

Family Connections Outcomes Report Partnership for Strong Families

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Abstract

Family Connections (FC) is a community-based service program that was initially developed in 1996 to prevent child maltreatment by helping families to meet their basic needs in the context of their homes and neighborhoods. Beginning in 2013, the FC program was implemented by two child welfare lead agencies in Florida - Kids Central, Inc. (KCI) and Partnership for Strong Families (PSF) with the goal of strengthening family functioning and reducing the risk of child neglect and abuse through the Florida Family Connections Collaborative. Within the context of the Family First Prevention Services Act (FFPSA) policy makers, funders, and child welfare agencies are placing a priority on establishing the evidence-base for services intended to safely support families involved in the child welfare system within the home.

The current study examined the effect of FC services on child safety and permanency. This report presents findings for the PSF-FC program. A longitudinal quasi-experimental design with a two-group comparison using propensity score matching was used. The sample consisted of 110 caregivers who received services in the PSF-FC program during fiscal years 2016-2017 through 2020-2021 in the intervention group and 114 child welfare involved parents who did not receive FC services, but otherwise were similar to the PSF-FC participants, in the comparison group.

Findings indicated that compared to a group of similar families receiving child welfare services, families who received PSF-FC services were less likely to have new allegations of maltreatment within six months of the initial report and were less likely to be reported for child maltreatment for the second time within 12 months after the discharge from the program. Further, the results of the evaluation demonstrated that compared to caregivers in the control group the rates of removal and placement in out-of-home care were significantly lower for the families in the PSF-FC intervention group. No significant differences were found between the proportion of children in the PSF-FC intervention group and the comparison group who achieved permanency through reunification or placement in other permanent home setting. This could be attributable to an extremely small sample size available for the analysis. This evaluation study provides strong support for the effectiveness of the PSF-FC program to improve child safety and permanency outcomes for families involved in the child welfare system, consistent with the goals of the program and the FFPSA federal initiative.

Introduction

The Family First Prevention Services Act (FFPSA), passed into law in 2018, has renewed a national focus and investment on child maltreatment prevention efforts that “enable a child to remain safely at home or in a kinship placement instead of entering foster care” while building the capacity of families and communities (Bipartisan Budget Act, 2017-2018). Services covered under this Act must be rated by the Title IV-E Prevention Services Clearinghouse as well-supported, supported, or promising and include mental health treatment services, in-home parent skill-building programs, and kinship navigator programs. This requirement has placed a priority on determining the evidence-base for existing programs being utilized in the child welfare context. One of the programs that has been identified as “promising” by the California Evidence-Based Clearinghouse for Child Welfare is the Family Connections (FC) program (CEBC, 2022).

The FC program is a home-based service program that was initially developed in 1996 to prevent child maltreatment by helping families to meet their basic needs in the context of their homes and neighborhoods. The evaluation of the first demonstration project indicated positive changes in protective factors and diminished risk factors for families who received Family Connection services (DePanfilis, 2009). Since then, the FC program has been implemented and replicated in various states across the United States including California, Florida, Maryland, Michigan, New York, Tennessee, Texas, and West Virginia and various evaluation studies have been conducted assessing the effectiveness and impact of this program.

Studies evaluating the FC program have shown positive outcomes – including increasing parenting competence and child safety, improving coping skills, and decreasing parenting stress and depressive symptoms (DePanfilis, & Dubowitz, 2005; DePanfilis et al., 2009; Filene et al., 2014; Thomas et al., 2003). In addition, one study assessed the cost-effectiveness of the FC program in relation to child and family outcomes and service provision. Although these studies indicated that the positive impact of the FC program is promising and provided important context, the impact on child welfare safety and permanency outcomes is not yet well-established. A recent multi-site study of FC in Florida did begin to address that gap by measuring the outcomes for families who received FC services from Kids Central, Inc. in Citrus, Hernando, Marion, Lake, and Sumter Counties (Yampolskaya et al., 2023). The current evaluation builds on this recent outcome study by examining the results achieved by another organization in a different set of Florida Counties.

Purpose of the Evaluation

With support provided by Action for Child Protection and Casey Family Programs, the University of South Florida, Department of Child and Family Studies evaluation team conducted an evaluation of the FC program. Although the program is implemented by two child welfare community-based care lead agencies in Florida: Kids Central, Inc. (KCI) and Partnership for Strong Families (PSF), this evaluation focused on the FC program implemented by PSF because a study had already been completed for KCI. The purpose of the evaluation was to examine outcomes for child welfare involved families who participated in the FC program between fiscal years 2016-17 and 2020-21 and compare these outcomes for families who did not receive FC program services. In addition, the study provides a description of the FC program as it was implemented by these agencies. This evaluation also aims to provide further support for the FC program as an evidence-based intervention per the rating guidelines of the Title IV-E Prevention Services Clearinghouse (<https://preventionservices.acf.hhs.gov/>).

