

**EVALAUTION OF ALLEGHENY COUNTY'S HOMEBUILDERS**

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**ABSTRACT**

**OBJECTIVE:** This evaluation seeks to meet the following objectives: (1) to provide a descriptive analysis of youth served by Homebuilders in Allegheny County; and (2) To determine if Homebuilders is effectively reducing future placements among targeted youth.

**METHODS:** In this quasi-experimental study, the placement rates of 426 youth, 218 in each group, were compared for 12 months after following referral date. First a comparison of placement rates between the two groups at three follow-up periods. Second, a survival analysis to compare the likelihood of being placed over time. In the survival analysis, the time variable was measured in terms of days that elapsed from the date of a child’s referral to their home removal date.

**RESULTS:** At three-month follow-up, 32 children (14.7 percent) in the Homebuilders group were placed a slightly less than the control group with 36 placed (16.5 percent). At six months, the groups had a nearly equal number of youth placed, 47 (21.6 percent) from Homebuilders and 45 (20.6 percent) from the comparison group. At one year after referral date, the Homebuilders group had a higher placement rate compared to the comparison group, 30.3 percent and 26.6 percent respectively. No significant differences were observed at any of these three follow-up periods. A survival analysis was also completed and after testing for significant difference across three different statistical methods, Log Rank, Breslow, and Tarone-ware, no statistical differences were discovered between the group receiving Homebuilders and the control group.

**CONCLUSION:** The reduction of unnecessary out-of-home placements of a child remains a significant public health issue. Children, which are removed from their home, are at higher risk for numerous negative health outcomes that may persist into adulthood. This evaluation failed to find any evidence that youth receiving Homebuilders are less likely to be placed when compared to youth at similar risk. Previously, the logic behind the Homebuilders’ model may have been an effective method for addressing the needs of at-risk families. If the stressors facing families today are attributable to systemic conditions then it may seem illogical to address such issues using a brief intensive service like Homebuilders.

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## 1.0 INTRODUCTION

According to the United States Department of Health & Human Services Administration for Children and Families, in 2016, child welfare agencies received reports of child abuse listing more than 7 million children [1]. Children in their first year of life had the highest rate of victimization (24.8 per 1,000 children)[1]. For that year, an estimated 1,750 children died from abuse and neglect, 70 percent were under younger than three years old [1]. Foster care, a temporary state-funded living arraignment, was designed to protect children when parents or caregivers are unable to provide an adequately safe environment. In 2016, more than 270,000 children entered foster care services. In the last four years, the number of children in foster care has exceeded 400,000 every year [2].

Children with a history of maltreatment who additionally are removed from parents are susceptible to posttraumatic stress disorders (PTSD) and more likely to have poor educational outcomes [3, 4]. Unnecessary placements can place undue burdens on an already sensitive population. Children entering foster care are more susceptible to an array negative outcomes including substance use [5], involvement in the juvenile justice system [6], and homelessness [7]. Furthermore, the traumatic event leading up to the placement can cause post-traumatic stress symptoms [8]. Numerous studies suggest that foster care often disrupts a child's education and can lead to poor academic achievement [9-11].

Children in foster care are six times more likely to acquire a general educational development (GED) credential than finish high school [12]. Additionally, they are less likely to pursue a postsecondary education. Many foster children will continue to experience hardship into adulthood with higher rates of mental illness, criminality, and inability to find work [3, 13].

Child welfare workers have observed the development of a diverse set of family-based services designed to improve family function and prevent children from being placed out of their homes [14]. Family preservation services were developed out of the growing public concern about rising foster care population. To reduce costs and other potential negative outcomes associated with an out-of-home placement of children, many public welfare agencies have implemented or contracted providers to conduct interventions designed to redirect families away from having their child placed in foster care. One of the oldest and most well-known family preservation service model is Homebuilders.

Family preservation services are intended to improve family functioning, prevent future child maltreatment, and reduce the rate of unnecessary placements. These services are family-centered, intensive, in-home service with staff available 24 hours a day, seven days a week with programs having some time restriction, usually between six weeks to six months. Under this program model, staff provide a mixture of services ranging from therapeutic interventions to concrete assistance. With the focus on strengthening the family's ability to care for its children therefor reducing future risk, family preservation services have gained a great deal of interest due to their early reported success in preventing placements and cost savings.

This paper presents an evaluation of a program variant of a family preservation service, Homebuilders, implemented by Allegheny County Department of Human Services (DHS) in June of 2015. In Allegheny County, two contracted providers currently implement the Homebuilders'

model, families are referred to Homebuilders via caseworkers under the Office of Children Youth and Families (OCYF). This study compares the placement rates of two groups: youth receiving Homebuilders and a comparison group receiving standard child welfare services. Additionally, a descriptive summary is provided for families receiving Homebuilders. A variety of prior evaluations have been conducted in order to learn more about their effectiveness in reducing future placements of children. This study provides a unique approach by incorporating the Allegheny Family Screening Tool as a method to control for “imminent risk.”

The next chapter provides a policy perspective reviewing pertinent legislation and their impact on child welfare services. Additionally, this chapter captures the current state and recent trends of child maltreatment and foster care, both nationally and locally. Chapter 3 includes a comprehensive literature review covering three distinct topics beginning with a brief description of family preservation services’ philosophy and program components. Chapter 3 also includes a detailed review of the Homebuilders’ model and ends with an exhaustive review of prior evaluations of family preservation services. Chapter 4 and 5 includes a detailed description of the methods and analyses used to answer this paper’s research aims. Finally, Chapter 6 and 7 provide a summary of results and conclusions, respectively. Included in conclusions are suggestions for further research and recommendations to improve Homebuilders in Allegheny County.

## 2.0 BACKGROUND

One of the nation's most concerning issues has been child abuse and neglect. Child maltreatment remains an important public health problem. Child maltreatment is defined as any act or failure to act by a parent or caregiver that results in harm, the potential for harm, or threat of harm to a child [15]. It remains a major threat to children's health and well-being, and potential negative consequences can persist into adulthood. Nationally, more than three million allegations of abuse were received by child protective services in 2016 [16]. While the great majority of the reports were determined to be unfounded, the national estimate for victims of child abuse was 676,000. Most the severe consequence associated with child abuse is death, more than 1,700 children died of abuse and neglect in 2016[16].

The long-term consequences of child abuse and neglect are serious and there is increasing evidence that associated adverse effects can continue into adulthood. Currie and Widom [17] followed victims of child abuse into their forties. They found that abused children had poorer financial outcomes including lower income, fewer assets, and were less likely to be employed. Another study using data from the National Longitudinal Study of Adolescent Health examined the potential impacts of child maltreatment and future criminal activity. Their findings provided additional evidence that the probability of engaging in criminal activity increases when a child is a victim of maltreatment [18]. Additional studies have found child abuse and neglect associated with an increased risk of psychiatric and substance abuse disorders [5], alcohol problems [19], depression [20], behavior problems [21], low educational achievement [21], obesity [20, 22], and suicide [23, 24].

The following section provides an overview of policy considerations, both federal and state, and their impact on child abuse reporting. Additionally, information is provided about the current state of the foster care system and child maltreatment. Lastly, an evaluation framework is provided along with a statement of research objectives for this paper.

## 2.1 POLICY CONSIDERATIONS

Policymakers have a long history of deciding how best to handle child abuse. Starting in 1973, Senator Walter Mondale (D-MN) developed legislation that would later become the Child Abuse and Prevention and Treatment Act (CAPTA) [25]. Under this federal law, certain professionals and organizations are required to report suspected child maltreatment to a child protective services agency. While the federal law sets a foundation for defining child abuse, each state has its own respective legislation to identify what acts or failures to act are deemed child abuse or neglect. Child maltreatment, under federal law, is defined as:

*Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm [8].*

The public costs of investigating reports of child abuse, removing maltreated children and then caring for them in a foster care setting are tremendous. With peaks of foster care numbers occurring in the late 1980s, concerned social workers and child welfare agencies advocated for a new direction [26]. After their efficacious campaign, The Adoption Assistance and Child Welfare Reform Act of 1980 [27] was passed requiring child welfare agencies to make “reasonable efforts”

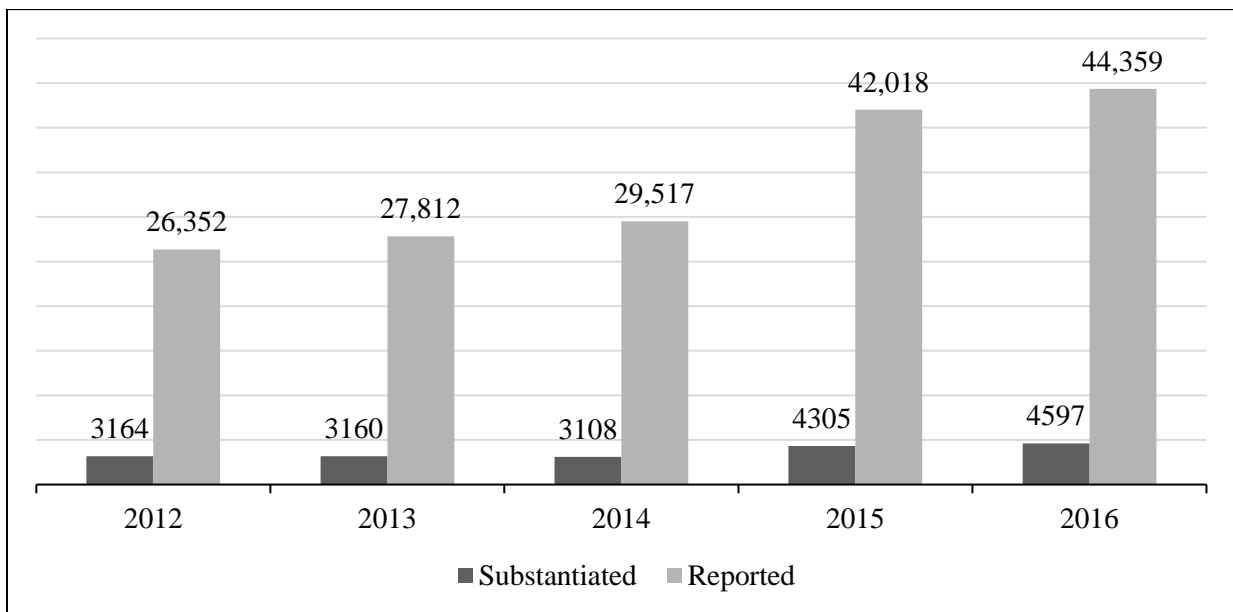
to keep children in their homes. Following this mandate, over 30 states and their county agencies implemented programs that provided family preservation services [28].

