

**ASSESSING THE EFFECTIVENESS OF CHILD WELFARE
SERVICES**

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Table of Contents

<u>Section</u>	<u>Page</u>
Executive Summary	i
Introduction	1
Section One: Profiling Families	3
Type of Abuse	3
Severity of Abuse	5
Child's Age	12
Family Factors	13
Family Barriers	17
Child Problems	19
Significance Tests to Differentiate Populations	22
Summary of Section One: Profiling Families	27
Section Two: Identifying Effective Services	30
Assessing the Effectiveness of Services	30
Return Home	31
Re-abuse	34
Service Effectiveness Summary	37
Section Three: Model Components, Model Adequacy, and Other Uses	39
Model Components	39
Return Home	40
Re-abuse	44
Model Adequacy	46
Children returning home	46
Re-abuse	49
Other Uses	50
Conclusions	52
Appendix 1: Number of Cases Reviewed	54
Appendix 2: Calculating Service Effectiveness Estimates	55

Assessing the Effectiveness of Child Welfare Services

Introduction

Currently there are between 6,000 and 6,300 children in foster care in Oregon. Most of the children entering foster care today do not return to the same caretaker(s) during the year after their removal. Some return home after the year, some eventually live with another biological parent who was not caring for the child when placed in foster care, others live with relatives, some emancipate from the substitute care system, and some are later adopted. Approximately 40% of the children in foster care for 14 days or longer return home to the same caretaker(s) in the year after the removal.

There are many different services provided to families served by Oregon's child welfare agency. Parent training, counseling, drug/alcohol treatment, psychological examinations, anger management, and housing assistance are examples of the services provided to these families. Some services minimize the number of children entering foster care and some services promote family reunification, while other services minimize re-abuse. Some services are more effective with physically abusive families while other services are more effective with neglectful families. Considering the array of services, numerous child welfare outcomes, and many different types of child maltreatment, providing the most effective services to a family is difficult. However, providing the most effective services to child welfare families has the potential to minimize the number of children entering foster care, maximize the number returned home, and minimize the frequency of subsequent re-abuse.

Assessing the effectiveness of child welfare services can be difficult. One method of assessing service effectiveness is accomplished by comparing two groups -- those receiving the service and those not receiving the service. Before an accurate assessment of the service impact can be calculated, the two groups must be very similar before the service is provided. Without

this similarity, the differences between group outcomes (e.g. percent returned home, percent re-abused) might reflect more about the **initial difference** between the two groups than about the effectiveness of a service. Since the services provided to families are designed to respond to each family's unique needs, the group receiving the service usually differs from the group not receiving the service. How can researchers identify the effectiveness of a service when those receiving the service differ from those not receiving the service? Statistical adjustments can acknowledge differences between two client groups. Family factors, family barriers to returning children home, child problems, child age, and severity of maltreatment are used to make the statistical adjustments that make the two groups as comparable as possible.

This report considers two outcome measures -- children returning home without further abuse and children who are re-abused. Return home rate is defined as the return of a foster child to the same caretaker(s) the child was removed from. Re-abuse is defined as maltreatment inflicted upon the same child who returned to the same caretaker(s) in the year after the removal. "Re-abuse" includes many forms of child abuse, neglect, and parental desertion; the categories of child behaviors and parents requiring hospitalization are not considered maltreatment.

This report contains three sections. The first section profiles families who have their child returned home, profiles families who do not have their child returned home, and profiles families who have their child returned home and subsequently re-abuse their child. The second section identifies the services effective with reunifying families and preventing re-abuse. These services are combined with parental involvement to recognize the level of parental attendance necessary to improve the likelihood a child will be returned home, and the parental attendance necessary to decrease the likelihood of subsequent re-abuse. The third section explains some attributes of the model -- the influence of service participation, the influence of barrier resolution, model weaknesses, and adequacy of the model. Although this section contains some technical detail ancillary to identifying the effective services, some information is pertinent to casework practice. The appendices provide technical detail for individuals desiring more comprehensive descriptions.

Section One: Profiling Families

Case documentation provides a rich source of information about the families served by Oregon's State Office for Services to Children and Families (SOSCF). SOSCF case files describe family history, the type and severity of child maltreatment prompting the placement into foster care, demographic information about the parents and children, family stresses, and problems exhibited by the parent(s) and children. The data gleaned from case files enables researchers to profile parents with children entering foster care in Oregon. The children included in this report are in foster care for at least fourteen days in the year after their removal.

Comparing the profiles of families who had their children returned home with families who do not have their children returned identifies family characteristics associated with reunification. This section also profiles families who re-abuse their children after returning home from foster care. Knowing the family characteristics more common with the re-abuse population is a key step to minimizing re-abuse. These comparisons should help caseworkers make more informed decisions when reunifying families, should help program managers establish policy and provide direction to field staff, and help administrators address legislation and public concerns about the agency.

Type of Abuse

Table 1 provides return rate and re-abuse rate by reason the child entered foster care. The first column entitled "children not returning home" identifies the percentage of children who do not return to the same caretaker(s) during the year after the removal. The second column entitled "children returning home" is the complement to the first column; percent not returning home and percent returning home sum to 100% for each category. The third column entitled "children who are re-abused" identifies the proportion of children returned home who are subsequently re-abused during the year after the removal.

Table 1. Return Home Rate and Re-abuse Rate by Reason the Child Entered Foster Care

Reason for entry	Children Not Returning home	Children Returning Home	Percent of the Children Returned Home Who are Re-abused
Physical Abuse	61.0%	39.0%	17.2%
Neglect	62.7	37.3	20.1
Parental Absence	67.2	32.8	20.2
Threat of Harm	61.2	38.8	21.7
Sexual Abuse	71.0	29.0	8.1
Parental Treatment	60.4	39.6	11.4
Mental Abuse	55.9	44.1	37.7
Child's Treatment	58.5	41.5	3.0
Child's Behavior	44.5	55.5	5.3
Voluntary Request	45.1	54.9	9.9

Each reason for entry combines all age groups and severities of maltreatment into a single category. The return home rates range from 29% for sexual abuse to 55% for child's behavior. Sexual abuse and parental absence are associated with particularly low return home rates. Child's behavior and voluntary request for placement are associated with particularly high return home rates. The other six categories including neglect, threat of harm, parental treatment needs, mental abuse, physical abuse, and child's treatment needs are all associated with return home rate approximating the state average (40%).

The re-abuse rates range from 3% for children entering foster care due to their treatment needs to 38% for children entering foster care for mental abuse. Due to the limitations of the data, type of maltreatment involved with the subsequent re-abuse, and its severity are not reflected. However, previous research¹ revealed the most common re-abuse is the same as that involved with the initial removal.

¹ A Comprehensive Analysis of Oregon's Foster Care Population. Children's Services Division. 1989.

Severity of Abuse

The severity of abuse and neglect prompting a child’s placement into foster care is recognized in the agency's level of vulnerability system. Table 2 identifies the vulnerability of children who return home and the vulnerability of children who do not return home. The first and second columns of Table 2 profile children not returning and children returning home, respectively; each column sums to 100%.

Table 2. Level of Vulnerability for Children Not Returning Home, Children Returning Home, Children Who are Re-abused and Children Who Re-enter Foster Care

Level of Vulnerability	Percent not Returning Home	Percent Returning home	Percent Re-abused In Level	Percent Re-abused who Re-enter Foster Care
1	19.3%	8.9%	17.3%	55.5%
2	32.6	28.5	20.7	68.6
3	34.2	37.0	11.6	71.0
4	4.9	8.9	24.8	68.3
5	2.1	3.8	20.7	40.8
6	0.9	1.6	1.4	0.0
7	<u>5.9</u>	<u>11.1</u>	7.2	44.5
	100.0	100.0		

Correct interpretation of the estimates is important. For children who enter foster care and are not returned to the same caretaker, 19.3% are level 1, and about one-third are each level 2 and level 3. For children returning to the same caretaker(s), about 9% are level 1, about 29% are level 2, and 37% are level 3. Comparing the magnitude of the estimates for each level indicates if more than the average or fewer than average are returned home. If the estimates for a level are identical (return versus not return home), the proportion of children returning home for that level approximate the state average (40%). If the magnitude of the “not returning home” estimate exceeds the “returning home” estimate, fewer than 40% of the children return home for that level of vulnerability.