Program Description

The intent of the FC prevention program is to increase protective factors, help families meet their basic needs, and reduce the risk of child abuse and neglect. In 2013, the Family Connections Collaborative was formed by PSF and KCI to implement the FC program in the Northeast region of Florida served by the two agencies (Partnership for Strong Families, 2014). Families eligible for the program have children from birth to 18 years old, are involved with the child welfare system, have been classified by the Family Functioning Assessment (The Florida Department of Children and Families, 2015) to be “safe” in the home with a risk assessment that is rated as “high” or “very high”, and are willing to voluntarily participate in the program. In addition, a minimum of two risk factors must be present in the family’s situation related to the adequacy of the care of the child and which present a risk of maltreatment in the future. These factors include unemployment, mental health problems, alcohol or substance use problem, a serious health challenge, a physical, developmental, or learning disability, and being a teen parent. Referrals to the program are made directly from child protective investigations to the agency’s family preservation supervisor or designee, and they are processed by the family preservation specialist or designee who determines the level of risk and if the referral should be accepted into the program (Kids Central, Inc., 2019)

The FC program adheres to nine practice principles: (1) community outreach, (2) individualized family assessment, (3) tailored interventions, (4) helping alliance, (5) empowerment approaches, (6) strengths perspective, (7) cultural competence, (8)

developmental appropriateness, and (9) outcome-driven service plans. These practice principles inform how the core FC components are implemented: intake and screening; outreach and engagement; concrete/emergency needs assessment and services to meet basic needs; comprehensive family assessment using standardized clinical assessment instruments; outcome driven family plans with SMART goals. In addition, families receive a minimum of one hour per week of change-focused interventions; advocacy and service facilitation; and on an optional basis, multi-family activities. The family plan is evaluated at least every 90 days, with specific attention given to case closure and aftercare planning (Action for Child Protection, 2019; Kids Central, Inc. 2014).

The FC programs carry out these core components through three main activities:

1. *Crisis intervention*, attending to the immediate concrete and clinical services needs of the family.
2. *Advocacy*, including connecting families to resources and services within their communities.
3. *Therapeutic services*, including case management, individual and family counseling, and parent education.

FC services are customized to meet the individualized needs of the families based on risk and protective factors identified by child protective investigations and program assessment. In-home meetings are conducted by master's level clinicians with parents and the children one or more times per week. Typically, services are provided for four months. The readiness for successful case closure is determined through the collaborative, comprehensive family assessment and reassessment process utilizing the Family Assessment Form framework (Children's Bureau of Southern California, 1997).

Fidelity assessment criteria are listed below:

- (a) Face-to-face contact is made by the assigned FC specialist within one day of the screening that determines program eligibility.
- (b) Most services are provided in the home, meeting families where they live.
- (c) Emergency/concrete services are provided as needed on an ongoing basis.
- (d) Family assessments are completed within 30 days of the initial visit.
- (e) Family plans are outcome driven, strength-based and completed within 15 days of the assessment.
- (f) Therapeutic interventions are matched with the family assessment, case plan, and built on motivational interviewing techniques.

- (g) Case closure is based on reassessment, level of risk, and goal achievement discussed with the family.
- (h) The aftercare plan before case closure includes referrals, follow up by the FC specialist, contact information for support, a review of outcomes achieved, and development of plans for continuing progress.
- (i) Post closure contact is made at 30 days to ensure that family gains are being maintained, to reinforce accomplishments, and to provide additional referrals, as needed.

Methods

Evaluation Questions

1. What is the proportion of child maltreatment re-reports within six months of the initial report and within six months of the PSF-Family Connections Intervention completion during a specific fiscal year for the individuals who received PSF-Family Connections Intervention and those who were in the comparison group?
2. What is the proportion of child maltreatment re-reports within 12 months of the initial report and within 12 months of the PSF-Family Connections Intervention completion during a specific fiscal year for the individuals who received PSF-Family Connections Intervention and those who were in the comparison group?
3. What is the number and proportion of children that experienced verified maltreatment within six months of a child's first report of child maltreatment and within six months of PSF-Family Connections Intervention completion if maltreatment was verified?
4. What is the number and proportion of children that experienced verified maltreatment within 12 months of a child's first report of child maltreatment and within 12 months of PSF-Family Connections Intervention completion if maltreatment was verified?
5. What is the number and proportion of children who achieved permanency, including reunification within 12 months of PSF-Family Connections Intervention completion, compared to those whose parents did not receive PSF-Family Connections Intervention?
6. What is the number and proportion of children who were reunified within 12 months of PSF-Family Connections Intervention completion compared to those whose parents did not receive PSF-Family Connections Intervention?

Family Connections Population of Focus/Sample

A clearly identified population was selected for this study. The evaluation study includes families receiving services by PSF located in the following counties in Florida: Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Madison, Suwannee, Taylor, Union Counties. These families were involved with the child welfare services after a child protection investigation (CPI) was completed. More specifically, participants in PSF-FC are the parents who were identified as alleged perpetrators on at least one CPI report between state fiscal years 2016-2017 and 2020-2021, who did not participate in any special evidence-based services during this time and who were located in the geographic areas served by PSF.