Following its amendment in 1988, CAPTA required national data collection and established the Child Abuse and Neglect Data System (NCANDS). Annual reports are published containing national data about child abuse and neglect. The most recent change updated states' reporting requirements on December 20, 2010, under the CAPTA Reauthorization Act of 2010 [29]. Some of those legislative changes included permitting federal agencies access to previously confidential information, citizen review panels, and public disclosure of fatalities and near fatalities [1, 30]. CAPTA remains the major federal funding source for states in support of prevention, assessment, investigation, prosecution of and treatment for child maltreatment.

Generally, child abuse is categorized into four major types: physical abuse, neglect, sexual abuse, and emotional abuse. Physical abuse is often defined as any act causing physical injury to the child. Examples include striking, kicking, biting, or burning. About 38 states include acts that threaten a child with harm or are likely to produce a substantial risk of harm [31]. The standard definition of neglect includes any failure of a parent to provide the essential needs of a child such as housing, medical care, food, and clothing. About half the states included education as an essential need for a child [31]. All states have a definition of sexual abuse, but they vary in specificity [31]. To damage the psychological capacity or emotional stability of a child is often the definition for emotional abuse, also referred to as mental injury. In relatively fewer states, parental substance abuse and abandonment are legally defined as child abuse [31].

In 2014 and 2015, 23 legislations were passed amending CPSL. Specifically Act 15, enacted July 1, 2015, and effective immediately, provided clearer definitions used in CPSL [30]. The sum of these legislations increased the overall number of professionals classified as mandated

reporters [1]. Mandated reporters are adults with direct contact with children and youth; therefore, they are required by law to report suspected child abuse. Examples include employees of public or private schools, medical professionals, and police officers. Additionally, Act 115 of 2016 added language to past definitions, ensuring that children who are victims of sex trafficking can be identified as victims of child abuse [1]. The legislative acts are largely considered to be a major reason for the dramatic increase in reports received in the recent few years (see Figure 1).



**Figure 1: Total and Substantiated Reports of Child Abuse in Pennsylvania, 2012-2016**

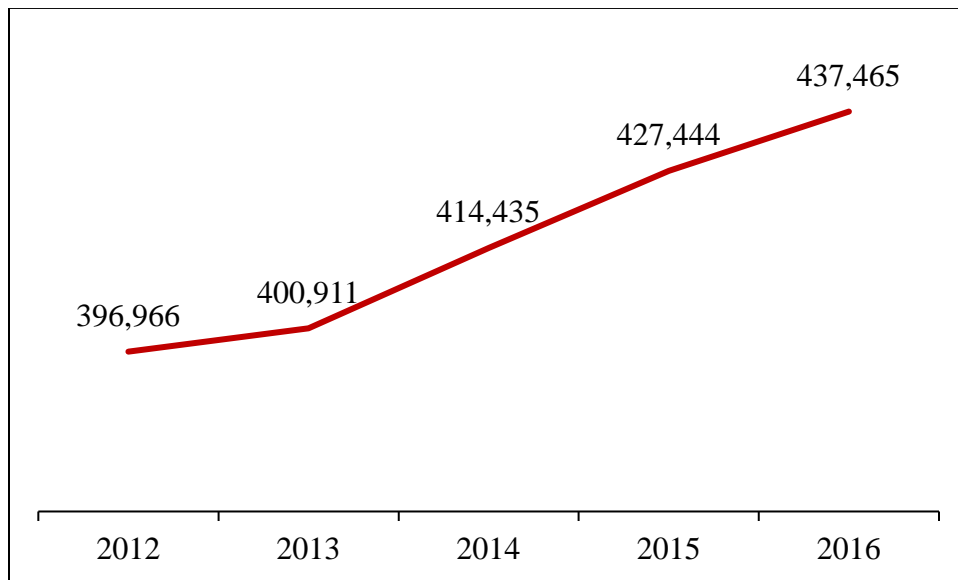
## **2.2 CHILD MALTREATMENT AND FOSTER CARE**

If current living situations are deemed a substantial risk to the child’s well-being then the state may place the child in foster care, which may be with relatives or individuals with no relation to the child. Most commonly, a permanency goal is set for the child to be returned with their parent(s).



In most scenarios, the child welfare system works to improve family living conditions, parenting abilities and knowledge in an effort to return the child to its birth family. Many studies observed between 50 percent and 75 percent of all children placed will return home [32-35].

National statistics for children in foster care are published annually in The Adoption and Foster Care Analysis and Reporting System (AFCARS) Report. A total of 273,539 children entered foster care and more than 430,000 children were in foster care by the end of September 2016 [2]. Figure 2 provides a summary of national foster care statistics from 2012 to 2016. Within this figure are point in time estimates, numbers provided are population counts of children in foster care on a specific day (September 30) for each fiscal year.



**Figure 2: National Population of Children in Foster Care, 2012-2016**

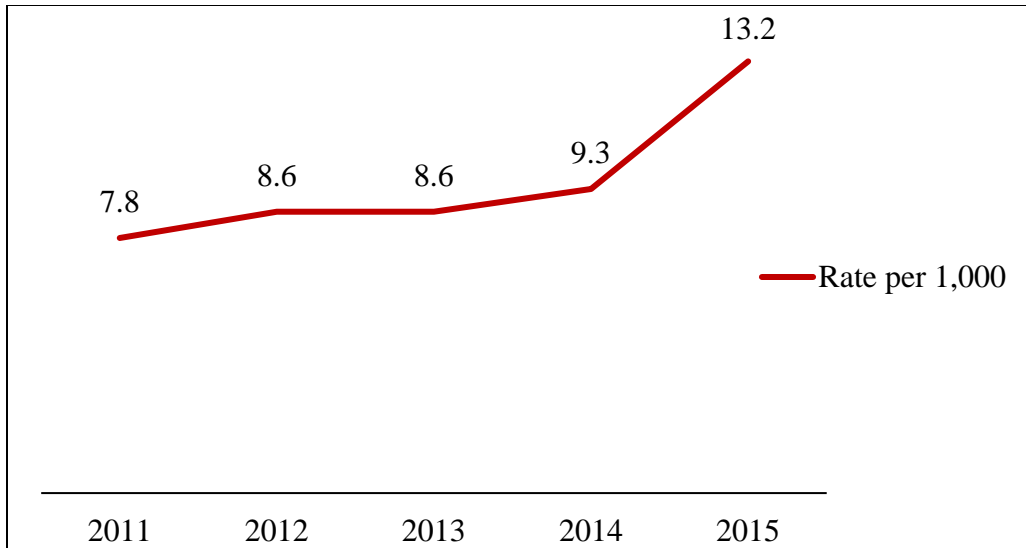
Since 2012, the foster care population has increased from 396,966 to 437,465, after declining almost 19 percent between 2007 and 2012. The number of children in foster care in 2016 is the highest it's been since 2008. [2]. More than half the children in foster care have been in care

for more than 12 months [2]. Since 2012, every year has seen an increase in the number of children in foster care compared to the previous year. Yet the number of children adopted has remained relatively flat, about 50,000 adoptions per year [17].

Child Protective Services Law (CPSL) provides the legal definition for child abuse in Pennsylvania, in which, legal definitions are provided for the following: physical abuse, neglect, sexual abuse, and emotional abuse [31]. Under CPSL, the Department of Human Services is required to publish a yearly report containing a full analysis of all child abuse reports received in each county. Reports of child maltreatment are placed in one of two categories: Child Protective Services (CPS) or General Protective Services (GPS). CPS reports are those that allege a child may be a victim of abuse such as sexual abuse, physical abuse, and physical neglect. GPS reports are those that do not meet the legal threshold of suspected child abuse but indicate a need to intervene before harm occurs [30].

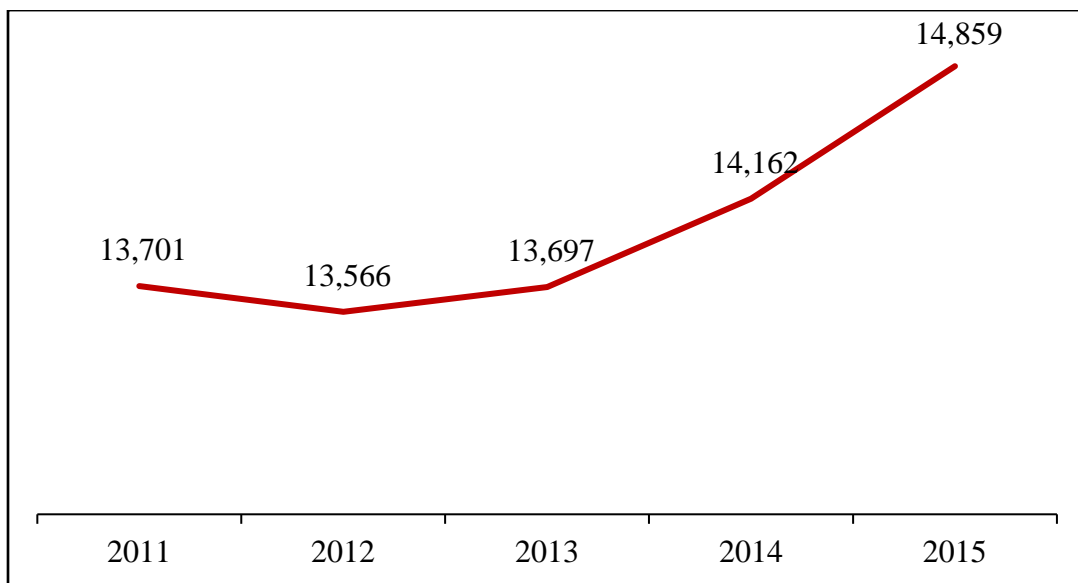
The broadened definition of mandated reporters required more individuals to report suspected child abuse; as a result, child abuse reports have substantially increased since 2014. Prior to 2014, about 25,000 annual reports of child abuse were received each year. In 2015, more than 42,000 were received, a 42 percent increase from the prior year. During the same period, substantiated reports increased by roughly 38 percent [1]. The uptick in referrals has largely been attributed to the numerous amendments discussed previously.