For level 2, the estimate for not returning home is 32.6% and the estimate for returning home is 28.5%; this implies fewer children are returned home to level 2 families than other levels

of vulnerability. For level 3 children, the estimate for returning home exceeds the estimate for not returning home (37.0 versus 34.2%); the proportion of level 3 children returning home exceeds the state average. Thus the return home rate is substantially below the state average for level 1, slightly below the state average for level 2, and slightly higher than the state average for level 3. Levels 4-7 are associated with return home rates exceeding the state average. The third column entitled “re-abuse” recognizes the proportion of children returned home who are subsequently re-abused. For level 1 children who enter foster care and are returned home, about 17% are re-abused by the original caretaker(s) during the year after the removal. Level 4 is associated with the highest re-abuse rate followed by level 2 and level 5. Level 3, level 6, and level 7 are associated with re-abuse rates below the state average.

Table 3 associates each sublevel of vulnerability with four different populations -- children returning home, children not returning home, children returned home who are re-abused, and children re-abused who re-enter care.

If the estimates for a sublevel of vulnerability are identical for percent returning and percent not returning home, the proportion of children returning home approximates the state average (40%). If the estimate for the “not returning home” is greater than the estimate for “returning home,” fewer than average are returned home. For the population of children not returned home (first column), 2.8% of the population were removed for severe physical abuse, .6% were removed for failing to thrive and so on. For children who returned home, 1.8% entered foster care for severe physical abuse, .7% for failure to thrive and so on. When estimates for returning and not returning are identical, the proportion of children returned for that sublevel of vulnerability is identical to the state average. Higher estimates for those not returning imply the return home rate is lower than the state average.

Most sublevel proportions within level 1 and level 2 are higher for those not returning home and are below the state average (approximately 40%) for return home rate. The level 3 population is associated with a return home rate approximating the state average, however, some level 3 sublevel populations do not approximate the state average. Most sublevel proportions within levels 4-7 exceed the state average for percent children returning home.

A child’s return home from foster care is influenced by a multitude of factors including

family involvement with services, resolution of problems involved with the removal, and likelihood of subsequent abuse. Overall, about 1 of every 7 (14.2%) children returned home will be re-abused during the year after the removal. Some levels of vulnerability and sublevels of vulnerability are more prone to re-abuse. Table 3 provides the re-abuse rate for children returned home from foster care by sublevel of vulnerability. For children initially entering foster care for severe physical abuse, 23.9% of those returned home are subsequently re-abused during the year after the removal. Roughly 36% of the Level 1 children who enter foster care return home in the year after removal; over 17% of the level 1 children returned home are re-abused. For children identified as level 2, level 4, and level 5 at removal, over 20% are re-abused. There are many sublevels of vulnerability where the re-abuse estimates exceed 20%. Diagnosed failure to thrive, severe physical abuse (ages 0-17 years), moderate physical abuse (ages 0-5 years and ages 6-12 years), chronic neglect (ages 0-5 years and ages 6-12 years), desertion (ages 0-17 years), parental incarceration (ages 0-17 years), mild neglect (ages 0-5 years), and mild physical abuse (ages 6-12 years) are common types of maltreatment where children are returned home and re-abuse estimates approach or exceed 20%. Most of these sublevels of child maltreatment are categorized as neglect, physical abuse, or parental absence involving younger children.

Roughly 2/3 of the re-abused children re-enter foster care. Of the approximately 2,450 cases records reviewed, approximately 1,000 of these children returned home, approximately 150 of these children were re-abused, and approximately 100 of these children re-entered care during the year after the removal. These 100 cases have been apportioned among the 60 sublevels of vulnerability; some caution should be used when drawing conclusions about this data.

Table 3 provides foster care re-entry rates for re-abused children. These proportions represent the percentages of re-abused children who re-enter foster care after being returned home. High estimates imply any re-abuse will likely result in a subsequent removal; low estimates imply re-abuse is unlikely to result in a subsequent removal. For the children who were severely physically abused, and entered foster care, returned home, and who were subsequently re-abused, 80% returned to foster care.

Table 3. Level of Vulnerability for Children Entering Foster Care and Not Returning Home, Children Returning Home, Children Re-abused, and Children Re-entering Care

Reason Child Entered Care	Percent Not Returning	Percent Returning	Percent Re-abused	Percent Re-abused Who Re-enter Foster Care
Level 1				
Child fatality	0.5	0.0	0.0	
Severe Physical abuse	2.8	1.8	23.9	80.0%
Diagnosed failure to thrive	0.6	0.7	25.5	11.3
Severe life threatening neglect/medical	1.1	0.7	21.9	21.3
Child in severe danger to harm self/others	0.5	0.4	6.5	0.0
Severe sexual abuse, all ages	7.1	4.2	14.3	50.9
Severe drug affected infant	3.1	0.7	0.0	
Abandonment, all ages	2.5	0.2	76.0	100.0
Parent relinquishes child for adoption	0.9	0.0	0.0	
Post Conviction Incarceration	0.2	0.2	0.0	
Total Level 1	19.3	8.9	17.6	55.5
Level 2				
Moderate physical abuse (ages 0-5)	3.2	3.2	23.9	41.1
Chronic neglect (ages 0-5)	15.9	14.9	21.4	75.5
Parental mental disability (ages 0-12)	4.6	3.6	17.5	36.6
Moderate sexual abuse (ages 0-12)	3.2	1.6	10.4	100.0
Desertion	5.5	5.0	20.4	74.7
Severe emotional abuse (ages 0-12)	0.2	0.2	100.0	100.0
Total Level 2	32.6	28.5	20.7	68.6
Level 3				
Moderate physical abuse (ages 6-12)	2.3	3.5	20.5	87.1
Chronic neglect (ages 6-12)	6.4	4.0	20.6	68.8
Chronic neglect special needs(ages 13-17)	0.2	0.0	0.0	
Severe emotional abuse (ages 6-12)	0.3	0.2	24.7	100.0
Moderate sexual abuse (ages 13-17)	1.8	2.7	3.5	100.0
Parental incarceration (ages 0-17)	8.1	9.2	20.0	71.6
Child's severe emotional disturbance	2.9	0.7	0.0	
Child sexual offender needs treatment	1.4	0.7	5.4	0.0
Parental physical/medical condition	0.8	0.5	0.0	
Parental hospitalization/detox	2.3	4.3	7.7	69.6
Child requires residential treatment	5.2	9.3	0.9	100.0
Child's severe physical/medical condition	0.5	0.8	0.0	
Child's severe mental handicap	0.6	0.6	43.5	34.9

Table 3 (cont.). Level of Vulnerability for Children Entering Foster Care and Not Returning Home, Children Returning Home, Children Re-abused, and Children Re-entering Care