Evaluation Design

The analysis examined outcomes among child welfare-involved parents who were referred to the PSF-FC and those who received services as usual during this same time period in the State of Florida. This evaluation study used a longitudinal quasi-experimental design with a two-group comparison using propensity score matching. The two groups consisted of the intervention group (i.e., PSF-FC) and the comparison group (i.e., child welfare involved parents who did not receive the PSF-FC intervention but otherwise had similar characteristics). Propensity score matching was used to control for initial differences across multiple background characteristics and baseline variables (Rosenbaum & Rubin, 1984). The propensity score matching is utilized to achieve group equivalence when participants are initially assigned to different conditions or in observational studies when random assignment is not feasible. In this study, propensity score matching was utilized for several reasons: (a) randomization was not possible because intervention was implemented for all eligible caregivers, (b) participants in the PSF-FC intervention significantly differed from other child welfare involved parents on a number of characteristics, and (c) the need to obtain an equivalent comparison group to adequately assess examined outcomes.

The propensity score was calculated using logistic regression to obtain the predicted probability of being in the intervention group (Rosenbaum & Rubin, 1984). As a result, an estimated probability of being in the intervention group (i.e., PSF-FC) was obtained for each parent/caregiver in the data set. All available caregiver demographic characteristics, domestic violence history, caregiver substance abuse issues, county where maltreatment occurred, and the type of maltreatment were included in the calculation of the propensity score. After the propensity score was calculated, cases were matched using the nearest neighbor technique, in which the propensity score in the comparison group closest to the propensity score in the

intervention group (i.e., PSF-FC) was selected (Dehejia & Wahba, 2002). After matching was completed, the intervention and the comparison groups were checked for balance on all parent characteristics included in the calculation of the propensity score. No significant differences between groups were found when the groups were examined on each of the covariates (i.e., caregiver characteristics) included in the propensity score.

Data Sources

The two primary sources of data were the Partnership for Strong Families (PSF) database, and the Florida Safe Families Network (FSFN). The data related to the PSF database included: participants' start and end dates of the Family Connections intervention; demographic characteristics, number of children, county, reason for the case closed, and the completion status. Data related to child maltreatment reports, parent and child demographic information, results of child protective investigations, dates of children's placement into out-of-home care, dates of discharge from out-of-home care and the reasons for discharge were obtained from FSFN.

Predictor Variables

The predictor variables or covariates included the parent/caregiver demographic characteristics and receipt of the PSF-FC intervention. A description of each one follows.

Participation in the PSF-FC program. This study included those participants who received the FC program regardless of the outcome. Therefore, participation in the PSF-FC program was defined as a person's enrollment in the PSF-FC program regardless of whether the parent completes treatment successfully. The study also utilized another approach where participation in the PSF-FC program was defined as a person's completion of the program with a successful discharge. Using this approach, if a person was enrolled in the PSF-FC program but did not successfully complete the treatment or disengaged from treatment, the person was dropped from the analyses.

Parental demographic characteristics. Demographic characteristics included gender, age at the time the child maltreatment report was received, and race/ethnicity. Gender consisted of two categories – male and female. Age was a continuous variable measured at the time of enrollment in the PSF-FC program for PSF-FC participants or at the time when the first maltreatment report was received for the comparison group. Because of small numbers in certain racial groups, the following race/ethnicity categories were used: White, Black, Hispanic and Other.

Maltreatment Type. Four types of maltreatment were recorded in this study: (a) physical abuse, (b) sexual abuse, (c) neglect, and (d) threatened harm. Chapter 39 of the Florida Statutes (41) defines physical/sexual abuse as any willful or threatened act that results in any physical, mental, sexual injury, or harm that causes or is likely to cause significant impairment in the child's physical, mental, or emotional health. Similarly, neglect is defined by Chapter 827 of the Florida Statutes as a caregiver's failure or omission to provide a child with the care, supervision, and services necessary to maintain the child's physical and mental health, including, but not limited to, food, nutrition, clothing, shelter, supervision, medicine, and medical services that a prudent person would consider essential for the well-being of the child. Threatened harm was defined as a behavior that is not accidental and is likely to result in harm to the child. A dichotomized variable was created to indicate whether the child experienced or did not experience a specific maltreatment type.

Parental History of Substance Abuse Problems. A dichotomized variable was constructed to indicate whether the child's parent(s) had substance abuse problems (1 = yes) or not (0 = no).

Domestic Violence in the Family. A dichotomized variable was constructed to indicate the presence of domestic problems in the family (1 = yes) or not (0 = no).

Successful Completion of PSF-FC Status. This variable indicated whether the PSF-FC participants successfully completed the program (coded as 1) or not (coded as 0).

Measures (Outcomes)

Several safety and permanency indicators were calculated and examined, including rates of repeated child maltreatment reports, rates of recurrence of verified maltreatment, permanency, and reunification rates. Timeframes for child safety and permanency outcomes were selected and based on the CFSR national data indicators (U.S. DHHS, 2022).

Child maltreatment re-reports within six months. This indicator was based on entry cohorts, that is, all children who were brought in contact with the child welfare system and subsequently investigated for alleged child maltreatment. For the PSF-FC group, child maltreatment re-report was defined as a subsequent investigated child maltreatment report within six months after completion of the PSF-FC program, regardless of the disposition. For the comparison group, child maltreatment re-report was defined as a second investigated child maltreatment report within six months of the initial report regardless of the disposition.