Using data provided by Annual Child Protective Services Report 2016, both statewide annual reports and rate of investigations display drastic increases in 2015 [1]. Figure 3 provides rates of child abuse investigations per 1,000 children. Upon receipt of a suspected case of child abuse, an investigation ensues when the alleged allegation meets the legal definition of child abuse. In 2016, 44,359 reports were received, the vast majority stemming from mandated reporters [1].



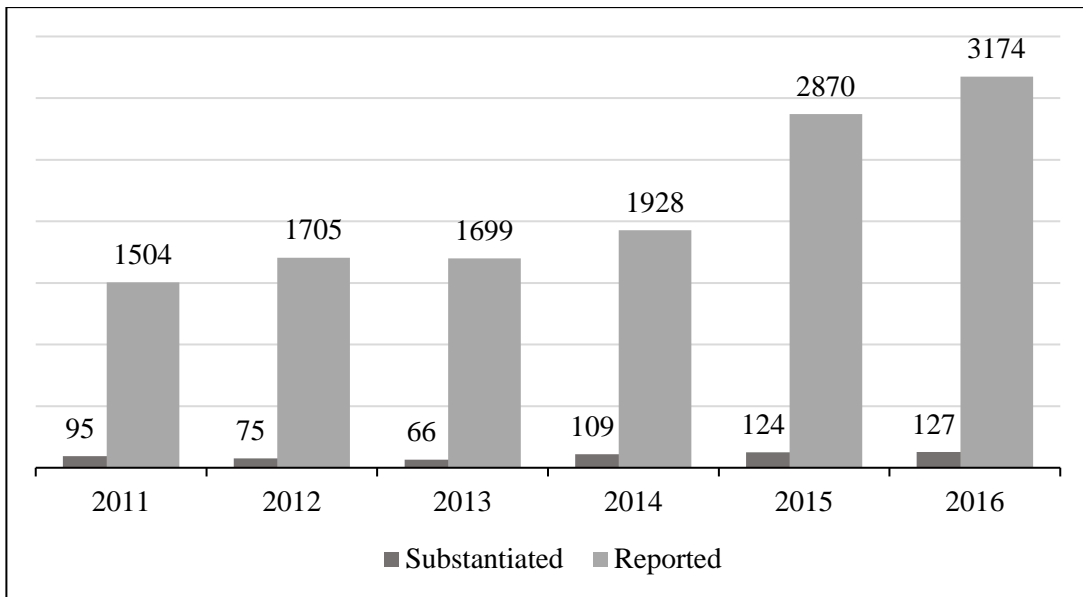
**Figure 3: Rate of children investigated in Pennsylvania, 2011-2015**

According to the *State of Child Welfare 2016*, the number of children remaining in foster care has increased by nearly 9 percent from 2011 to 2015. Figure 4 provides population counts on children who did not leave foster care during the year. Similar to previously mentioned changes in child abuse reporting and investigating rates, the statewide foster care population has increased since 2013. More than 70 percent have a permanency goal to be reunified with their parent(s).

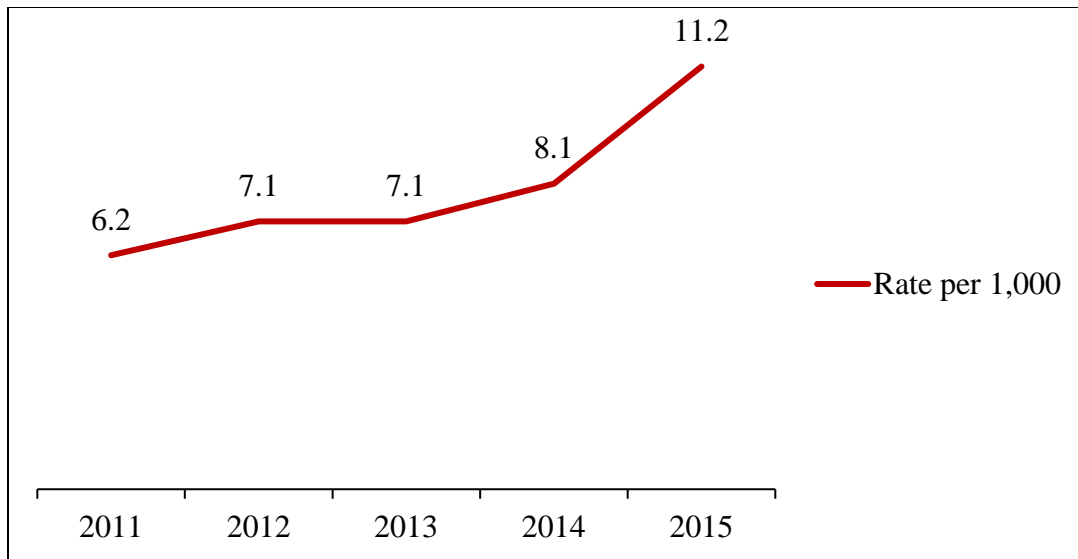


**Figure 4: Foster Care Population in Pennsylvania, 2011-2015**

The majority of states have a centralized child welfare system administered by the state. Pennsylvania is one of nine states where child welfare services are county administered [36]. Each county is responsible for conducting investigations of child abuse. Similar to statewide trends, Allegheny County experienced a substantial increase in child reports and investigation rates are in 2015 (see Figure 5 and Figure 6). In 2015, 2,870 child abuse reports were received in Allegheny County, an increase of 48 percent from the prior year [1]. The observable uptick in reported child abuse has placed additional burdens on the child welfare system. The rising number of incoming reports presents a major barrier to child welfare agencies' efforts to ensure that children are protected from further abuse.



**Figure 5: Total and Substantiated Reports of Child Abuse in Allegheny County, 2012-2016**



**Figure 6: Children investigated for maltreatment in Allegheny County, 2011-2015**

### **2.3 EVALUATION OBJECTIVES**

This paper is based on an evaluation designed to determine whether the Homebuilders model is achieving its primary objective. The primary outcome interest is to reduce unnecessary placements among high-risk families. The implementation of the Homebuilders model was recently contracted to two local providers and now offered to families with one or more children at risk for placement.

This evaluation seeks to meet the following objectives:

- To provide a descriptive analysis of youth served by Homebuilders; and
- To determine if Homebuilders is effectively reducing future placements among targeted youth.

The information provided in this study will inform future evaluation designs to assess various elements of Family Preservation services. In addition, recommendations will be made for future

follow-up evaluations in areas that should be considered due to limitations within this design as well as current gaps in prior research.

### **3.0 LITERATURE REVIEW**

After passage of the Adoption Assistance and Child Welfare Act of 1980 [27], many welfare agencies responded by developing of their own respective family preservation services. States are given flexibility in how they manage their efforts to prevent children from entering foster care. This section begins with a review of program models considered family preservation services and identifies common program features. Next an in-depth summary of the Homebuilders model is provided. Lastly, this section ends with a review of prior evaluations of family preservation programs designed to reduce placement rates.

#### **3.1 FAMILY PRESERVATION SERVICES**

Family preservation services seek to preserve parental physical custody of their children when faced with the likelihood of foster placement due to suspected maltreatment. They are designed to reduce rising numbers of children entering foster care (Lindsey, 1994). First appearing in the late 1970s, these services expanded rapidly after the mid-1980s. Their exponential growth can largely be attributed to crack cocaine epidemic, which led to a dramatic increase in child abuse and neglect [37]. The public support for family preservation continued to grow given the compatibility of program goals to keep families together with the newly adopted values of public welfare agencies [38]. The potential cost savings and the increasing social desire to keep families together resulted in a family preservation reform movement in child welfare [39].

### **3.1.1 Philosophy**

Child welfare has struggled to find a balance between two competing demands. First, welfare agencies must ensure children's safety and protect them from abuse and neglect. Second, they need to make every reasonable effort to keep children with their family even when the child is at risk. The growth of family preservation services Until the 1980s, there was an emphasis on the child protection approach. That stance began to shift in the 1990s towards the direction of family preservation [40].

Family preservation services are based on the primary assumption that the family unit is the most reliable and consistent source of support for a child; therefore, every effort must be made to preserve the family. Advocates for family preservation services argued that children were too often taken from their homes with little consideration about consequences of such an act. Family preservation models and their variants are guided by the principle that the best way to protect children is to protect families.

### **3.1.2 Program Components**

While family preservation services can differ greatly, they all share the primary goal of preserve families. Family services are also called intensive home-based treatment, family enhancement, intensive family services, and intensive family services [41]. All the various models target families with one or many children at imminent risk for placement resulting from child maltreatment. The primary outcome of any family preservation model is to reduce unneeded out-of-home placements.

Family preservation programs are designed to be short-term, family-focused services with the intent to aid families in crisis. Typically, they focus on improving family functioning parenting



skills and knowledge. These services, including the Homebuilders model, have developed an approach to relieve the factors that lead to an unsafe environment by focusing on strengthening families to establish a safe and nurturing environment [42]. Interventions include counseling, education, and information to collectively identify current stressors and a plan to reach measurable goals so families can avoid a child being placed in foster care [43, 44].

There is considerable variation among family preservation services, but a central component is intensive casework [45, 46]. While similar to traditional casework, family preservation services are more intensive and are delivered in a relatively brief window [47]. Caseworkers are required to have frequent contact with families, often daily. A key component of family preservation is providing an in-home intervention in a short time period. Services are often limited to 30, 60, or 90 days [39]. Services delivered are considered a crisis intervention, meaning without successful intervention participating parent(s) would have one or more children removed from their care. Family preservation services often require high therapist availability, often 24 hours a day, to be responsive to changing needs of the family. Caseloads are often small, four to eight per caseworker or therapist.

