

## **Public Policy**

Because IFPS is an integral part of the child welfare system, it is also embedded in public policy. States need to incorporate IFPS into their plans and services for families at risk of out-of-home placement. The following is a guide for implementing successful IFPS services:

If you begin offering IFPS in a small geographical area, build into the plan eventual statewide coverage:

- Target a minimum of 25% of projected out-of-home entries to receive IFPS
- Develop IFPS based on proven, research-based models
- Implement standards for best practice
- Provide specialized training for all IFPS staff
- Establish legislative authority or a budget process that ensures ongoing funding for IFPS services
- Link IFPS to the state's plan for *reasonable efforts*
- Fund a committed IFPS state manager
- Evaluate services on an annual basis

About a third of the states have established legislative authority over IFPS. There are advantages to doing this, including a buy-in from legislators, justification and provision for state funding, and legislative oversight. Legislative authority, however, does not ensure support from the state bureaucracy that will administer the IFPS program. The IFPS program manager can play a key role in advocating for these services and keeping state administrators and legislators informed. A thorough program review should

be conducted every three years to study funding levels, potential model drift, new research, and overall effectiveness of these services. All individual IFPS programs contracted to community agencies or provided by public employees should be evaluated annually.

*Source: Information on implementing successful IFPS services was derived from Indicators of Success in State Implementation of Family Preservation Services: A Guide for Strategic Planning. The Center for the Study of Social Policy, November 1990.)*

### ***Is Cutting IFPS in a Budget Crisis a Good Idea?***

Intensive Family Preservation Services have been widely used, replicated, and studied for nearly three decades. There is general agreement that these services:

- have an excellent record of child safety and keeping families together,
- provide a wide array of services with emphasis on building skills,
- improve family functioning,
- free up social workers to work with families whose children are in out-of-home placements,
- report high levels of satisfaction from program participants, and
- are cost-effective when compared to out-of-home placement costs.

Research has indicated that IFPS programs are cost effective at placement prevention rates of 20% to 25%. Most IFPS programs nationwide have a placement prevention rate of 70% to 90%. Thus IFPS programs are very cost effective. Put another way, IFPS saves at least \$2.00 on placement services for every dollar spent providing IFPS.

Intensive family preservation services are an essential component of the child welfare system because they:

- provide for close monitoring of high risk families while teaching skills to family members in order that they can safely stay together;
- prevent unnecessary placement, which frees up scarce foster and adoptive homes for children who do require temporary or permanent out-of-home placement;
- reduce caseloads and thus provide incentives to lower the turnover rate for social workers;
- allow social workers more time to work on permanent plans for children who cannot return home; and
- fulfill federal mandates requiring states to make reasonable efforts to preserve and reunify families.

IFPS programs provide an important safety valve for the highly pressurized child welfare system. Removing or weakening this valve can result in an explosion. States that have drastically reduced IFPS services have seen increased abuse and neglect in foster homes, failure to investigate serious abuse cases due to lack of staff time, high turnover of staff, and a sharp increase in the number of child deaths. Illinois, Maine, New York City, and Washington, D.C., all experienced these tragic consequences in their child welfare system. After instituting reforms aimed at reducing out-of-home placements, both Illinois and New York City have seen a marked turnaround. In fact, saturation of IFPS in a region or state has consistently demonstrated improved management of child protective caseloads, reduction of child deaths in the system, and cost savings as witnessed in Alabama, Michigan, North Carolina, and Missouri.

Cutting IFPS in a budget crisis is not only a bad idea; it moves the system in exactly the wrong direction. IFPS funding should be *increased* during a budget crisis. Then, every family receiving IFPS will have close monitoring while learning a better way to handle problems. Every social worker will have one less family needing regular visits or an out-of-home placement. Every supervisor will have one less family requiring a permanency planning staffing. And every judge and legislator will know that the most intensive, cost-effective services that can keep a family together have been provided.

## ***Resources***

The National Family Preservation Network offers tools, resources, training, and technical assistance on intensive family preservation services:

**Review of IFPS programs:** NFPN will conduct a review of a state's IFPS program and offer recommendations for improvement including program integrity and model fidelity, assessment tools, and evaluation.

**Assessment tool:** Dr. Ray Kirk from the University of North Carolina has developed an assessment tool designed for use with all IFPS cases. The North Carolina Family Assessment Scale (NCFAS) measures family functioning in five domains: environment, parental capabilities, family interactions, family safety, and child well being. The scale measures these domains before and after the provision of IFPS services. Positive movement on the scale is directly related to the prevention of out-of-home placement.

In cooperation with Dr. Kirk, NFPN offers a self-contained, video-based training package on the tool. The package consists of the scale, database for computerizing IFPS cases, training video, case vignette, user's guide, and consultation by phone or e-mail.

**Training and technical assistance:** NFPN provides on-site training for using the IFPS assessment tool and technical assistance in establishing or expanding IFPS programs.

**Conferences, workshops:** NFPN will co-sponsor conferences on IFPS or provide speakers for workshops hosted by other organizations.

**Advocacy:** NFPN will provide information on the effectiveness of IFPS and assist agencies and organizations advocating for Intensive Family Preservation Services.

For more information on NFPN's products and services, please visit our Web site at <[www.nfpn.org](http://www.nfpn.org)>, or call Priscilla Martens, Executive Director, at 888-498-9047.