Child maltreatment re-reports within 12 months. This indicator was based on entry cohorts, that is, all parents who were reported and subsequently investigated for alleged child

maltreatment. For the PSF-FC group, child maltreatment re-report was defined as a subsequent investigated child maltreatment report within 12 months after completion of the PSF-FC program, regardless of the disposition. For the comparison group, child maltreatment re-report was defined as a second investigated child maltreatment report within 12 months of the initial report regardless of the disposition.

Recurrence of verified child maltreatment within six months. This indicator was based on entry cohorts, that is, all parents who were reported, subsequently investigated for alleged child maltreatment, and as a result of the child protection investigation, child maltreatment was found verified. For the PSF-FC group, recurrence of maltreatment was defined as a subsequent verified child maltreatment report within six months after completion of the PSF-FC program. For the comparison group, recurrence of maltreatment was defined as a second incident of verified maltreatment within six months of a child's first verified maltreatment incident. Only children with "verified" maltreatment (i.e., when the protective investigation resulted in a verified finding of abuse, neglect, or threatened harm) were included in the analysis. The first and second episodes of maltreatment were selected based on the dates the reports of child maltreatment were received.

Recurrence of verified child maltreatment within 12 months. This indicator was based on entry cohorts, that is, all parents who were reported, subsequently investigated for alleged child maltreatment, and as a result of the child protection investigation, child maltreatment was found verified. For the PSF-FC group, recurrence of maltreatment was defined as a subsequent verified child maltreatment report within 12 months after completion of the PSF-FC program. For the comparison group, recurrence of maltreatment was defined as a second incident of verified maltreatment within 12 months of a child's first verified maltreatment incident. Only children with "verified" maltreatment (i.e., when the protective investigation resulted in a verified finding of abuse, neglect, or threatened harm) were included in the analysis. The first and second episodes of maltreatment were selected based on the dates the reports of child maltreatment were received.

Placement in out-of-home care. The number and proportion of children who were removed from their primary caregiver(s) and were placed into out-of-home care after their involvement with the child welfare system were analyzed. This indicator was based on the cohort of children whose caregivers were enrolled in the PSF-FC program and also based on the cohort of children whose parents/caregivers successfully completed the PSF-FC program or who were investigated for child maltreatment. Placement in out-of-home care was defined as removal of the child from their original caregivers and placement in out-of-home care following either completion of the

PSF-FC program for the participants in the intervention group or following child protection investigation for the participants in the comparison group.

Permanency. Permanency was defined as the number and proportion of all children exiting out-of-home care for permanency reasons within 12 months of the latest removal. This measure is based on an entry cohort, that is, all children who were placed in out-of-home care during a specific fiscal year as indicated by the “removal date” in FSN. Children were followed for 12 months from the date of removal from home to determine whether they were discharged from out-of-home care as indicated by *Discharge Date* in FSN and achieved permanency.

Permanency is defined as discharge from out-of-home care to a permanent home for the following reasons as indicated in FSN: (a) reunification, that is, the return of a child who has been removed to the removal parent or other primary caretaker, (b) permanent guardianship (i.e., long-term custody or guardianship) with a relative or non-relative, and (c) adoption finalized, that is, when the Court enters the verbal order finalizing the adoption.

Reunification with Original Caregivers. This measure is based on entry cohort. An entry cohort is defined as all children who were placed in out-of-home care during a given fiscal year and it is based on the date the child was removed from his/her home as indicated by a *Removal Date* in FSN. Children were followed for 12 months from the date of removal from home to determine whether they were discharged from out-of-home care as indicated by *Discharge Date* in FSN and achieved reunification, that is, the return of a child who has been removed to the removal parent or other primary caretaker. Reunification is identified based on one of the reasons for discharge as indicated in FSN.

Data Analysis

The evaluation used various analytical techniques, including descriptive and inferential statistics. First, descriptive statistics were used to detect data input errors, outliers, missing data patterns, and describe the distribution for each measured variable. Second, a chi-square test was used to compare the proportions of caregivers in the intervention and the comparison groups whose children were removed. Third, Cox regression, also known as proportional hazards modeling (Cox, 1972), was used to examine time to exit from out-of-home care, time to child maltreatment re-report, and time to recurrence of maltreatment. Cox regression is a type of event history analysis that is used extensively in outcomes research because of its ability to simultaneously examine both the risk of an event occurring and potential deferential effects related to the timing of that event (Cox, 1972). The major advantage of using Cox proportional hazards modeling in this study is that it utilizes information about parents who experienced an

event (e.g., recurrence of maltreatment) and those who did not experience the event of interest or did not have another child maltreatment report (i.e., censored observations). To facilitate model interpretation, odds ratios were used to index the magnitude of the effect of each predictor on time to the event of interest.

Study Findings

Before conducting propensity score matching, 352 parents/guardians were identified as being enrolled and having received the PSF-FC program during fiscal years 2016-17 and 2020-21. There were 877,962 caregivers who were served as potential participants in the comparison group. The characteristics of child welfare involved parents/guardians who received the PSF-FC intervention and their counterparts who did not receive the intervention are shown in Table 1.