### **3.2 THE HOMEBUILDERS MODEL**

Beginning in 1974, the Homebuilders model has been adopted across numerous child welfare agencies in an effort to reduce needless foster placements. Assuming the in-home services were likely to fail, the concept began with the intent to create a “super foster home,” A foster care setting with numerous trained professionals involved in the care of a child. However, their funding agent, Edna McConnell Clark Foundation, pushed the initiative to focus on providing services in the

family's environment. Shifting delivery to an in-home service model, they found their approach effective. After reevaluating their initial beliefs, the program designers were convinced that "everyone can learn" and these services offer a cost-effective alternative to placements outside the home [42].

Homebuilders falls under the umbrella of services called Insensitive Family Preservation Services. When implemented in a child welfare setting, program participants are families with one or more children at immediate risk for out-of- placement. The primary goal for Homebuilders is to reduce unnecessary child placements by providing immediate intensive in-home crisis intervention, using counseling and skill development to teach families the essential skills to avoid or reduce future crises [42].

The Homebuilders model has seven key program components: 1) intervention at the crisis point; 2) treatment occurs in a natural setting; 3) therapists are accessible and responsive; 4) services are intensive; 5) the staff have low caseloads; 6) staff use research-based interventions; and 7) the services are flexible. Services are available to families with at least one child, under the age of seventeen, at risk of being removed. (IFPS website)

With early studies providing promising results, initial success was touted to be as high as 97 percent of children avoiding placement [42] [48]. The Homebuilders model was replicated in multiple sites across the United States. In the early 1980s, the Edna McConnell Clark Foundation invested more than \$30 million to market the Homebuilders model to agencies and policymakers across the nation. Paired other financial backing and advocacy, Homebuilders became one of the most commonly replicated family preservation models [47, 49, 50].

### 3.2.1 Philosophy

The guiding philosophy behind Homebuilders is the assumption that “everyone can learn.” In addition, increased access to intensive services can lead to a reduction in unnecessary placements. The founders of this program give three reasons why unnecessary placements occur: (1) caseworkers are too overburdened with high caseloads to accurately consider every element of a case, (2) norms promote placements as a preferable option for troubled families, and (3) caseworkers are unaware of the capacity for families to change and/or are unaware of possible alternative services to avoid placements [42].

Rooted partially on crisis intervention theory, Homebuilders assumes families in crisis are primed to be receptive to social services and learning coping skills. Hepworth and Larson [51] imply that in times of crisis have two options: do something to overcome the crisis or do something counterproductive that amplifies the crisis. By initiating intensive contacts by therapists, Homebuilders attempts to guide families to making sound decisions to alleviate the current crisis and prevent further problems from arising [42].

The Homebuilders model also draws upon social learning theory, where rewards and penalties following a behavior are known to influence the likelihood of that behavior reoccurring (Bandura, 1977). Therapists work to identify family patterns that punish positive interactions then work towards reversing those expectations. Therapists, using this theory, work to promote family members’ ability to reward each other by reciprocally changing their behavior (reaching high-risk families). Services provided emphasize cognitive and behavioral training including effective parenting training, emotion management, interpersonal skill acquisition, and assertiveness training [52]. The theoretical framework for this model attempts to improve family functioning at times of crisis to resolve the current crisis and prevent future crises.

### **3.2.2 Program Components**

Jill Kinney, David Haapala, and Charlotte Booth provide a comprehensive Homebuilders model in their book *Keeping Families Together: The Homebuilders Model*. Kinney and Haapala are the co-founders of the model. While the implementation of the Homebuilders program can vary, the following are components deemed key program characteristics, as described by the creators, that align with the philosophy behind the model [42].

#### **3.2.2.1 Target Population**

Homebuilders' target population is families in crisis. How agencies define crisis is often different. Some may simply require a caseworker to assess risk for placement while others may need a court order. The creators of Homebuilders provide four targeting criteria to identify appropriate families: (1) the family has been referred to Homebuilders by someone with the power to place a child; (2) placement is imminent; (3) the families live within the catchment area; and (4) the family is available [42].

Families where placement seems unlikely or uncertain Homebuilders is not the best choice; therefore, a less intensive service is more appropriate. Families may refuse the services at any time. Either the parent or legal custodian can refuse service or a child could refuse to participate. In addition, any dangerous situation or significant threat to the family or therapist could exclude a family from participating. When a key family member, youth or caregiver identified for service, becomes seriously ill or incapacitated a family is deemed ineligible for Homebuilders. Any developmental disabilities or psychiatric concerns of a child, parent or another family member that are unavoidable barriers to services may result in the family being ineligible. Parental substance use remains a significant concern in many welfare cases; in some cases, it may be unreasonable to

leave a child under the supervision of an individual struggling to manage their drug use. Yet, some families may have the capacity to care for their children in spite of their substance use and may be eligible for Homebuilders [42].

All the previously mentioned criteria are to be considered when determining whether Homebuilders is an appropriate intervention for a family. Successful identification of the target population has been a widely criticized aspect of any implementation of Homebuilders. Numerous studies cite targeting as a significant challenge when evaluating family preservation services [53, 54]. There is considerable debate on how best to define “imminent risk.” The judgement of risk is often the responsibility of assigned child protective service worker and they may assess risk in a variety of ways. Advocates emphasize the importance of limiting services only to those truly at imminent risk [52, 55], yet ambiguity continues with no universal definition.

### **3.2.2.2 Therapist Availability**

An essential program component requires therapists to be not only prompt but extremely accessible. Intakes are to be completed within 24 hours of receiving a referral. When service has begun, therapists are on call 24 hours a day, seven days a week, including evenings, weekends, and holidays. Program participants are given phone numbers to reach therapists directly, including alternatives in times of crisis.

The intent of this program component is to provide a sense of security for participating families, giving families the assurance that a therapist is available always. Participants should be encouraged to call at any time they need help. In addition, scheduling of sessions is done at the convenience of participating families. Sessions are typically two to three hours in length. Common cases involve a session every day during the first week and three to four times a week for the

remainder of the program. More severe cases can have additional sessions and extended length of sessions [42].

### **3.2.2.3 Low Caseloads**

Therapists under the Homebuilders model are required to maintain low caseloads. Programs can vary across the country from two to six cases per therapist, while the original program assigned just two cases per worker. Due to the stringent requirements for therapists to be extremely accessible and flexible, it is counterproductive for therapists to maintain higher caseloads. Under this model, it is assumed low caseloads would result in easier administrative scheduling amongst the entire team. Additionally, low caseloads would allow therapists to remain aware of the current situation for each of their respective families at all time, reassuring any safety concerns by allowing therapists the ability to provide extensive surveillance to severe cases. Lastly, a high caseload would be counterproductive to the timely delivery of concrete services and therapeutic interventions [42].

### **3.2.2.4 Flexibility**

Sessions are not required to follow a rigid schedule or the length of the session are not required to last for a particular set period of time. While services are delivered at a high rate, they are scheduled to accommodate the needs of the families. Participating families decide when sessions occur and how long they need to last. Delivery of traditional programs often discourages the participation of particular families or family members. The presumption is that families not having to rearrange their entire life schedule to accommodate a particular service would result in a higher level of commitment and a positive approach to counseling session [42].

### **3.2.2.5 Brevity**

All family preservation programs, including Homebuilders, are designed to be brief. Other family preservation programs can range from four weeks to six months, Homebuilders is particularly short with participants typically receiving services for only four to six weeks. The limited time of this model is often questioned; however, given that this program is targeting families in crisis, it is assumed that after four or more weeks a family is no longer in crisis. Furthermore, delivering services any longer would threaten other components of Homebuilders, particularly maintaining therapists' low caseloads and their accessibility [42].

### **3.2.2.6 In-Home Intervention**

Homebuilders' services are designed to be implemented within the client's environment, whether that be in the home, school, or community. Given the context surrounding client families, the program avoids a barrier by placing the burden of transportation on the therapist. To address any possible barriers associated with traveling and scheduling, Homebuilders service delivery occurs in the most accessible place for families, their home or some other location they choose. This also alleviates issues commonly plaguing social services such as "no-shows" and promotion of service termination due to unreliable or lack of transportation [42].

## **3.3 PAST EVALUATIONS**

There are numerous evaluations of family preservation programs, many of which target Homebuilders specifically. At least 30 evaluations have been conducted on family preservation services since the development of Homebuilders [47]. Initial studies praised outcomes achieved

from replication of the Homebuilders model; however, more recent and rigorous evaluation designs have led to mixed results at best. Early research claiming significant reductions in future placements are largely based on non-experimental designs. Prior research has often been plagued with lack of random assignment and control groups. This section reviews prior evaluations, both non-experimental and experimental designs, of Homebuilders as well as other evaluations of family preservation services designed to reduce future placements.

### **3.3.1 Non-Experimental**

Numerous evaluations were conducted without a comparison group or random assignment [42, 52, 56]. Many studies assume that without receiving services, nearly all families would have their child placed. With this broad assumption, any families remaining together after receiving services would be viewed as a successful intervention.

One of the earliest studies of the Homebuilders' model found that 97 percent of 80 participating families remained intact three months after services had ended [42]. While impressive at face value, the study was nonexperimental in design with no control or comparison group. A subsequent study, also with no comparison group, found that 73 to 91 percent of families were intact at 12-month follow-up [52]. Similar results were found in Iowa; of the 747 families who received services, 66 percent remained together after one year since service termination [56]. And once again in 1992, a study of 367 families in California found that 88 percent of families were intact after one year [57].

Berry conducted an evaluation based on cases in the San Francisco, CA, and Oakland, CA, areas in the late 1980s, finding that 88 percent of families avoided placement for a year after receiving services [57]. Similar results were found in Connecticut, where 69 percent of families



remained intact after one year of receiving services [58]. Neither study had any form of a comparison group.

An evaluation using a matched group, children exiting foster care, found that 76 percent of children receiving services remained in their homes compared to 65 percent in the comparison group [59]. Pearson and King also used a quasi-experimental design, assessing 260 families for risk of placement [60]. The higher risk group was assigned to receive services while the remainder received traditional services. At 12-month follow-up, the placements rate for cases receiving family preservation service and traditional services was 3 and 8 percent respectively.