Reason Child Entered Care	Percent Not Returning	Percent Returning	Percent Re-abused	Percent Re-abused Who Re-enter Foster Care
Desertion (ages 13-17)	0.9	0.2	0.0	
Parental mental disability	0.5	0.3	0.0	
Total Level 3	34.2	37.0	11.6	71.0
Level 4				
Mild physical abuse to infants/toddlers	1.4	2.5	18.5	21.7
Mild neglect (ages 0-5)	1.3	2.9	22.2	66.2
Drug exposed infant	0.8	1.2	24.8	97.6
Severe emotional abuse (ages 13-17)	0.1	0.0	0.0	
Moderate physical abuse (ages 13-17)	0.8	1.4	1.4	86.7
Moderate emotional abuse (ages 0-12)	0.5	0.9	0.9	75.4
Total Level 4	4.9	8.9	24.9	68.3
Level 5				
Mild physical abuse (ages 6-12)	1.4	2.3	22.7	53.3
Mild neglect (ages 6-12)	0.2	0.3	45.5	0.0
Mild emotional abuse (ages 0-12)	0.1	0.0	0.0	
Non-adjudicated delinquent (ages 0-12)	0.2	0.6	0.0	
Total Level 5	2.1	3.8	20.7	40.8
Level 6				
Mild sexual abuse (ages 0-17)	0.0	0.2	0.0	
Chronic acting out (ages 0-12)	0.1	0.9	0.0	
Mild emotional abuse (ages 13-17)	0.2	0.1	0.0	
Chronic neglect (ages 13-17)	0.6	0.4	5.3	0.0
Total Level 6	0.9	1.6	1.4	0.0
Level 7				
Court ordered services/placement	0.7	0.6	0.0	
Mild physical abuse (ages 13-17)	1.1	1.8	0.0	
Non-familial sexual abuse (ages 13-17)	0.1	0.1	0.0	
Mild neglect (ages 13-17)	0.1	0.6	28.7	66.6
Chronic acting out (ages 13-17)	1.6	2.9	3.4	100.0
Custody issues (ages 0-17)	0.1	0.5	41.2	0.0
Teen pregnancy/teen parent services	0.1	0.2	0.0	

Table 3 (cont.). Level of Vulnerability for Children Entering Foster Care and Not Returning Home, Children Returning Home, Children Re-abused, and Children Re-entering Care

Reason Child Entered Care	Percent Not Returning	Percent Returning	Percent Re-abused	Percent Re-abused Who Re-enter Foster Care
Juvenile delinquents (ages 0-17)	1.5	3.1	9.5	39.6
Voluntary request, p/child conflict (ages 0-17)	0.1	0.2	0.0	
Voluntary request, child behavior problems	0.2	0.4	0.0	
Voluntary request, poor parenting skills	0.0	0.1	0.0	
Voluntary request, family crisis	0.0	0.3	0.0	
Voluntary request, overwhelming ch. care	0.3	0.3	8.8	100.0
Total Level 7	5.9	11.1	7.2	44.5

Table 4 provides re-entry rates for the population of children who were re-abused by type of child maltreatment. These estimates are categorized by maltreatment but are identical to those presented in Table 3. The re-entry rate for neglectful families who re-abuse their children have some interesting trends. The children who enter foster care for the most severe neglect (i.e. failure to thrive and severe life threatening neglect) are associated with a low percentage of children who re-enter foster care. Only 11% of the failure to thrive children re-enter foster care after being re-abused. Most young children entering foster care for neglect who are subsequently re-abused do re-enter foster care. A majority of children entering foster care as drug exposed infants are returned to foster care after being re-abused. Additional Cohort Studies and improvements to the data collection device should help researchers better relate the types and severity of child maltreatment associated with the initial and subsequent removals.

Table 4. Re-abused Children Who Re-enter Foster Care

Physical Abuse	Percent	Neglect	Percent
Severe	80.0	Failure to thrive	11.3
Moderate (ages 0-5)	41.1	Life threatening	21.3
Moderate (ages 6-12)	87.1	Chronic (ages 0-5)	75.5
Moderate (ages 13-17)	86.9	Chronic (ages 6-12)	68.8

Table 4 (cont.). Re-abused Children Who Re-enter Foster Care

	Percent	Neglect	Percent
Physical Abuse			
Mild (ages 0-5)	21.7	Chronic (ages 13-17)	
Mild (ages 6-12)	53.3	Mild (ages 0-5)	66.2
Mild (ages 13-17)		Mild (ages 6-12)	
		Mild (ages 13-17)	66.6
		Drug Exposed	97.6
Parental Absence	Percent	Sexual Abuse	Percent
Abandonment	100.0	Severe	50.9
Desertion (ages 0-12)	74.7	Moderate (ages 0-12)	100.0
Parental incarceration	71.6	Moderate (ages 13-17)	100.0
Desertion (13-17)		Mild (ages 0-17)	
		Non-familial	
Mental Abuse	Percent		
Severe (ages 0-5)	100.0		
Severe (ages 6-12)	100.0		
Severe (ages 13-17)			
Moderate (ages 0-12)	75.4		
Moderate (ages 13-17)	100.0		
Mild (ages 0-12)			
Mild (ages 13-17)			
Parental Treatment	Percent	Child's Behavior	Percent
Parent Mental Dis.	36.6	Vol. child's behavior	
Parent hosp./detox	69.6	Non-adjudicated	
Parent phys./med.		Chronic act. out (0-12)	
Parent Mental Dis.		Chronic act. out (13-17)	100.0
		Juvenile delinquent	39.6

Note: Empty cells recognize populations where children were not re-abused.
Abuse categories without age designations are for children 0-17 years.

Table 4 (cont.). Re-abused Children Who Re-enter Foster Care

Child's Treatment	Percent	Voluntary	Percent
Severe Emot. Dis.		Parent/ch. Conflict	
Child req. res. Treat.	100.0	Custody dispute	0.0
Mental handicap	34.9	Court ordered	
Severe phys./med.		Poor parenting skills	
Sex offender	0.0	Family Crisis	
Child danger to others	0.0	Overwhelming ch. Care	100.0

Note: Empty cells recognize populations where children were not re-abused.
Abuse categories without age designations are for children 0-17 years.

Child's Age

Table 5 associates return home rate and re-abuse rate with child's age. For each age designation, the proportion not returning home (first column) and the proportion returning home (second column) sum to 100%. Children less than age 13 years are associated with return home rates approximating or below the state average (40%). About one-third of the children ages 0, 4, 5, 7, 8, and 9 years return home in the year after their removal. Re-abuse rates are highest for children ages 3, 6, and 8 years. Interestingly, children ages 3 and 6 years seem to be associated with higher return home rates and higher re-abuse rates.

The correlation between percent children returning home and re-abuse rate is negative, implying lower return home rates tend to be associated with higher re-abuse rates. Younger children are re-abused at higher rates than older children; the higher re-abuse rates exist for children ages eight years or younger. The return home rate is similar for children ages 0-5 years and 6-13 years; however re-abuse rates are lower for children ages 14-17 years.

Table 5. Return Home Rate and Re-abuse Rate by Child's Age and Child's Age Group

Child's Age (years)	Children Not Returning home	Children Returning Home	Children Who are Re-abused
0	66.5%	33.5%	19.0%
1	58.1	41.9	18.2
3	58.2	41.8	29.3
4	66.6	33.4	16.6
5	67.6	32.4	19.8
6	59.4	40.6	21.2
7	68.2	31.8	19.1
8	70.9	29.1	37.9
9	69.3	30.7	6.3
10	61.0	39.0	16.1
11	64.1	35.9	8.4
12	63.9	36.1	10.5
13	51.7	48.3	7.9
14	47.8	52.2	10.2
15	57.3	42.7	5.1
16	50.4	49.6	3.1
17	75.2	24.8	5.5
0-5 years	63.1	36.9	19.6
6-13 years	63.0	37.0	15.5
14-17 years	54.1	45.9	6.6

Family Factors

Parents of the children entering foster care are often burdened with family problems or conditions known as family factors. Table 6 lists the family factors for three populations: 1) children who enter foster care and do not return home, 2) children who enter foster care and do return home, and, 3) children who enter foster care, return home, and are subsequently re-abused. Family factors are recognized when any primary caretaker is associated with the problem or condition. The family factor estimates tend to be higher for children returned home and re-abused, intermediate for children not returned home, and lowest for children returned home and not re-abused. Thus, family factors tend to be more prevalent with families who re-abuse their children than families who do not have their child returned home. More importantly, the factors that are more prevalent with the re-abuse population are the same factors associated with risk of removal and risk of serious abuse. Interestingly, the re-abuse population is associated with

fifteen family factors exceeding 30%; ten of these fifteen factors have higher estimates for the re-abuse population than families who have their children remain in care for the entire year. For families who re-abuse their children, poor parenting (80.5%), neglectful (71.6%), drug abuse (56.9%), alcohol involvement (56.8%), single parenthood (54.4%), teen at first birth (53.4%), criminal involvement (53.3%), and unemployment (49.9%) are apparent with at least half the families.