There were 129 caregivers who received PSF FC intervention and who had no missing demographic variables; so, these parents were included in the propensity score matching process. After propensity score matching, 110 caregivers who were enrolled in the PSF-FC program and received services associated with the FC intervention during fiscal years 2016-17 and 2020-21 were identified as participants in the intervention group. Of these participants, 36 (33%) successfully completed the PSF-FC program. The comparison group was created by matching using the propensity score method. Cases for potential matching included all caregivers who were involved in the Florida child welfare system as alleged perpetrators during state fiscal years 2016-17 and 2020-21 and who had no missing demographic information ($n = 54,698$). As a result of the propensity score matching, 114 child welfare involved parents who did not receive FC services, but otherwise were similar to the PSF-FC participants, were selected for the comparison group.

Table 1

Descriptive Statistics for PSF and Comparison Samples at Baseline Before Propensity Score Matching

Baseline Characteristic ^a	PSF-FC			Comparison Group			Effect Size	Phi (ϕ)
	<i>n</i>	%	<i>M</i> (<i>SD</i>)	<i>n</i>	%	<i>M</i> (<i>SD</i>)		
Age (in years)	129		32.17 (6.81)	34,620		32.76 (8.49)	$\eta^2 = 0.01$	
Females	92	72.4*		29,437	53.8			0.02
Race								
White	111	31.5*		70,890	63.6			0.02
Black	22	6.3*		29,705	26.7			0.003

Baseline Characteristic ^a	PSF-FC			Comparison Group			Effect Size	Phi (ϕ)
	<i>n</i>	%	<i>M</i> (<i>SD</i>)	<i>n</i>	%	<i>M</i> (<i>SD</i>)		
Hispanic	34	9.7*		19,497	2.2			0.01
Multiracial	10	2.8*		822	0.1			0.02
Type of child maltreatment								
Sexual abuse	10	2.8*		44,065	5.5			0.002
Physical abuse	50	14.2*		166,085	20.7			0.003
Neglect	222	63.1*		326,326	40.7			0.01
Emotional abuse	14	4.0*		33,325	4.2			0.0002
Domestic violence	92	26.1*		268,560	33.5			0.003
Threatened harm	9	2.6		15,828	2.0			0.001
Parental substance misuse	132	37.5*		236,793	29.5			0.04
Loss of a caregiver	16	4.5		16,543	2.1			0.003

Note. ^aCounty was included as one of the baseline characteristics but was omitted from this table to keep the table manageable in size.

Note. * $p < .05$.

Descriptive statistics were used to examine the obtained sample. One-way ANOVA and chi-square test were used to compare caregiver/case characteristics between the groups. Table 2 presents the frequency distributions and the results of statistical comparisons including effect sizes for each variable after matching. As shown in Table 2, most of the study sample were females and White. The average age of the participants was between 32 and 33 years.

The distribution of other parent or guardian/case characteristics at the time they were either enrolled in the PSF-FC program or became involved with the child welfare system for the first time during a specific fiscal year are also presented in Table 2. A substantial proportion of the children (61.8 percent in the intervention group and 56.1 percent in the comparison group) had parents who were investigated by the child protection system for neglect, followed by physical abuse. Between 23 and 25 percent of the parents/caregivers in each group had a history of domestic violence and about 34 percent had substance misuse issues. Smaller proportions of parents/caregivers were investigated for sexual abuse, emotional abuse, or threatened harm.

Table 2

Descriptive Statistics for PSF and Comparison Samples at Baseline After Propensity Score Matching

Baseline Characteristic ^a	PSF			Comparison Group			Effect Size	Phi (ϕ)
	<i>n</i>	%	<i>M</i> (<i>SD</i>)	<i>n</i>	%	<i>M</i> (<i>SD</i>)		
Age (in years)	110		32.44 (7.04)	114		33.24 (6.87)	0.11**	
Females	81	73.6		82	71.9			0.02
Race								
White	94	85.5		89	78.1			0.10
Black	14	12.7		9	7.9			0.08
Hispanic	24	21.8		23	20.2			0.02
Other race	0	0.0		4	3.5			0.13
Type of child maltreatment								
Sexual abuse	5	4.5		6	5.3			0.02
Physical abuse	22	20.0		16	14.0			0.08
Neglect	68	61.8		64	56.1			0.06
Emotional abuse	6	5.5		6	5.3			0.04
Threatened harm	3	2.7		4	3.5			0.02
Parental substance misuse	41	34.3		38	33.3			0.04
Domestic violence	28	25.5		26	22.8			0.03
Loss of a caregiver	5	4.5		0	0			0.15

Note. ^aCounty was included as one of the baseline characteristics but was omitted from this table to keep the table manageable in size.

* $p < .05$; ** Cohen's d

Child maltreatment re-reports within six months. Approximately 9 percent of parents/caregivers in the PSF-FC intervention group were reported again for alleged child maltreatment within six months after the completion of the PSF-FC program. For those parents/caregivers in the comparison group, approximately 24 percent were reported for alleged child maltreatment for the second time within six months of the initial child maltreatment report (see Table 3). Cox regression analysis was conducted to examine the effect of receiving PSF-FC services on child maltreatment re-reports within six months of completing the PSF-FC program. The results indicated that there was a statistically significant difference (see Table A.1 in the Appendix). Parents/guardians who received the PSF-FC intervention were significantly less likely to have a subsequent child maltreatment report compared to their counterparts in the comparison group. In particular, parents/guardians who received PSF-FC services were almost

three times less likely to be reported again time after receiving the PSF-FC intervention (OR = .34, $p < .05$).