After numerous non-experimental studies, findings suggest that family preservation services, like Homebuilders, reduce the rate of unnecessary child placements. However, several flaws exist in studies previously mentioned. Namely, no evidence supports the claim that without services families would have experienced a placement of their child. Additionally, children were claimed to be at “imminent risk,” yet no supporting evidence is provided to suggest this notion at the time the family is referred to services. Often, the criteria for “imminent risk” are at the discretion of the referral agency.

### **3.3.2 Experimental**

This section reviews prior evaluations that incorporate randomization and a control group. Once again, studies are included only if they examine the effect of family preservation services on future child placement rates. Like non-experimental studies, the earliest performed evaluations occurred in the late 1970s into the 1980s.

The New York State Preventive Services Demonstration Project randomly assigned 525 children to receive family preservation services or a control group. Six months after services ended,

placement rates of the treatment group, 34 percent, were significantly lower than that of the control group, 46 percent [61]. A significant difference was also found in a follow-up study, in which 34 percent of the treatment group was placed compared to 46 percent of those in the control group, a statistically significant difference [62]. Other results were found from a study in 1985 by a public agency in New York City. Of 120 families, 4 percent of the experiment group, received intensive services, and 17 percent of the control group were placed, a statistically significant difference [63, 64]. A study by the child protectives services department in Ramsey County, Minnesota, included random assignment of 74 families. Three months after services, 33 percent of families from the experiment group had at least one child placed while the control group had a placement rate of 55 percent [65]. Among children placed, those in the experimental group spent significantly less time in placement [66].

Another study in the 1970s, from the Hudson County Special Services Project, examined placement rates over the next two years. Ninety families were randomly assigned, with the experimental group received additional services and were staffed with workers with low caseloads. No significant difference was found at the end of this three-year study [67]. A nonsignificant difference was found among 153 families randomized in a study conducted in Nebraska [64, 68]. However, children in this experimental group, received a higher rate of direct contact, were more likely to be placed with a relative or family friend. The Family Study Project in Hennepin County, Minnesota, randomly assigned 138 families [69]. A higher number of children in the experimental group were placed compared to the control, 123 to 84 children, respectively [64]. In Oregon, a randomized experiment of 48 children between the ages of 3 and 12 years old found no significant difference between the two groups; however, the treatment group appeared to reduce the future placements of individuals for less severe cases [70].

From 1986 to 1989, California's AB 1562 In-home Care Demonstrated Project provided intensive services in eight counties. A sub-study of this project included random assignment of 152 families. Looking at families with a placement after referral, no significant difference was found between the two groups and no differences were substantial when examining lengths of time in placement and costs of placement [71].

New Jersey Family Preservation Services, using the Homebuilders model, was analyzed using data from 117 experimental and 97 control cases that were randomly assigned. During the intervention, 6 percent of families receiving the intervention had at least one child placed compared to 17 percent in the control group, a significant difference [72]. At six months and one year following termination of services, the experimental group continued to have statistically fewer placement rates. However, more than 30 cases were randomly assigned to the experiment group and not included in the analysis. These cases were refused services for several reasons (caretaker refused or children are at substantial risk for harm), and it is possible that the placement rates for the experiment group are understated due to the exclusion of this group [72]. The Family Support Project in Los Angeles was evaluated after randomly assigning 240 families receiving in-home services. The experiment group received longer and more frequent in-person contacts. After one year from service end date, families in the experimental group had more children in out-of-home placements than those in the comparison group [73].

One of the largest randomized studies was the Illinois Family First Experiment conducted from the late 1980s into the early 1990s. Families referred were deemed to be at imminent risk of placement. A total of 6,522 families were referred to services provided by 60 private agencies. After random assignment 995 were assigned to treatment and 569 to the control group. Initial results indicated that the program resulted in a slight decrease in risk of placement. One year

following random assignment, 27 percent of cases were placed in the treatment group compared to 21 percent in the control. At two sites, the experimental group had a statistically higher risk of placement. Lastly, no significant differences were found in the duration or types of placements between groups [74].

Stemming from legislation, the Department of Health and Human Services (DHHS) was authorized to evaluate family preservation services, and as a result, three separate projects began in the fall of 1994. One of the three was a national evaluation of family preservation and reunification Services. This large-scale evaluation was intended to estimate the impact of these services, study objectives focusing on the effects of these services, to what extent they improve family functions, and their effectiveness in reducing future placements.

The national study conducted randomized experiments across four sites in Kentucky, New Jersey, Tennessee, and Pennsylvania [53]. At each site, families were randomly assigned to either a family preservation program or standard child welfare services. Families were followed for roughly a year post-random assignment. In Kentucky, Tennessee, and Philadelphia there were no significant differences in the placement rates over time. In New Jersey, placements rates were significantly higher in the group receiving family preservation services. As seen in numerous prior studies, it appears that many programs failed to reach the targeted population, children at “imminent risk for placement.” Placement rates in the control groups were relatively low. If the target population was indeed being reached, then it is expected that families at “imminent risk” would experience a high rate of placements in the absence of services [53].

The findings of experimental studies are mixed. Some found significant results; however, placements rates tended to be low for both the experiment and treatment group, an indication that services may not have been delivered to the target population, children at “imminent risk.” In

studies that found placement rates between groups significantly different, those differences were often small. Overall, more rigorously designed studies tended to find little to no evidence that family preservation services reduce future placements.

### **3.3.3 Summary of Prior Evaluations**

After several decades of evaluations since the late 1970s, the most rigorous evaluations of family preservation services have failed to produce significant evidence for either protecting children or reducing future child placements. In Littell and Schuerman’s synthesis [75] of prior evaluations, they found little evidence that programs aiming to reduce future child placements successfully do so. Out of the 11 randomized experiments in their review, seven failed to produce any significant results, those that that found significant results tended to show relatively minor improvements.

The major objective of family preservation programs, including Homebuilders, is to prevent future child placements. Targeting is often cited as a glaring weakness. Prior research continues to struggle in defining what it means for families to be at “imminent risk.” If implemented programs continually provide services to families who are unlikely to have a child placed, then it is unreasonable to expect family preservation programs to have a meaningful effect on an unlikely event.

Prior evaluations have continuously struggled with the definition of “imminent risk.” With control groups often having low placement rates, screen methods and referral agents are failing to identify families at “imminent risk.” Comparison groups routinely have low placements rates, which signals observers to reconsider how risk of placement is determined.

## **4.0 METHODS**

In this section, comprehensive overview of this study's evaluation design, data collection, and analytical approach is provided.

### **4.1 EVALUATION DESIGN**

This evaluation uses a quasi-experiment design with a comparison group. With the intent to control for risk of future placement, the comparison group was created using a matching method single variable to assess risk levels. Placement Risk scores (derived from the Allegheny Risk Screening Tool) were chosen to reduce potential bias attributable to differences between the two groups and increase the precision of this study. This study compares two groups: youth referred to Homebuilders (experimental group) and youth accepted for service (comparison group). This evaluation is designed to primarily assess the effectiveness of Homebuilders in reducing future placements rates.

Data collection was completed using administrative records collected from two databases: Key Information and Demographics System (KIDS) and Online Data Manager (ODM). These databases provided information on children's demographics and subsequent placements up to 12 months after the referral date. Participants in this sample were referred to receive Homebuilders' services by the Office of Children Youth and Families (OCYF) between June 2015 and January 2017. This timeframe was selected to balance a large enough sample size with enough time for a 12-month follow-up.

## **4.2 DATA SOURCES**

Administrative records from two separate databases, Key Information and Demographics System (KIDS) and Online Data Manager (ODM) were analyzed. Information related to the service of Homebuilders including intake and exit dates, participant age, role in family (primary caregiver or youth identified for service), and service end reason were retrieved from the ODM database. This information is collected by each provider and recorded for each participating family. By matching the service dates and participants' names and date of birth, ODM records were matched to case and referral history within the KIDS database. All demographic information originated from the KIDS database.

Placements rates were calculated using administrative records from the KIDS database. For each participant, a count of total placements was captured at three-, six-, and twelve-month follow-ups. Days to removal was calculated using the difference between a child's date of referral and the date they were removed.