Table 6. Family Factors for Children Not Returning Home, Children Returning Home, and Children Who are Re-abused

Family Factor	Children Not Returning home	Children Returning Home	Children Who are Re-abused
History of being abusive	31.6%	25.7%	30.3%
Alcohol involvement	42.5	43.8	56.8
Alcohol involvement -- In recovery	3.5	5.3	0.9
Alcohol involvement -- Mild	3.1	6.6	11.6
Alcohol involvement -- Moderate	22.2	20.7	26.8
Alcohol involvement -- Severe	13.6	11.2	17.5
Criminal involvement	47.6	36.6	53.3
Criminal involvement -- Mild	12.4	12.6	15.0
Criminal involvement -- Moderate	29.5	20.9	30.0
Criminal involvement -- Severe	5.8	3.1	8.3
Custody issues	2.5	1.2	0.2
Divorce or marital problems	15.4	17.6	21.0
Domestic violence	31.4	31.6	45.2
Domestic violence -- Mild	6.6	8.7	13.3
Domestic violence -- Moderate	17.9	16.0	21.9
Domestic violence -- Severe	6.9	6.8	10.0
Drug abuse	54.6	44.1	56.9
Drug abuse -- Mild	4.1	7.8	9.1
Drug abuse -- Moderate	26.6	19.0	26.1

Table 6 (cont.). Family Factors for Children Not Returning Home, Children Returning Home, and Children Who are Re-abused

	Children Not	Children Returning	Children Who
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Family Factor	Returning home	Home	are Re-abused
Drug abuse -- Severe	23.8%	17.2%	21.7%
Frequent relocation	14.0	6.9	17.0
Gang involvement	0.9	1.0	2.5
Health impaired	9.9	7.9	10.5
HIV	0.8	0.2	0.0
Homeless	16.7	9.5	10.5
Inadequate housing	11.8	10.1	12.5
Inadequate housing -- Moderate	9.3	7.7	9.9
Inadequate housing -- Severe	2.5	2.3	2.6
Low IQ	8.8	5.1	8.6
Mental illness	21.1	15.9	18.0
Emotionally unstable	31.0	23.6	32.6
MRDD	3.4	1.5	2.6
Multiple liveins	8.0	5.9	10.0
Neglectful	61.2	50.2	71.6
Neglectful -- Mild	10.9	14.2	17.1
Neglectful -- Moderate	37.8	28.4	42.1
Neglectful -- Severe	12.6	7.6	12.5
Non-protective	28.0	21.6	27.4
Overwhelming child care	27.8	27.0	28.3
Parent abused as child	32.8	30.7	44.7
Past CPS removal	41.7	34.2	44.3
Past termination of parental rights	5.9	3.5	6.3
Physical disability	2.8	3.3	2.1
Poor parenting	74.6	67.0	80.5
Poor parenting -- Moderate	47.3	50.4	57.7
Poor parenting -- Severe	27.3	16.6	22.9
Poverty or inadequate income	33.6	28.8	43.1
Prostitution	5.0	2.7	6.0
Recent family crisis	3.1	3.3	3.2
Recent pregnancy	21.8	15.9	23.4
Rigid parent	5.3	7.1	5.1
Single parent	53.2	46.5	54.4
Social isolation	12.7	10.6	15.2
Suicidal tendencies	5.7	4.7	9.1

Table 6 (cont.). Family Factors for Children Not Returning Home, Children Returning Home, and Children Who are Re-abused

Family Factor	Children Not Returning home	Children Returning Home	Children Who are Re-abused
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Unemployment	41.3%	35.7%	49.9%
Unemployment -- Moderate	16.3	18.4	21.4
Unemployment -- Severe	25.0	17.3	28.5
Teen at first birth	45.1	45.5	53.4
Sexual offender	13.2	9.5	8.7
No factors identified	2.4	3.5	0.2
Average number of problems	12.3	10.5	13.8

The factors identified as being most pervasive with the re-abuse population (i.e. the population has a higher estimate than the estimate for children returned home and the estimate for children not returned home) include alcohol involvement, criminal involvement, domestic violence, chronically neglectful, parent abused as a child, poor parenting skills, poverty or inadequate income, unemployment, and teen at first birth. These family characteristics should be considered when returning a child home and assessing the potential for re-abuse. Drug abuse, emotional instability, past child protective service removal, and single parenthood have similar estimates for the re-abuse population and the not returned population. These family characteristics are commonly considered when determining if a child should return home.

If the re-abuse population is associated with higher family factor estimates than the population who do not have their child returned home, why are those children returned home? Intuition would suggest the profile of re-abused children would be intermediate to the profile of children returned and not returned. Although most children returned home are not re-abused, differentiating families who re-abuse their children from families who do not re-abuse is difficult. For families who have their child returned home, poor parenting skills (67%), neglect (50%), single parenthood (47%), teen at first birth (46%), alcohol involvement (44%), and drug abuse (44%) are all common family factors. SOSCF has historically emphasized returning children home whenever possible; however, some children will experience re-abuse. Some re-abuse involves mild maltreatment while other re-abuse is life threatening.

Predicting re-abuse and re-entry into foster care is as much an art as a science, however, analyses of the Cohort study data have identified the factors associated with severe re-abuse, likelihood a child will be returned home, and likelihood a child will be re-abused. Identifying the

families most likely to severely re-abuse their child and identifying the services most effective at preventing re-abuse will help keep children safer. Section two of this report focuses on services effective at promoting family reunification and preventing re-abuse.

Family Barriers

Barriers are conditions or problems requiring some resolution before a child is returned home. Barriers are often related to the family factors present when the child was placed in foster care. Family factors are problems or conditions that might affect the parenting ability of the caretaker(s) at time of removal; however family factors do not necessarily “cause” the removal. Barriers are the parental problems or conditions interfering with a child’s return home. In addition to the barriers gleaned from case records, case readers identify the one “primary” barrier preventing a child’s return for all children who did not return home in the year after the removal. Sixty-four percent of the children entering long-term foster care do not return home for six reasons: Parental drug involvement (27.2%), parent cannot or will not parent (9.9%), absent parent (7.1%), parent’s mental condition (6.6%), chronic neglect (6.5%), and parental alcohol abuse (6.5%).