Table 3

Rates of Child Maltreatment Re-reports within 6 and 12 Months for the Participants in the PSF-Family Connections Intervention and the Comparison Group

Measure	PSF-Family Connections		Comparison Group	
	<i>n</i>	%	<i>n</i>	%
Maltreatment re-reports within 6 months	10	9.1	27	23.7
Maltreatment re-reports within 12 months	17	15.5	39	34.2

Note. PSF-Family Connections ($n = 110$); Comparison group ($n = 114$).

Child maltreatment re-reports within 12 months. Approximately 16 percent of parents/caregivers in the PSF-FC intervention group were reported for alleged child maltreatment again within 12 months after the completion of the PSF-FC program. For those parents/caregivers in the comparison group, approximately 34 percent were reported for alleged child maltreatment for the second time within 12 months of the initial child maltreatment report (see Table 3). Cox regression analysis was conducted to examine the effect of receiving PSF-FC services on the rates of child maltreatment re-reports within 12 months of completing the PSF-FC program. The results indicated that there is a statistically significant difference (see Table A.2 in the Appendix). Parents/guardians who received the PSF-FC intervention were significantly less likely to have a subsequent child maltreatment report compared to their counterparts in the comparison group. In particular, parents/caregivers who received PSF-FC services were over two and a half times (OR = 0.38 $p < .01$) less likely to be re-reported within 12 months after completing the PSF-FC program.

The results of a chi-square test that examined the relation between group membership and the rate of child maltreatment re-reports indicated a statistically significant difference between the groups within 6 months ($X^2 (1, N = 224) = 7.62, p < .05$) and within 12 months ($X^2 (1, N = 224) = 9.53, p < .05$). This means that participants in the comparison group were more likely to have a maltreatment re-report within 6 and 12 months than participants in the PSF-FC group. Cramer's $V = 0.20$ indicated a small to medium effect size for re-reporting within 6 months and was equal to .22, a small to medium effect size at 12 months.

Recurrence of verified child maltreatment within six months. Approximately 8 percent of the parents/caregivers in the PSF-FC intervention group experienced recurrence of verified child

maltreatment within six months after completion of the PSF-FC intervention. Approximately 10% of the parents/caregivers in the comparison group experienced recurrence of verified child maltreatment within six months of the initial child incident (see Table 4). When the effect of receiving PSF-FC services on recurrence of verified maltreatment within six months was examined, the results of the Cox regression analysis indicated that there was no statistically significant difference between the groups (see Table A.3 in the Appendix).

Table 4

Rates of Verified Child Maltreatment Within 6 and 12 Months for the Participants in the PSF-Family Connections Intervention and the Comparison Group

Measure	PSF-Family Connections		Comparison Group	
	<i>n</i>	%	<i>n</i>	%
Child maltreatment recurrence within 6 months	9	8.2	11	9.6
Child maltreatment recurrence within 12 months	14	12.7	16	14.0

Note. PSF-Family Connections (*n* = 110); Comparison group (*n* = 114).

Recurrence of verified child maltreatment within 12 months. Approximately 13 percent of parents/caregivers in the PSF-FC intervention group experienced recurrence of verified child maltreatment within 12 months after completion of the PSF-FC intervention. For those parents/caregivers in the comparison group, approximately 14 percent experienced recurrence of verified child maltreatment within 12 months of the initial child incident (see Table 4). When the effect of receiving PSF-FC services on recurrence of verified maltreatment within 12 months was examined, the results of the Cox regression analysis indicated that there was no statistically significant difference between the groups (see Table A.4 in the Appendix). Similarly, the results of a chi-square test that examined the relation between group membership and the rates of verified child maltreatment indicated no significant difference between the groups within 6 months ($X^2(1, N = 224) = .023, p = .880$) and within 12 months ($X^2(1, N = 224) = .008, p = .927$).

Placement in out-of-home care. The participants in the PSF-FC program were compared to their counterparts on the rates of child removal and placement of children in out-of-home care. As shown in Table 5, only 25.5 percent of caregivers who completed the PSF-FC program had their children removed and placed in out-of-home care. In contrast, 39.5 percent of

caregivers who did not participate in the PSF-FC program had their children removed and placed in out-of-home care.

Table 5

Rates of Removal of the Child and Placement in Out-of- Home Care for the Enrollees in the PSF-Family Connections Intervention and the Comparison Group

Measure	PSF-Family Connections		Comparison Group	
	<i>n</i>	%	<i>n</i>	%
Child Removal	28	25.5	45	39.5

Note. PSF-Family Connections (*n* = 110); Comparison group (*n* = 114).