## **4.3 SAMPLING DESIGN**

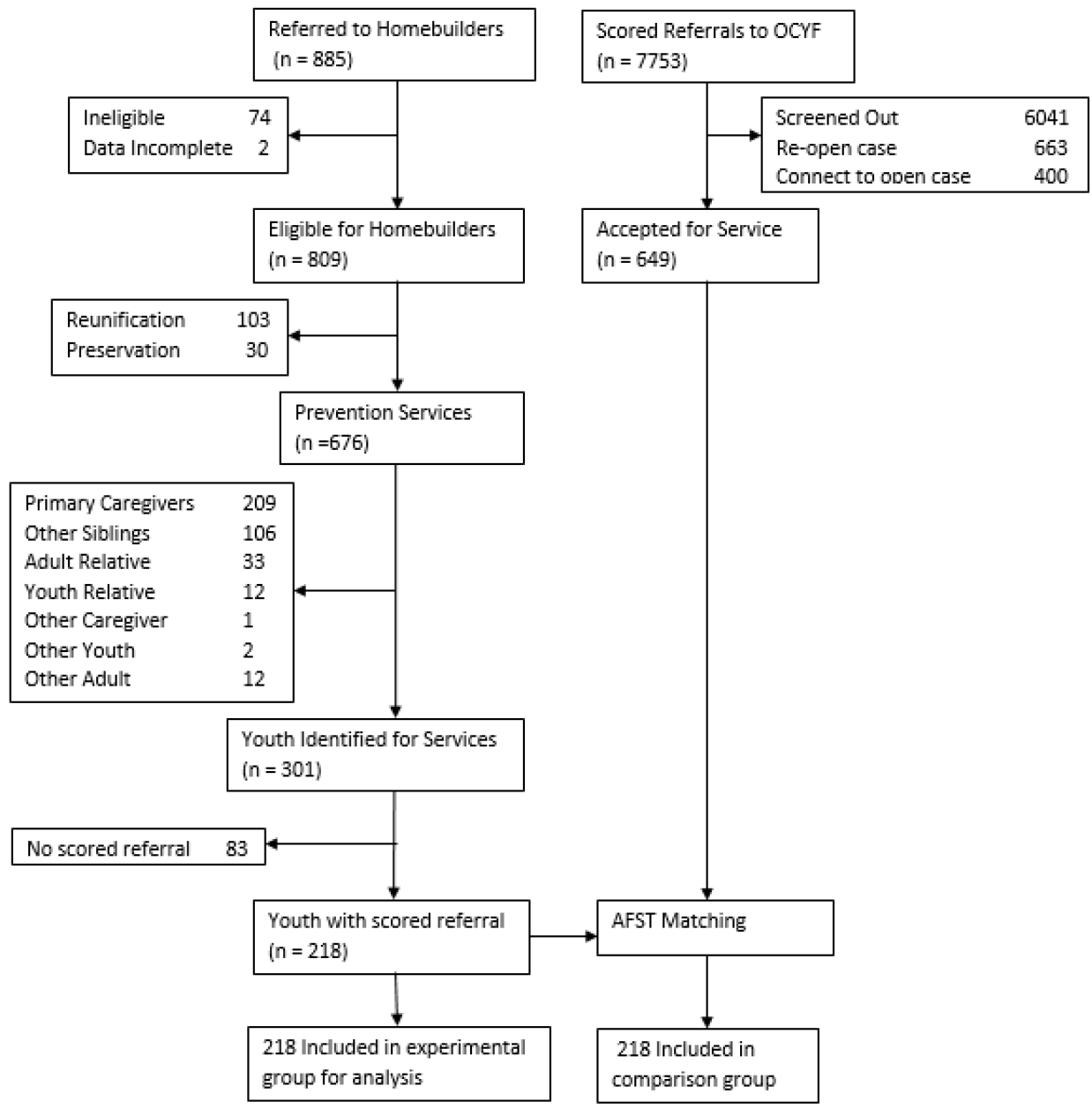
This evaluation includes children from both contracted providers between the dates of June 2015 and January 2017. The treatment group includes only those being served by Homebuilders to prevent a child being removed from their family. Therefore, youth receiving Homebuilders services to preserve a current foster care placement or to promote a successful reunification of a child being returned are excluded. Youth in the control group are those accepted for services during

the same time period as the treatment group and received standard child welfare services office by OCYF.

Eligibility criteria for being included are described in this selection. Additionally, the sampling design utilized to create a comparison is discussed in detail, see Figure 6. The sampling design relied heavily on the Allegheny Family Screening Tool (AFST), a predictive risk modeling tool. Implemented in August 2016, it was designed to improve call screening decisions for incoming reports of child abuse. Two risk models were created, risk of rereferral and risk of placement, using an established set of predictor variables from Allegheny County's data warehouse. Each model provides a risk score; for this analysis "Placement Risk Score," refers to the risk score resulting from this predictive model. For example, any child with a score of 15 would be at higher risk for placement than a child with a score of 10 [76].

After the 218 youth were identified in the treatment group (see Figure 5), each child was randomly matched with a child accepted for traditional child welfare services with the same risk score. For example, a youth receiving Homebuilders with a score of 18 would be matched with a child, who was accepted for child welfare services, with a score of 18. The result was two groups each with 218 children.





**Figure 7: Sampling Design**

### **4.3.1 Experimental Group**

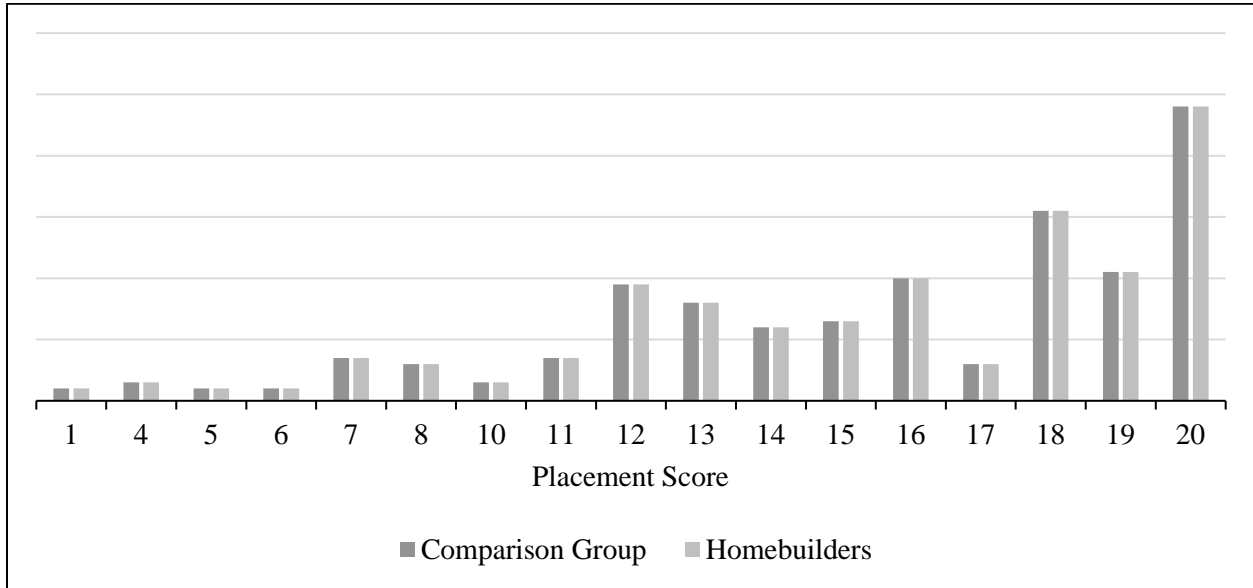
From June 2015 through January 2017, 226 families (886 individuals) from both contracted providers were referred to Homebuilders. Once referred, 191 families were considered eligible. For this evaluation, families receiving services to promote a successful reunification, a child returning home following a placement episode, were excluded (27). Additionally, families were excluded if they were referred to preserve a foster care placement (8). This left 156 families remaining that received Homebuilders to keep the child in their home. Children were included in the treatment group if they were listed as “Youth Identified for Services” and had a recent referral scored with AFST, two hundred eighteen children were selected for the treatment group. Siblings were not included in this evaluation.

### **4.3.2 Comparison Group**

Following the selection of the treatment group, there was a known distribution of placement risk scores. The AFST was developed to support call screeners on whether or not to screen-in or screen-out incoming referrals. More than 100 variables are weighted through a logistic regression to calculate two scores: the risk of placement within two years and the risk of rereferral. Scores range between 1 and 20, with the former being a minimal risk and the latter dictating children at highest risk.

Using administrative records, a sampling frame was developed using of all scored referrals with AFST between June 2015 and January 2017. Referrals were restricted further to those accepted for service. This list was then stratified based on placement risk scores. Referrals were randomly selected proportionally to the distribution of risk scores from the treatment group,

resulting in an identical distribution between the two groups (see Figure 6). Once a referral was selected the victim listed on each referral was included in the control group analysis.



**Figure 8: Distribution of Placement Risk Scores**

#### 4.4 SUBJECTS

A total of 436 children were included in this evaluation, 218 in each group. After the matching procedure, numerous differences between the two groups were observed (see Table 1). This section provides a summary of descriptive statistics for children selected for this evaluation. No individuals were excluded following the sampling procedure

**Table 1: Demographics of Youth Served**

Characteristic	Homebuilders		Control Group		P	
	n	%	n	%		
Race						
	<i>White</i>	92	42.2	69	31.7	.12
	<i>African American</i>	101	46.3	124	56.9	
	<i>Two or more races identified</i>	19	8.7	20	9.2	
	<i>Other/Unknown</i>	6	2.8	5	2.3	
Gender						.12
	<i>Male</i>	118	54.1	102	46.8	
	<i>Female</i>	100	45.9	116	53.2	
Age						
	<i>Mean</i>		7.7		8.4	.17
	<i>0-4</i>	72	33.0	71	32.6	
	<i>5-11</i>	81	37.2	60	27.5	
	<i>12-17</i>	65	29.8	87	39.9	
<i>Prior Placement</i>						.55
	<i>Yes</i>	47	21.6	42	19.3	
	<i>No</i>	171	78.4	176	80.7	
<i>Placement Risk Score</i>						
	<i>Mean</i>		15.5		15.5	
	<i>Min</i>		1		1	
	<i>Max</i>		20		20	

For both groups, African Americans was the largest racial group although the control group had more, 56.9 percent compared to 46.3 percent in the Homebuilders group. Conversely, there was a higher proportion of whites, 42.2 percent, in the Homebuilders group compared to the control group, 31.7 percent. The control group was an older group with a mean age of 8.4 years old, while the treatment group had a mean age around 7.7 years. Noticeable differences between the two groups analyzed after matching also occurred after sampling. The experimental group had a higher proportion of male youth (54.1 percent) compared to the control group (46.8 percent). This difference was not significant. The control group had a slightly less percent of youth with a prior placement, 19.3 percent compared to 21.6 percent in the treatment group, however difference

observed was not statistically significant. The intent was to control for risk of future placements utilizing each child's risk score as a method for matching. Predictively, there are virtually no observable differences of the placements scores between the two groups. The intent of this sampling design is to control for future risk of placement between the two groups. By controlling for Placement Risk Scores, a derivative of the AFST, both groups are assumed to be at equal risk for placement.

## 5.0 ANALYSIS

This section describes the analysis process. This study completed two separate analyses. First a comparison of placement rates between the two groups at three follow-up periods. Second, a survival analysis to compare the likelihood of being placed over time. In the survival analysis, the time variable was measured in terms of days that elapsed from the date of a child’s referral to their home removal date. In other words, the analysis compares the number of days to next placement, if any, between the two groups. Data was collected to allow for a 12-month observation period. All 218 children were included in the survival analysis.