The information provided in Table 7 considers all barriers preventing a child from returning home; some families are associated with a single barrier and other families are associated with multiple barriers. Inadequate housing and parent-child conflict are barriers more prevalent with the population of children returning home from long-term foster care than both the population not returning home and the re-abuse population. Absent parent, chronic dysfunctional family, parent cannot or will not parent, parent incarcerated, poor attachment or bonding between the parent and infant, and a psychological examination reveals the parent is an inadequate parental resource are barriers more prevalent with the population who do not have their child

Table 7. Barriers for Families with Children Not Returning Home, Children Returning Home, and Children Who are Re-abused

Family Barrier	Children Not Returning Home	Children Returning Home	Children Who are Re-abused
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Absent parent	11.8%	3.4%	1.7%
Alcohol abuse	15.5	17.6	29.9
Angry aggressive	10.7	14.3	23.3
Chronic dysfunctional family	5.3	1.7	2.3
Chronic unemployment	1.3	0.9	0.6
Chronic neglect	20.8	17.1	30.1
Continued criminal involvement	6.7	4.9	4.3
Custody battle	1.4	1.2	1.6
Domestic violence	7.8	8.5	16.7
Drug involvement	39.2	30.2	45.6
Frequent relocation	1.5	0.9	1.1
Inadequate housing	7.9	9.7	5.7
Inadequate income	2.4	2.0	1.0
Marital conflict	2.2	4.0	1.9
Mental condition	11.5	8.4	9.0
Overwhelming child care	6.8	9.8	9.5
Parent child conflict	7.0	12.3	6.6
Parent can't or won't parent	13.1	2.9	0.7
Parent incarcerated	9.5	5.3	6.8
Parent allows perp access	7.5	6.7	5.5
Physical condition	1.4	1.8	0.7
Poor parenting attachment or bonding	6.8	2.6	3.5
Poor parenting discipline	7.9	11.9	14.9
Poor parenting medical condition	1.5	1.3	1.3
Poor parenting housekeeping	2.1	4.8	7.8
Poor parenting nutrition	1.4	1.2	1.8
Poor parenting supervision	5.8	11.5	16.7
Psych exam says parent can't parent	4.8	1.1	2.2
Recent family crisis	0.3	0.4	0.0
Sexual offender	10.7	7.9	7.1
Support of physical victimization	2.6	3.2	5.9
Support of sexual victimization	6.4	5.2	0.6
Other	2.0	0.7	0.4
No barriers for either parent	5.0	10.3	1.6

returned home than the estimates for the other two populations. Alcohol abuse, angry or aggressive behaviors, chronically neglectful, domestic violence, drug involvement, poor discipline techniques, poor housekeeping, and a lack of supervision are the most prevalent barriers with the population who re-abuse their children. For the population who re-abuse their child, the seven most common barriers include drug involvement (46%), chronically neglectful

(30%), alcohol abuse (30%), angry/aggressive behaviors (23%), domestic violence (17%), lack of supervision (17%), and poor discipline techniques (15%). Interestingly, the most common barriers for the re-abuse population are also more pervasive with that population than the population who have the child returned, and the population who do not have their child returned home. This implies the barriers distinguishing the re-abuse population from the other two populations are the same barriers that are most prevalent with the re-abuse population. Perhaps these barriers deserve more consideration when determining which children should return home.

Child Problems

The problems manifested by children entering foster care are gleaned from case records. Most children entering foster care have behavioral, medical, emotional, or physical problems that may be related to child maltreatment.

Table 8. Child's Problems for Children Who are Not Returned Home, Children Who are Returned Home, and Children Who are Re-abused

Child's Problems	Children Not Returning Home	Children Returning Home	Children Who are Re-abused
Depression	12.1%	11.7%	8.7%
Developmental disability	10.1	6.4	9.3
Mental retardation	3.0	2.6	2.3
Eating Disorder pica-Anorexia-Bulemia	2.1	1.1	0.5

Table 8 (cont.). Child's Problems for Children Who are Not Returned Home, Children Who are Returned Home, and Children Who are Re-abused

Child's Problems	Children Not Returning Home	Children Returning Home	Children Who are Re-abused
Fire Starter	3.4%	3.2%	3.5%
Psychiatric DSM IV	11.4	9.9	9.5
Post Traumatic Stress Disorder	11.3	7.4	7.3
Severely emotionally disturbed	5.7	3.0	3.7

Adopted child	2.2	1.5	0.4
Exposed to domestic violence	22.0	22.7	27.1
Parentified child	4.4	4.4	8.2
Self mutilation	3.9	2.4	2.9
Suicidal tendencies	7.2	8.4	4.4
Victim of sexual abuse	29.9	22.8	16.5
Victim of sequential physical abuse	20.4	17.5	15.1
Other mental problem	2.8	2.8	1.9
Academically delayed	15.2	15.5	11.6
Adjustment disorder	7.8	4.6	5.9
Alcohol abuse	5.7	8.1	3.4
Conduct disorder	5.2	5.6	2.1
Criminally involved felony	3.9	5.4	1.8
Criminally involved misdemeanor	6.5	9.5	2.4
Drug abuse	5.7	8.3	3.5
Sexual offender	4.1	1.6	0.5
Angry/aggressive behavior	28.6	24.2	25.7
Animal cruelty	2.7	1.6	2.3
Destructive	9.3	6.3	1.8
Gang affiliated involved	3.2	3.0	1.0
Out of control, acting out	24.3	29.0	16.7
Prostitution	0.3	0.6	0.0
Sexually active	5.6	7.0	1.8
Sexually aggressive	3.8	1.4	0.0
Sexually acting out	11.0	8.2	9.4
Teen parent teen pregnancy	1.6	1.1	0.0
Other behavioral problem	4.9	4.1	3.9
Congenital Abnormalities	1.2	1.3	2.6
Drug affected infant	7.7	3.9	5.3
Drug exposed infant	8.3	4.7	6.7
Failure to Thrive	3.2	1.0	1.2
Fetal Alcohol Syndrome effect	4.2	3.2	2.5

Table 8 (cont.). Child's Problems for Children Who are Not Returned Home, Children Who are Returned Home, and Children Who are Re-abused

Child's Problems	Children Not Returning Home	Children Returning Home	Children Who are Re-abused
Low birth weight premature birth	7.6%	5.9%	11.4%
Physical disability	0.7	0.7	0.9
Sensory impaired-Hearing	2.1	0.8	0.6
Sensory impaired-Sight	3.4	2.5	1.4
Sensory impaired-Speech	9.4	6.0	8.9

Other physical problems	1.7	1.3	0.3
Asthma	4.8	4.9	2.2
Autism	1.1	0.7	1.8
Cerebral Palsy	0.8	0.8	1.2
Diabetic	0.1	0.2	0.2
Encorpresis/enuresis	7.1	3.7	5.3
Epilepsy/seizure disorder	1.8	2.1	3.1
HIV positive	0.1	0.0	0.0
Attention Deficit-Hyperactive Disorder	11.6	9.8	10.4
Medical condition	13.8	9.0	7.7
Terminal medical condition	0.1	0.0	0.0
Multiple births	1.4	1.4	0.7
Other medical problem	2.4	2.6	3.9
No identified problems	13.2	18.4	14.9

Child problem estimates (Table 8) do not differentiate the three populations -- children returned home, children not returned home, and children returned home who are subsequently re-abused have similar estimates for most child problems. Apparently child's problems have less influence on the return home and re-abuse of a child when compared to the parental characteristics. Although the differences among the three populations are not dramatic, some child problems tend to be slightly more common with particular populations. For the population not returned home, post traumatic stress disorder, severe emotional disturbance, victim of sexual abuse, and drug affected infants tend to be more common. For children returned home, alcohol abuse, criminal involvement, drug abuse, and beyond parental control are more pervasive; these problems characterize older children who are associated with higher return home rates. For children who are re-abused, parentified child and exposure to domestic violence tend to be more common; while conduct disorder, criminal involvement, destructive behaviors, sexually acting out, attention deficit/hyperactive disorder, and medical conditions tend to be less common with the population of re-abused children.