In addition, the rates of removal were calculated for the PSF-FC participants who successfully completed the program and were compared to those participants who did not receive PSF-FC intervention. As Table 6 shows, only 6.4 percent of children among participants in the PSF-FC group were removed from home and placed in out-of-home care after successful completion of the program. In contrast, 39.5 percent of children among the participants who did not receive PSF-FC intervention were removed from home and placed in out-of-home care. The results of a chi-square test that examined the relation between group membership and the rate of removal and placement in out-of-home care indicated a statistically significant difference between the groups ($\chi^2 (1, N = 224) = 32.60, p < .001$), meaning that children of the participants in the comparison group were more likely to be placed in out-of-home care than children of the participants in the PSF-FC group. Cramer's *V* = 0.39, indicated a medium effect size.

Table 6

Rates of Removal of the Child and Placement in Out-of- Home Care for the Participants Who Successfully Completed the PSF-Family Connections Intervention and the Comparison Group

Measure	PSF-Family Connections		Comparison Group	
	<i>n</i>	%	<i>n</i>	%
Child Removal	7	6.4	45	39.5

Note. PSF-Family Connections (*n* = 110); Comparison group (*n* = 114).

Permanency. When the proportions of children who achieved permanency in the PSF-FC group and the comparison group were compared, a larger proportion of the caregivers who were enrolled in the PSF-FC program had their children achieve permanency. Specifically, over half of caregivers who were enrolled in the PSF-FC intervention had their children achieve

permanency within 12 months of program completion. Approximately, 49 percent of children whose caregivers did not receive PSF-FC intervention had their children placed in a permanent home (see Table 7). However, the results of a chi-square test that examined the relation between group membership and the exit from out-of-home care for permanency reasons indicated a non-statistically significant difference between the groups ($X^2(1, N = 73) = .022, p = .882$). The results of Cox regression analysis confirmed this finding and indicated that there was no significant effect of PSF-FC intervention on achieving permanency (see Table A.5 in the Appendix).

Table 7

Exit into Permanency for the PSF Family-Connections Enrollees and the Comparison Group

Measure	PSF-Family Connections		Comparison Group	
	<i>n</i>	%	<i>n</i>	%
Exit from out-of-home care for permanency reasons	15	53.6	22	48.9

Note. *n* = 28 (PSF-FC); *n* = 45 (comparison group).

In addition, caregivers who were enrolled in the PSF-FC program and successfully completed the intervention were compared to the caregivers who did not receive the PSF-FC intervention on permanency rates. As shown in Table 8, almost 43 percent of children whose parents/caregivers successfully completed the PSF-FC intervention achieved permanency within 12 months of program completion, and almost 49 percent of children among parents/caregiver who did not receive PSF-FC intervention achieved permanency within 12 months of entry into out-of-home care.

Table 8

Exit into Permanency for the PSF- Family Connections Participants Who Successfully Completed the Intervention and the Comparison Group

Measure	PSF-Family Connections		Comparison Group	
	<i>n</i>	%	<i>n</i>	%
Exit from out-of-home care for permanency reasons	3	42.9	22	48.9

Note. *n* = 7 (PSF-FC); *n* = 45 (comparison group).

The results of a chi-square test that examined the relation between group membership and the exit into permanency for the PSF-FC participants who successfully completed the

intervention indicated no significant difference between the groups ($X^2(1, N = 52) = .001, p = 1.00$). Similarly, the results of Cox regression analysis indicated no significant effect of PSF-FC intervention on achieving timely permanency (see Table A6 in the Appendix).

Reunification with original caregiver. When the proportions of reunified children between the PSF-FC group and the comparison group were compared, no significant difference was observed. There was 11 percent of children who achieved timely reunification whose caregivers completed the PSF-FC intervention. There was a slightly lower proportion (8.9 percent) of children who achieved timely reunification whose caregivers did not receive such intervention (see Table 9), but the difference was not statistically significant. The results of a chi-square test that examined the relation between group membership and reunification indicated a non-statistically significant difference between the groups ($X^2(1, N = 73) = .001, p = 1.00$).

Table 9

Exit into Reunification for the PSF- Family Connections Participants and the Comparison Group

Measure	PSF-Family Connections		Comparison Group	
	<i>n</i>	%	<i>n</i>	%
Reunification	3	10.7	4	8.9

Note. *n* = 28 (PSF-FC); *n* = 45 (comparison group).

Caregivers who successfully completed the PSF-FC intervention were compared to their counterparts who did not receive PSF-FC intervention (see Table 10). Although a much larger proportion of children (29%) whose parents successfully completed the PSF-FC intervention were reunified within 12 months of program completion compared to only 9% of children whose parents/caregivers did not receive this intervention, the results of a chi-square test that examined the relation between group membership and reunification for those PSF-FC participants who successfully completed the intervention indicated a non-statistically significant difference between the groups ($X^2(1, N = 52) = .775, p = .379$).

Table 10

Exit into Reunification for the PSF- Family Connections Participants Who Successfully Completed the Intervention and the Comparison Group

Measure	PSF-Family Connections		Comparison Group	
	<i>n</i>	%	<i>n</i>	%
Reunification	2	28.6	4	8.9

Note. *n* = 7 (PSF-FC); *n* = 45 (comparison group).