In none of the three observation periods were there any statistically significant differences between the Homebuilders group and the comparison group. At three-month follow-up, 32 children (14.7 percent) in the Homebuilders group were placed a slightly less than the control group with 36 placed (16.5 percent). At six months, the groups had a nearly equal number of youth placed, 47 (21.6 percent) from Homebuilders and 45 (20.6 percent) from the comparison group. At one year after referral date, the Homebuilders group had a higher placement rate compared to the comparison group, 30.3 percent and 26.6 percent respectively. No significant differences were observed at any of these three follow-up periods.

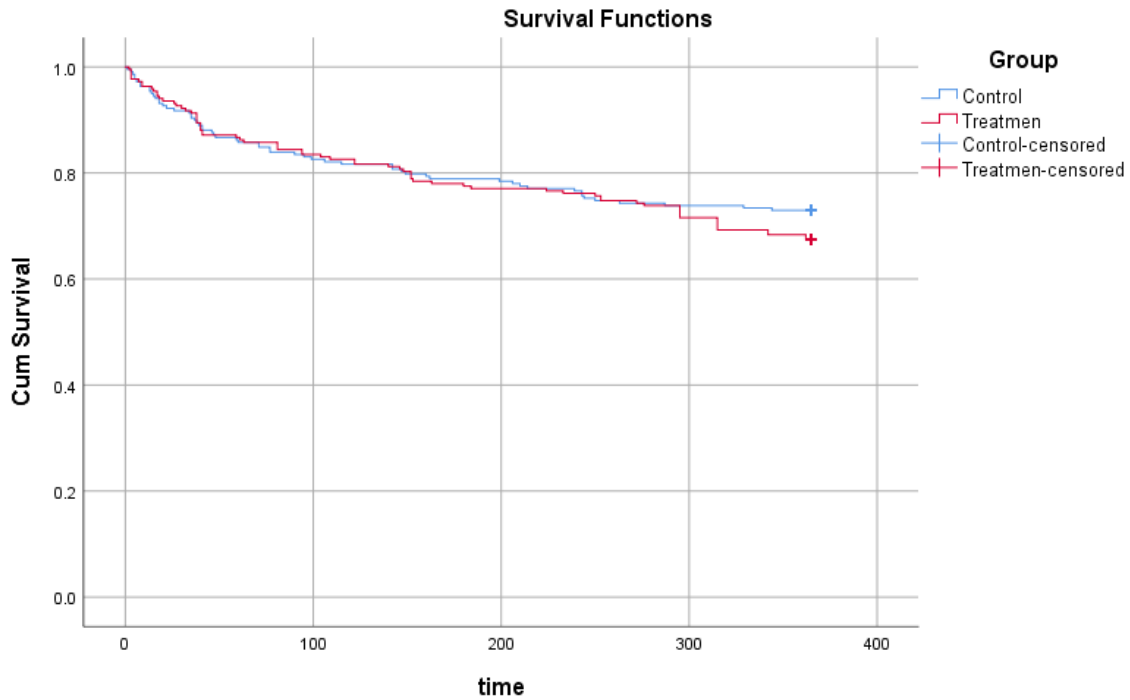
**Table 2: Placements and removals at 3-, 6-, and 12-month follow-up**

<b>Outcome</b>	<u>Homebuilders</u>		<u>Comparison Group</u>		<b>P</b>
	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	
Placement follow-up					
<i>3-month</i>	32	14.7	36	16.5	.60
<i>6-month</i>	47	21.6	45	20.6	.79
<i>12-month</i>	66	30.3	58	26.6	.39
Average Placements at 12 months	0.8		0.6		.43

In addition to placements proportion at various points in time, the mean number of placements was calculated 12 months following referral date for each group. The experimental group experienced an average of 0.8 placements in 12 months compared to 0.6 in the comparison group. This difference was not statistically significant.

A Kaplan-Meier Survival Analysis was conducted using future placements as the primary outcome of interest (see Figure 7). The Kaplan-Meier procedure estimates the likelihood of being event-free, in this case avoiding placement, over time. Using SPSS, the probabilities of a child being placed were plotted at each time point during the twelve-month follow-up. A survival analysis is often utilized when the time to a particular event is an outcome variable. For this study, time play an important element in relation to the primary program objective. Particularly, does the intervention, Homebuilders, effective in increasing the time to future placements. The log-rank test is a common statistical procedure to compare two survival curves. The null hypothesis test here is:

*H<sub>0</sub>*: There is no difference between the survival curves for the experimental and comparison group



**Figure 9: Kaplan-Meier Analysis of Number of Days Until Placement**

After testing for significant difference across three different statistical methods, Log Rank, Breslow, and Tarone-ware, no statistical differences were discovered between the group receiving Homebuilders and the control group. The result of this statistical test is provided in Table 3. Statistical results are also provided using the Breslow and Tarone-ware methods. These procedures differ in their weighting methods (with Log Rank test having no weighting), Breslow providing more weight for events occurring earlier and in the Tarone-Ware method time points are weighted by the square root of the number of cases at each point. No statistical significance was seen in any of the three methods.

**Table 3: Test of Equality of Survival Distributions**

<b>Statistical Procedure</b>	<b>Chi-Square</b>	<b>df</b>	<b>p-value</b>
Log Rank	1.129	1	0.288
Breslow	0.793	1	0.373
Tarone-Ware	0.952	1	0.329



## 6.0 SUMMARY OF FINDINGS AND DISCUSSION

This evaluation's purpose was to determine if Allegheny County's Homebuilders services are effective in reducing unnecessary foster care placements. This analysis utilized administrative data from KIDS and ODM to capture demographic information, service history, referral history, and placement episodes.

Many characteristics have been associated with risk of future placements. Numerous studies had suggested black children are more likely to return to foster care [77-81]. Additional studies found racial disparities occurring at various points in the child welfare process [82, 83]. Prior studies have found mixed results for age being a risk for foster care [77, 79, 81, 84]. Addition research has found age a significant factor for the number of placements [85, 86]. Many studies have examined gender as a risk factor for future placements [77, 81] and have not established gender as being a consistent risk factor for placements. Prior placement episodes have been associated with an increased risk of future placements [87].

While we see a slight variation in characteristics between the two groups, none of which were significant. The creation of the comparison was created using only one variable, placement risk scores from the AFST. The AFST does not control for race, that may be a reason for modest differences between the two groups. The result was two groups with equal distribution of placement risk scores, one receiving Homebuilders and the other receiving traditional welfare services.

No significant differences were found between the treatment and the comparison group at individual placement levels at three-, six-, and twelve-month follow-ups. At three months following referral date, 14.7 percent of youth receiving homebuilders were placed compared to

16.5 percent in the comparison. At six months, placements rates were nearly identical at 20.6 percent for the treatment group and 21.6 percent for the comparison group. At one year following referral date, 30.3 percent of children receiving were placed compared to 26.6 percent in the comparison group.

The likelihood of future placements was not significantly different between the youth who received Homebuilders and the control group. The findings of this evaluation do not indicate that recipients of Homebuilders are less likely to be placed compared to individuals of equivalent risk. While recipients of Homebuilders were less likely to be placed during the three-month follow-up compared to the control group (14.7 percent to 16.5 percent), respectively the results were not significant. Additionally, at six-month and twelve-month follow-ups, youth receiving Homebuilders had higher rates of placements than the control group, but these findings were not significant.

## 7.0 CONCLUSION

Following a reform of child welfare services in the late 1980s, family preservation services have been developed to reduce the unnecessary placements of children. These services grew in numbers following a federal mandate requiring child welfare services to make reasonable efforts to keep a child with its parents.

The purpose of this evaluation was to examine whether Homebuilders achieves its primary objective of reducing future placements for families at high-risk. After analysis, we are unable to conclude that youth receiving Homebuilders are less likely to be placed when compared to youth at similar risk. At three separate follow-up periods, there was no statistical difference between the two groups. Additionally, no significant difference was found after a comparison of survival curves between the two groups.

Similar to prior evaluations, targeting has been subject to much criticism. While this analysis attempts to mitigate differences via the creation of the comparison group using identical placement risk scores, numerous concerns remain whether or not this program is reaching its target population. Similar to prior evaluations, the control group experienced relatively modest placement rates. It remains a significant concern whether families being referred are truly at imminent risk.

The unique component of this evaluation was an attempt to control for “imminent risk.” Other evaluations have identified concerns, a source of selection bias, about how families are referred to Homebuilders, or other family preservation services. To control for potential differences between the two groups relating to “imminent risk” this evaluation utilized matching of placement risk scores, an algorithm predicting future likelihood of placements.

While the method of matching risk scores may have been a novel concept, it comes with several limitations. The risk scores are calculated at the time a referral is received therefore a child's "risk" is dynamic in nature and the scores utilized for matching may not correspond with risk at that the time the individual received Homebuilders. Additionally, several demographic differences were observed, although not all were significant, between the two groups.

The results of this evaluation do not suggest that Homebuilders fails to produce any positive outcomes for participating families. It remains a reasonable consideration that Homebuilders may provide beneficial changes to families (e.g. improved family functioning, and improvements in parenting education and skills). Additionally, this design does not address whether outcomes are dependent on particular program characteristics or characteristics of families. It is suggested that additional research should be considered to identify potential population subgroups (risk level, abuse type, and family structure) that stand to gain the most from this service.

The Homebuilders model was developed more than four decades ago. The logic behind the program and the key program components may have been an effective method for addressing the needs of at-risk families at that time. However, it is not safe to assume that the systemic stressors and the family factors that lead to child maltreatment have remained constant over time. It remains a distinct possibility that the issues facing child welfare services today are entirely different than the needs from the 1970s and 1980s. If the stressors facing families today are attributable to systemic and chronic conditions then it may seem illogical to address such issues using a brief intensive home-based service like Homebuilders.

Most often, evaluations of family preservations services struggle with the definition of imminent risk. Many studies with a relatively rigorous design have failed to develop consistent

evidence that Homebuilders or any other Family Preservation Services are an effective method for reducing future placements. While this study does not meet the gold standard of using random assignment, it does provide an innovative approach of matching “risk of placement” using the AFST, a predictive algorithm of more than 100 variables. The matching method used here can be incorporated into future research when random assignment is unobtainable.