Significance Tests to Differentiate Populations

Profiling families is beneficial for identifying the factors associated with risk of re-abuse

and improving casework practice, however, there are other methods for identifying differences between populations. Table 9 associates family factors with children returning home and children who are re-abused. An asterisk for a family factor in the “children returned home” column implies the family factor is more common with the population who do not return home than the population where children are returned home. No asterisk implies the family factor is equally common in both populations -- families who have their child returned home and families who do not have their child returned home. Asterisks within parenthesis identify the family factors more common with the population returning home. The same relationship exists between family factor prevalence and children who are re-abused and not re-abused. An asterisk identifies the factors more common with the population who are re-abused, no asterisk implies the factor is equally common with those who re-abuse and those who do not re-abuse, and an asterisk in parenthesis implies the family factor is more common with the group who do not re-abuse their child.

There are numerous family factors with an asterisk in the “child returned home” column and no asterisk in the “children re-abuse” column (i.e. homeless, low IQ, mental illness, and mentally retarded/developmentally disabled). These family factors are associated with a lower likelihood of returning home, yet if returned home, the characteristic is no more common with children who are re-abused than children who are not re-abused. Increasing the return home rate to families with these characteristics is less likely to increase the re-abuse rate. However, these statistics only relate return home rate and re-abuse rate and do not incorporate the effects of re-abuse on the children nor the severity of the re-abuse. For example, mental illness is not associated with the re-abuse rate, however, previous analyses revealed an association between mental illness

**Table 9. Family Factors Significance Tests for Two Comparisons:
Children Returned Home Versus Children Not Returned Home
and Children Re-abused Versus Children Not Re-abused**

Family Factor	Children Returned Home and Children Not Returned Home	Children Who are Re-abused and Not Re-abused
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History of being abusive	*	
Alcohol involvement		*
Alcohol involvement -- In recovery	(*)	(*)
Alcohol involvement -- Mild	(*)	*
Alcohol involvement -- Moderate		*
Alcohol involvement -- Severe		*
Criminal involvement	*	*
Criminal involvement -- Mild		
Criminal involvement -- Moderate	*	*
Criminal involvement -- Severe	*	*
Custody issues	*	(*)
Divorce or marital problems		
Domestic violence		*
Domestic violence -- Mild		*
Domestic violence -- Moderate		*
Domestic violence -- Severe		
Drug abuse	*	*
Drug abuse – Mild	(*)	
Drug abuse – Moderate	*	*
Drug abuse – Severe	*	
Frequent relocation	*	*
Gang involvement		
Health impaired		
HIV	*	
Homeless	*	
Inadequate housing		
Inadequate housing -- Moderate		
Inadequate housing -- Severe		
Low IQ	*	

**Table 9 (cont.). Family Factors Significance Tests for Two Comparisons:
Children Returned Home Versus Children Not Returned Home
and Children Re-abused Versus Children Not Re-abused**

Family Factor	Children Returned Home and Children Not Returned Home	Children Who are Re-abused and Not Re-abused
Mental illness	*	
Emotionally unstable	*	*
MRDD	*	
Multiple live-ins	*	*
Neglectful	*	*
Neglectful -- Mild	(*)	
Neglectful -- Moderate	*	*

Neglectful -- Severe	*	*
Non protective	*	*
Overwhelming child care		
Parent abused as child		*
Past CPS removal	*	*
Past termination of parental rights	*	
Physical disability		
Poor parenting	*	*
Poor parenting -- Moderate		*
Poor parenting -- Severe	*	*
Poverty or inadequate income	*	*
Prostitution	*	*
Recent family crisis		
Recent pregnancy	*	*
Rigid parent		
Single parent	*	*
Social isolation		
Suicidal tendencies		*
Unemployment	*	*
Unemployment -- Moderate		
Unemployment -- Severe	*	*
Teen at first birth		*
Sexual offender	*	
No factors identified		(*)

and risk of serious abuse². Thus although parental mental health is not a consideration for re-abuse, the children who are re-abused might be seriously re-abused.

There are numerous family factors not associated with return home rate (no asterisk) yet are associated with re-abuse rate (asterisk). These family factors (i.e. alcohol involvement, domestic violence, parent abused as a child, and teen at first birth) are not important considerations when returning children home yet are more common with families who re-abuse. These factors should be considered when children are returned home.

About 1/3 of the family factors identified in table 9 are associated with asterisks for both

²Cohort Two: A Study of Families and Children Entering Foster Care 1991-1993. Child Welfare Partnership, Portland State University.

return home rate and re-abuse rates. This implies the family factor is associated with a decreased likelihood the child will be returned home and an increased likelihood of re-abuse. The family factors associated with reduced return home rate and increased re-abuse rate include moderate and severe criminal involvement, drug abuse, frequent relocation, emotional instability, multiple live-ins, moderate and severe forms of neglect, past child protective service (CPS) removal, severe poor parenting skills, inadequate income/poverty, prostitution, new baby, single parenthood, and severe unemployment.

Table 10 identifies the family barriers associated with return home rate and re-abuse rate. Alcohol abuse, angry/aggressive behaviors, domestic violence, and poor parenting (lack of supervision) are equal or more common with those who are re-abused, however, these same factors are more common with those returning home than those not returning home. This suggests, fewer children should be returned to households with these parental characteristics if minimizing re-abuse is important. Conversely, some factors are associated with children not returning home but are not associated with re-abuse (i.e. absent parent, chronic dysfunctional families, mental conditions, parent cannot or will not parent, parental incarcerations, poor attachment or bonding, the psychological examination suggests the parent is incapable of parenting, and parent is a sexual offender).

**Table 10. Children Returned Home Versus Children Not Returned Home
and Children Re-abused Versus Children Not Re-abused**

Family Barriers	Differences between Children Returned Home and Children Not Returned Home	Difference between Children who are Re- abused and Not Re- abused
Absent parent	*	
Alcohol abuse		*
Angry aggressive	(*)	*
Chronic dysfunctional family	*	
Chronic unemployment		
Chronic neglect	*	*
Continued criminal involvement		
Custody battle		
Domestic violence		*
Drug involvement	*	*

Frequent relocation		
Inadequate housing		(*)
Inadequate income		
Marital conflict	(*)	
Mental condition	*	
Overwhelming child care	(*)	
Parent child conflict	(*)	(*)
Parent cannot or will not parent	*	(*)
Parent incarcerated	*	
Parent allows perp access		
Physical condition		
Poor parenting attachment or bonding	*	
Poor parenting discipline	(*)	
Poor parenting child's medical condition		
Poor parenting housekeeping	(*)	
Poor parenting nutrition		
Poor parenting supervision	(*)	*
Psychological exam suggests parent can't parent	*	
Recent family crisis		
Sexual offender	*	
Support of physical victimization		
Support of sexual victimization		(*)
Other	*	
No barriers for either parent	(*)	(*)

The barrier “parent cannot or will not parent” is identified when the parent refuses to have the child reside in the home. Thus, by comparing family barriers associated with children returning home and re-abuse rate, one can identify which barrier should be considered when attempting to reduce re-abuse rate (alcohol abuse, angry /aggressive behaviors, and poor parenting /lack of supervision); and which barriers are associated with increasing return home rate without adversely affecting re-abuse rate (chronic dysfunctional family, mental condition, parent cannot or will not parent, and parent incarcerated).

These statistics do not acknowledge the severity of the re-abuse or the potential effect of re-abuse on the child victim. Interestingly, only chronic neglect and drug abuse have asterisks associated with both return home rate and re-abuse rate; this implies fewer children are returned to drug involved parents, and of those returned home, more are re-abused. Conversely, there are some barriers not associated with either return home rate nor re-abuse; chronic unemployment, continued criminal involvement, custody disputes, frequent relocation, inadequate income, parent

allows perpetrator access, parental physical condition, poor parenting associated with a child's medical condition, poor parenting involving a child's nutrition, recent family crisis, and support for physical abuse victims. These barriers are equally prevalent when making two comparisons: those who have their child returned home versus those who do not have their child returned home and, those who re-abuse their child versus those who do not re-abuse their child.