Discussion

Findings based on the five cohorts (SFY 2016-17, 2017-18, 2018-19, 2019-20, and 2020-21) of caregivers who received the PSF-FC intervention indicated that compared to a group of similar parents/caregivers receiving standard child welfare services, parents/caregivers who received the PSF-FC intervention were less likely to have new allegations of maltreatment within six months of the initial incident and were less likely to be reported for child maltreatment for the second time within 12 months after the discharge from the program. Further, the results of the evaluation study demonstrated that compared to the caregivers who received standard child welfare services, the rates of removal and placement in out-of-home care were significantly lower for the participants in the PSF-FC intervention regardless of whether they successfully finished the program or not.

Although no significant differences were found when the proportions of caregivers whose children achieved permanency or reunified were compared for the participants who received PSF-FC intervention and the caregivers who received business as usual child welfare services, this can be due to an extremely small sample size available for the analysis. For example, data for only 15 participants whose children achieved permanency were available for the PSF-FC group and for only 3 participants who successfully completed the program. This sample size is not sufficient to detect even a large effect size.

Findings from this study are consistent with other research focusing on the impact of the Family Connections intervention (DePanfilis & Dubowitz, 2005; DePanfilis et al., 2009). However, this is one of the first studies that has shown that receiving Family Connections intervention was associated with better outcomes for child maltreatment recidivism and removal of the child. These findings also fit with the theoretical foundation of the intervention that was designed to improve protective factors (e.g., concrete services, social support) and reduce risk factors (e.g., mental health issues), which may help prevent recurrence of alleged or verified maltreatment. Finally, although this study utilized an ITT analysis as well as an analysis with only those who completed the intervention, similar results were obtained when the PSF-FC participants who successfully completed the intervention were compared to the caregivers who received “business as usual” child welfare services.

Study Limitations

Several limitations should be noted. Among these limitations is the sole use of administrative data to examine outcomes for child welfare involved families. Unfortunately, using other data

sources was not feasible. Moreover, to gain a more complete picture of the unique impact of the PSF-FC intervention on child and caregiver outcomes, it would be useful to include various context variables, such as peer and relative support, other services the family received, and mental health diagnoses if a caregiver had received one. However, this information was not available. Another limitation concerns the generalizability of the data. The implementation of Community-Based Care in Florida and transfer of responsibilities for provision of child protection services to the lead agencies may have had a unique impact on child and family outcomes. Finally, it should be noted that the effect sizes were generally small, but this may be due to a relatively small sample size. Almost half of the cases in the PSF-FC intervention group had missing data on all demographic variables, therefore, they could not be matched and subsequently could not be included in the study.

Conclusions

Findings from this evaluation study have shown support for the PSF-FC intervention. The current study underscored the important role that the PSF-FC intervention plays in helping child welfare involved caregivers, demonstrating that the PSF-FC intervention effectively reduces recidivism rates and child removal for families involved with the child welfare system regardless of the reason for involvement. Additional studies with larger samples in other states are needed to add to the evidence base for this intervention.

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Appendix: Cox Regression Results

Table A.1

Cox Regression Results. The Effect of PSF-Family Connections on Child Maltreatment Re-Reports Within 6 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald χ^2 (1)	OR	95% CI	
				LL	UL
PSF-Family Connections	-1.07	8.36*	.34	.16	.71

Note. LL = lower limit; UL = upper limit.

* $p < .05$

Table A.2

Cox Regression Results. The Effect of PSF-Family Connections on Child Maltreatment Re-Reports Within 12 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald χ^2 (1)	OR	95% CI	
				LL	UL
PSF-Family Connections	-.97	11.00*	.38	.22	.67

Note. LL = lower limit; UL = upper limit.

* $p < .05$

Table A.3

Cox Regression Results. Effect of PSF-Family Connections Enrollees on Recurrence of Verified Child Maltreatment Within 6 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald χ^2 (1)	OR	95% CI	
				LL	UL
PSF-Family Connections	-.16	.12	.86	.35	2.06

Note. LL = lower limit; UL = upper limit.

* $p < .05$

Table A.4

Cox Regression Results. Effect of PSF-Family Connections Enrollees on Recurrence of Verified Child Maltreatment Within 12 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald χ^2 (1)	OR	95% CI	
				LL	UL
PSF-Family Connections	.04	.01	1.04	.50	2.17

Note. LL = lower limit; UL = upper limit.

* $p < .05$

Table A.5

Cox Regression Analysis for the Effect of PSF-Family Connections on Exit into Permanency for PSF Enrollees and the Participants in the Comparison Group

Risk Factor	<i>B</i>	<i>SE</i>	Wald χ^2 (1)	OR	95% CI	
					LL	UL
PSF-Family Connections	-.001	.34	.01	0.99	.52	1.93

Note. LL = lower limit; UL = upper limit.

* $p < .05$

Table A.6

Cox Regression Analysis for the Effect of PSF-Family Connections on Exit into Permanency for PSF-Family Connections Participants Who Successfully Completed the Intervention and the Participants in the Comparison Group

Risk Factor	<i>B</i>	<i>SE</i>	Wald χ^2 (1)	OR	95% CI	
					LL	UL
PSF-Family Connections	-.31	.62	.24	.74	.22	2.48

Note. LL = lower limit; UL = upper limit.

* $p < .05$