Future research needs to identify the relationships between program characteristics and intended outcomes, including outcomes other than future placements. Family preservation services have been touted for its ability to save money. Additional costs analyses are needed to determine at a local level if such services, particularly Homebuilders, are indeed cost-effective. Such analysis should potentially other positive outcomes that may also lead to cost savings. For example, Homebuilders may reduce future child maltreatment resulting in savings by avoiding investigations and other additional services.

While there is lacking evidence that Homebuilders is effective in reducing future placement, there exist the potential for other positive outcomes and improvements. One possible improvement would be for the model to be adapted to fit the needs of families today. This may require the adoption of a clear definition of who is eligible for Homebuilders, one that includes only sub-groups where Homebuilders is deemed an effective intervention. Additionally, the newly adopted criteria should rule out groups were Homebuilders has limited effectiveness.

## APPENDIX A: PAST EVALUATIONS

Study	Design	Sample	Program Evaluated	Findings
Arizona ACYF, 1993 Arizona	Non-experimental	Children at-risk for out-of-home placement	Family Preservation Program	Six months post-service, 86 percent of children did not experience a placement
Hoecker, 1994 Missouri	Non-experimental	2,178 referrals for family preservation services in FY 1994	35 Family Preservation Sites	Of the 1,088 families ending services, 918 were intact.
Cunning Ham, et al., 1993 Tennessee	Non-experimental	2,558 families referred from October 1989 to June 1992	Tennessee Home Ties	At 12-month follow-up, 69 percent were not in state care.
North Carolina Division of Family Development, 1994 North Carolina	Non-experimental	Families at risk for placement, 486 families receiving services during FY 1993-1994	15 Family Preservation Service Programs in 32 counties	88 percent of families remained intact at program completion
Pearson & King 1987, Maryland	Quasi-experimental	Cases assigned to either Intensive Family Services, 80 families, or traditional services, 148 families, based on risk of placement	Intensive Family Services	At 12-month follow-up, 8 percent of those receiving traditional services were in foster care compared to 3 percent of cases receiving IFS

Showell, Hartley, and Allen, Oregon	Non-experimental	999 families receiving services in 1987	Oregon's two Family Preservation Services: Intensive Family Services and High Impact	Therapists rated overall likelihood of a family remaining intact: 65% of families were rated "good," "very good," or "excellent."
Thieman and Dail, 1993 Iowa	Non-experimental	1,828 families served in 1992	Iowa's Family Preservation Program	30 days following treatment, 76% of families were intact
Jones, 1985 New York	Experimental	525 children randomly assigned to program or control group	Seven agencies in New York City	Placements rates: 7 percent for treatment and 18 percent for control, a significant difference
Hennepin County, 1980 Minnesota	Experimental	138 cases randomly assigned to experimental or control groups		Experimental group had a had more children placed than the control group (123 to 84 children in the control group).
Halper and Jones, 1981 New York	Experimental	120 families randomly assigned, 282 children	Public Child Welfare Agency in New York City	Placement rates: 4% in experimental group to 17% in the control group a statistically significant difference
Nebraska DPW, 1981 Nebraska	Experimental	153 families randomly assigned	Public Child Welfare Agency in Nebraska	No significant difference between the groups, 4% placed in experimental group versus 11% in control
Willems and DeRubeis, 1981 New Jersey	Experimental	90 families randomly assigned	Hudson County Special Services Project	No significant difference at the end of three-year observation period.

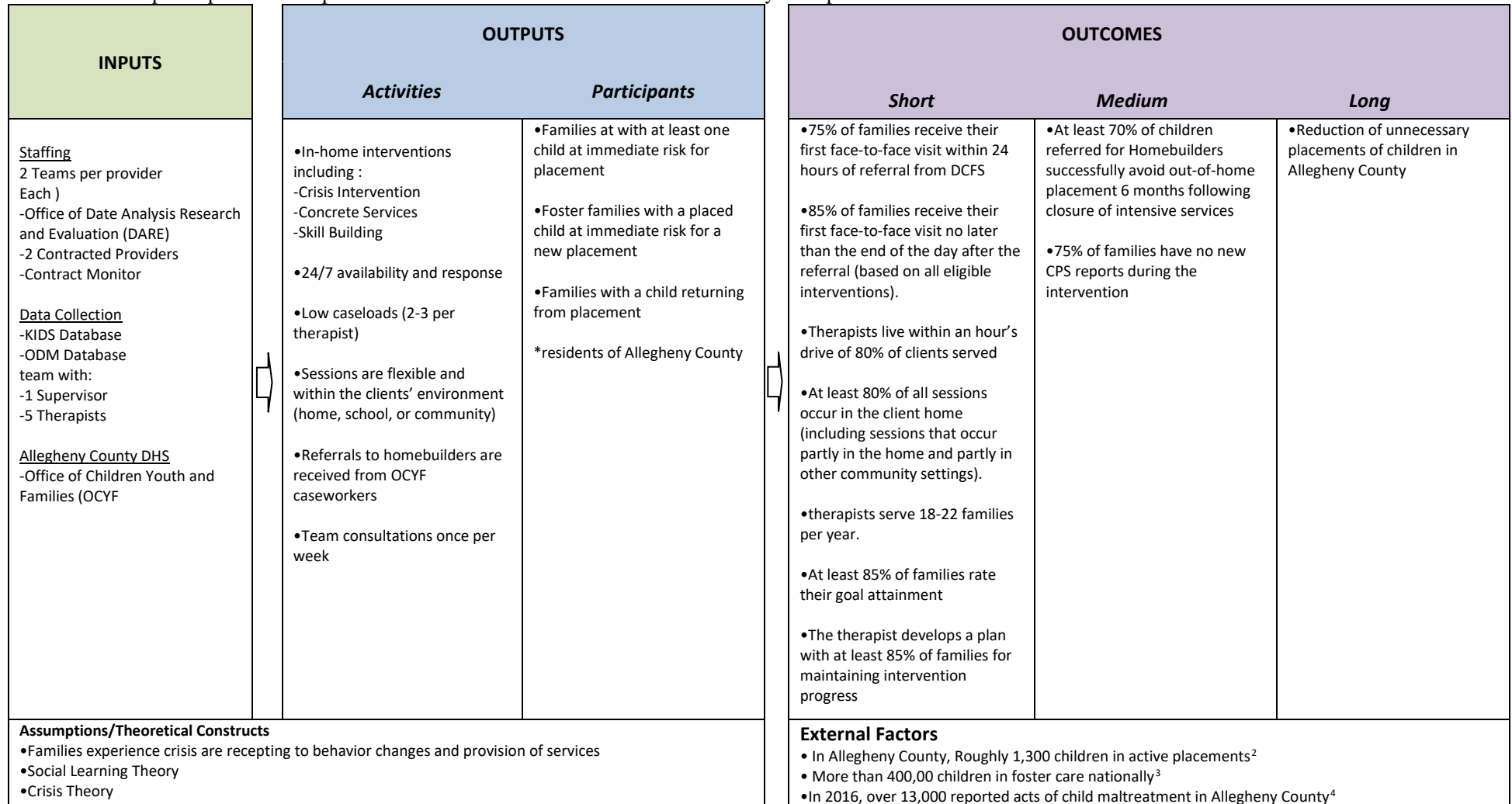
Lyle and Nelson, 1983 Minnesota	Experimental	Random Assignment to one of three services	Ramsey County child protective services	At 3-month follow-up, 33% of families in experiment group placed compared to 55% of families in control
Szukla and Fleischman, 1985 Oregon	Experimental	Randomly assigned 48 children	Social learning treatment program, Cascade County Social Services in Oregon	Overall effect was not significant
Wood, Barton, and Schroeder, 1988 California	Overflow	50 families referred, 26 received services 24 did not.	FamiliesFirst	Placements at one year from intake: 25% of service group compared to 53% in comparison group, a statistically significant difference.
Mitchell, Tovar, and Knitzer, 1989 New York	Overflow	43 cases received services, 12 families in the comparison group	Homebuilders	Comparison group experienced less placements
Schwartz, Auclair, and Harris, 1991 Minnesota	Quasi-experimental	Utilized non-random comparison group, 58 in each group, either referred to home-based services or placement services	Hennepin County Child Welfare Division	A significant difference was found between the two groups, 56% placed in treatment group compared to 91%
Feldman, 1991 New Jersey	Experimental	117 experimental cases and 97 control cases randomly assigned in 4 counties	Homebuilders	Experimental group had a significant less placement rate at each follow-up period
Yuan McDonald, Wheeler, Struckman-Johnson and Rivest, 1990 California	Experimental	304 families randomly assigned	Agencies in eight counties in California	20% of control were placed compared to 35% in experimental group, not statistically significant



Pecora, Fraser, and Haapala, 1992 Utah	Overflow	453 families receiving services, 26 assigned to control group	Homebuilders at two sites	12-months following intake, 41% were placed in treatment group compared to 85% of the children in the control
Meezan and McCroskey, 1993 California	Experimental	240 families randomly assigned	Two private child welfare agencies	At 12-month follow-up, families in experimental group had more children placed, 38% to 24%.
Schuerman, Rzepnicki, and Littell	Experimental	1564 families randomly assigned between 1990 1992	Families First	At 12-month follow-up, 27% of children in Families First were placed compared to 21% of control cases

## APPENDIX B: HOMEBUILDERS LOGIC MODEL<sup>1</sup>

**Problem Statement:** To reduce the negative outcomes, disruption of a family structure, and reduce burdensome costs associated with foster care placement, Allegheny County DHS contracted two separate provides to replicate the Homebuilders model to reduce unnecessary child placements.



<sup>1</sup> Fidelity measures and program goals can be found in HOMEBUILDERS Fidelity Measures available at <http://www.institutefamily.org/>

<sup>2</sup> Numbers according to active children placements as calculated by Allegheny County QuickCount <https://quickcount.alleghenycounty.us/#Primary>

<sup>3</sup> 2016 AFCARS Report available at <https://www.acf.hhs.gov/cb/resource/afcars-report-24>

<sup>4</sup> Retrieved from Annual Child Protective Services Report 2016 available at <http://www.dhs.pa.gov/publications/childabuserreports/>

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