Summary of Section One: Profiling Families

This section compares profiles of three client populations -- families with children placed in foster care and remain in foster care during the year after removal, families with children removed from their homes and returned during the year after removal, and families with children re-abused after returning home from foster care. The profiles include reasons children enter care, level of vulnerability, child's age, child's problems, family factors, and barriers to returning children home. Family factors are parental problems or conditions that may affect an individual's parenting ability. Barriers are parental problems or situations that prevent or delay the child's return home. These family characteristics are related to the likelihood children will return home, and if returned home, the likelihood the child will be re-abused. In general, families who re-abuse their children have more family factors and more barriers than other populations of families served by SOSCF.

Some reasons children enter foster care are associated with lower return home rates (i.e. sexual abuse and parental absence) and some reasons are associated with high return home rates (i.e. child behavior and voluntary request for placement). Other common types of maltreatment are associated with return home rates approximating the state average. Re-abuse rates associated with the initial reason the child entered care tend to be lower for some reasons (i.e. child treatment needs, child's behavioral problems, and sexual abuse) and higher for other reasons (i.e. mental abuse). For the ten different categories children enter foster care, there is no apparent relationship between return home rate and re-abuse rate.

The vulnerability system is a seven level system incorporating child age and severity of maltreatment. Level 1 children are considered the most vulnerable while the level 7 children are considered the least vulnerable of the children served by SOSCF. The return home rate for level

1 is substantially below the state average. The return home rate for the level 2 population is slightly below the state average and the return home rate for the level 3 population is slightly above the state average. Levels 4-7 are associated with similar return home rates above the state average.

Re-abuse rates for children returned home are highest for level 4 followed by level 2 and level 5. Re-abuse rates are lowest for level 6 followed by level 7 and level 3. Most children who are re-abused re-enter foster care.

Child's age is associated with return home rate and re-abuse rate. Children ages 0-13 years are not returned home as frequently as older children. Re-abuse rates are highest for children ages 0-5 years followed by children ages 6-13 years. Children ages 14-17 years are associated with the highest return home rate and the lowest re-abuse rate. Child's problems are not as related to return home rate and re-abuse rate as the parental characteristics.

Some family factors increase or decrease the likelihood a child will be returned home and some family factors increase or decrease the likelihood a child will be re-abused after returning home. Homelessness, low IQ of caretaker, mental illness of caretaker, and caretakers who are mentally retarded/developmentally disabled are associated with lower return home rates but are not associated with the likelihood of re-abuse. Parental alcohol involvement, domestic violence, parent abused as a child, and teen parenthood increase the likelihood of re-abuse, but have no relationship with the likelihood a child will be returned home.

Some parental barriers are more common with children who are returned home and some barriers are associated with increased re-abuse rates. Alcohol abuse, angry/aggressive behaviors, domestic violence, and a lack of supervision are all associated with an increased likelihood of re-abuse; these factors are not associated with return home rate. There are many barriers associated with a decreased likelihood of a child returning home and are not associated with an increased or decreased likelihood of re-abuse.

Predicting which families will re-abuse their children is not a science. Caseworkers make daily decisions to remove children from vulnerable situations and return children home. After children are placed in foster care, parents often display a willingness to address problems, attend services, resolve drug and alcohol issues, develop parenting skills, and improve relationships

with their children. Decisions to reunite families and decisions to leave children with their abusive and neglectful parents require consideration of many factors; these considerations are balanced with the belief the best place for a child is with his/her parents own parents. These analyses provide valuable information about SOSCF families that help caseworkers associate family characteristics with re-abuse. The next section discusses the effectiveness of services at reunifying families and preventing re-abuse.

Section Two: Identifying Effective Services

Effective services prevent children from entering foster care, promote family reunification, or prevent re-abuse. Ineffective services do not improve child welfare outcomes after families attend the service. Comparing families receiving a service with families not receiving a service is one method of assessing service effectiveness. This methodology assumes families attending the service are similar to families opting to not attend the service. If the two groups differ substantially (e.g. families receiving the service are much more difficult and more prone to re-abuse than families who do not attend the service), the comparison reveals little about the effectiveness of the service and more about the initial differences between the two groups.

Statistical models can relate data collected in the Cohort Studies with a child welfare outcome (i.e. return home rate and re-abuse rate). Cohort Study data can be used to calculate the likelihood a child will be returned home or the likelihood a child will be re-abused. This information is used to “adjust” the data and make the two groups equivalent; the statistical adjustment is required before service effectiveness can be assessed. Thus, the statistical model identifies the difficulty of families using a service, acknowledges the differences between the two groups (families being served and families not being served), and assesses the effectiveness of a service. Effectiveness estimates quantify the increased return home rate or reduced re-abuse rates associated with families attending a service.

Assessing the Effectiveness of Services

Improved child welfare outcomes must be apparent for families attending the service than families not attending for the service to be considered effective. The association between service completion and an outcome can exist if the most dysfunctional families opt not to participate and the least difficult families opt to participate. If this situation exists, service effectiveness and family difficulty could both contribute to the relationship. Statistical adjustments eliminate difference among groups and allow service effectiveness to be quantified. Service effectiveness estimates are provided in tables 11 and 12. These estimates reflect the increased benefit of families attending a service. The level of family dysfunction is equal for each parental attendance category.

Return home: Table 11 provides service effectiveness estimates for the most common services offered to SOSCF families. The columns identify the service offered, parental involvement with the service, the effectiveness or expected change in return home rate attributable to the parental participation, and the number of observations associated with each effectiveness estimate. The “Low N” identifies parental participation categories with fewer than 25 observations. The effectiveness estimates acknowledge differences among groups -- those who attend all sessions, those who attend most sessions, those who attend some sessions, and those who attend few if any sessions. Positive estimates imply a higher percentage of children returned home after family involvement with a service; negative estimates imply fewer children are returned home than expected considering the family characteristics and problems. When positive estimates are associated with higher parental attendance, the services are considered effective.

The services with associations between parental attendance and child return home rate (implying service effectiveness) include visitation, parent training, drug/alcohol (D/A) inpatient treatment, D/A outpatient, individual counseling, Intensive Family counseling/High Impact counseling (IFS/High Impact), family counseling, and Alcoholics Anonymous/Narcotics Anonymous (AA/NA) support. For visitation and D/A inpatient treatment, parents must complete the service to improve the likelihood of a child returning home. IFS/High Impact and AA/NA support require parents to attend at least half the sessions for the likelihood of the child returning home to improve. Both parent training and family counseling are associated with dramatic increases in return home rates for parents completing the service; some improvement is noticed with parents attending most sessions. D/A outpatient is associated with increased return home rates for families who attend most sessions versus those who participate in fewer than half the sessions. The number of families attending all the sessions is inadequate to determine the effect. Similarly, anger management, housing assistance, and homemaker services appear to be effective with returning children home but the limited number of observations prohibits definitive conclusions. The additional data collected in the most recent Cohort Study can be added to previous Cohort Studies or subsequent Cohort Studies to more definitively evaluate the less common services offered to SOSCF families.

Table 11. Effectiveness of Services at Returning Children Home

Services	Parental attendance	Return home rate	Number of observations
Visitation	Complete	15	(513)
	Mostly	-6	(237)
	Seldom	-11	(170)
	Never	-9	(107)
Parent training	Complete	28	(202)
	Mostly	8	(111)
	Seldom	-9	(79)
	Never	0	(144)
D/A inpatient	Complete	35	(122)
	Mostly	4	(28)
	Seldom	-5	(62)
	Never	-10	(133)
D/A outpatient	Complete	Low N	
	Mostly	26	(63)
	Seldom	-2	(59)
	Never	-3	(158)
D/A evaluation	Complete	6	(457)
	Mostly	Low N	
	Seldom	Low N	
	Never	-8	(115)
Psychological	Complete	-4	(451)
	Mostly	Low N	
	Seldom	Low N	
	Never	-7	(91)
Individ. Counseling	Complete	12	(105)
	Mostly	9	(65)
	Seldom	-19	(34)
	Never	7	(47)

Table 11 (cont.). Effectiveness of Services at Returning Children Home

Services	Parental attendance	Return home rate	Number of observations
IFS / High Impact	Complete	27	(84)
	Mostly	28	(46)
	Seldom	-7	(25)
	Never	-6	(50)
Family unity	Complete	15	(216)
	Mostly	Low N	
	Seldom	Low N	
	Never	12	(33)
Family counseling	Complete	21	(58)
	Mostly	7	(34)
	Seldom	Low N	
	Never	Low N	
AA / NA support	Complete	32	(87)
	Mostly	31	(53)
	Seldom	-12	(26)
	Never	-10	(50)
Anger management	Complete	20	(67)
	Mostly	Low N	
	Seldom	Low N	
	Never	-6	(60)
Housing	Complete	43	(95)
	Mostly	Low N	
	Seldom	Low N	
	Never	-15	(53)
Mental health	Complete	Low N	
	Mostly	-6	(36)
	Seldom	Low N	
	Never	-18	(44)

Table 11 (cont.). Effectiveness of Services at Returning Children Home

Services	Parental attendance	Return home rate	Number of observations
Homemaker	Complete	18	(95)
	Mostly	26	(25)
	Seldom	Low N	
	Never	Low N	

Services considered less effective or ineffective with reunification include D/A evaluation, psychological examinations, and family unity meetings. The D/A evaluation and psychological examination are not intended to promote family reunification but rather to provide case planning information. Assessing the effectiveness of family unity is better accomplished with other service effectiveness methods.

Re-abuse: Table 12 provides the service effectiveness estimates for re-abuse. Similar to Table 11 which provides effectiveness estimates for children returning home, the effectiveness estimates and the number of observation associated with each service group are provided. The difference among parental attendance categories in the likelihood a child will be re-abused have been acknowledged; the effectiveness estimates recognize the change in re-abuse rate associated with parental attendance. Negative estimates reflect a reduced re-abuse rate associated with that service and parental attendance category. The service effectiveness estimates for re-abuse are more variable and contain fewer observations.

Table 12. Effectiveness of Services at Reducing Re-abuse

Services	Parental attendance	Return home rate	Number of observations
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Visitation	Complete	-8	(444)
	Mostly	-5	(86)
	Seldom	-15	(42)
	Never	Low N	
Parent training	Complete	-15	(183)
	Mostly	-4	(57)
	Seldom	-3	(36)
	Never	-4	(73)
D/A inpatient	Complete	-16	(103)
	Mostly	Low N	
	Seldom	Low N	
	Never	-7	(46)
D/A outpatient	Complete	Low N	
	Mostly	-5	(39)
	Seldom	Low N	
	Never	-12	(62)
D/A evaluation	Complete	-10	(264)
	Mostly	Low N	
	Seldom	Low N	
	Never	-3	(34)
Psychological	Complete	-8	(153)
	Mostly	Low N	
	Seldom	Low N	
	Never	Low N	
Individ. Counseling	Complete	-12	(79)
	Mostly	-1	(28)
	Seldom	Low N	
	Never	Low N	
IFS / High Impact	Complete	-9	(114)
	Mostly	-4	(35)

Table 12 (cont.). Effectiveness of Services at Reducing Re-abuse

Services	Parental attendance	Return home rate	Number of observations
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IFS / High Impact	Seldom	Low N	
	Never	Low N	
Family unity	Complete	-9	(145)
	Mostly	Low N	
	Seldom	Low N	
	Never	Low N	
Family counseling	Complete	-7	(84)
	Mostly	-1	(34)
	Seldom	Low N	
	Never	Low N	
AA / NA support	Complete	-19	(84)
	Mostly	-16	(44)
	Seldom	Low N	(26)
	Never	Low N	(50)
Anger management	Complete	-16	(52)
	Mostly	Low N	
	Seldom	Low N	
	Never	Low N	
Housing	Complete	-10	(99)
	Mostly	Low N	
	Seldom	Low N	
	Never	Low N	
Mental health	Complete	Low N	
	Mostly	Low N	
	Seldom	Low N	
	Never	Low N	
Homemaker	Complete	-2	(86)
	Mostly	Low N	
	Seldom	Low N	
	Never	Low N	

Re-abuse rates are lower for parents attending parent training, D/A inpatient, individual counseling, and AA/NA support. Although completing anger management is associated with a large reduction in re-abuse rate, inadequate numbers of observations prohibit definitive

conclusions. Homemaker, mental health intervention, housing assistance, family counseling, transportation and family unity cannot be evaluated until more cases are reviewed. D/A evaluation, psychological examination and IFS/High Impact are more common but cannot be adequately evaluated without more data. Interestingly, both visitation and D/A outpatient have greater reductions in re-abuse rates associated with lower parental attendance categories. More days in care during the year after the removal could contribute to this association. Theoretically, a child returned after 11 months in care is less likely to be re-abused than children returned after 1 month. Additional analyses and additional data should better differentiate services that reduce the likelihood of re-abuse from ineffective services.

Service Effectiveness Summary

Assessing the effectiveness of services is a multifaceted effort. This section attempts to explain some statistical considerations and recognize the services that promote family reunification and prevent re-abuse. This information should be considered with other service effectiveness assessments to identify the services that impact crucial child welfare outcomes.

The services considered effective at promoting family reunification include the following:

- Visitation (requires complete participation)
- Parent training
- Drug/alcohol inpatient treatment (requires complete participation)
- Drug/alcohol outpatient treatment
- Individual counseling
- Intensive Family Counseling / High Impact counseling (requires most sessions be attended)
- Family counseling
- Alcoholics Anonymous / Narcotics Anonymous (requires most sessions be attended)

The services considered effective with decreasing re-abuse include the following:

- Parent training (requires complete participation)
- Drug/alcohol inpatient treatment
- Individual counseling (requires complete participation)
- Alcoholics Anonymous / Narcotics Anonymous (requires most sessions be attended)

These statistical models account for differences in characteristics of families who receive the service and families who do not receive the service. The analyses aggregate information about the populations of families served by SOSCF, however, each family possesses a different array of strengths and deficits. These models do not recognize the interaction of family characteristics that might influence casework decisions and child welfare outcomes. In addition, the model does not consider combinations of services nor any additional benefit of parents completing multiple services. Subsequent analyses and additional data can further refine the efforts to identify the most effective services and ensure these services are provided to appropriate client populations.

Section Three: Model Components, Model Adequacy, and Other Uses

The previous two sections identify the most important information pertaining to service effectiveness. This section discusses differences among model components, the agreement between the model and what actually occurs, and suggests potential uses for the concepts developed to assess service effectiveness. Model differences acknowledge the influence of barrier resolution and service attendance on returning children home and subsequent re-abuse. The model adequacy, or agreement between the model and the actual child welfare outcome, identifies the proportion of outcomes that can be predicted using statistical models. The last part of this section briefly describes the concept of “threshold” and the potential use of threshold in child welfare.

Model Components

Statistical models relate family characteristics with a child welfare outcome (e.g. children returning home and children who are re-abused). These models use the minimum number of family characteristics related to that outcome and only the family characteristics contributing more predictive information are added to the model. The models consider family factors, level of vulnerability, child’s age, child’s problems, barriers to returning children home, and services offered to families. There are four different models that relate a child welfare outcome with family characteristics. The models include the following:

- 1). **Return home rate** with family factors, level of vulnerability, child’s age, child’s problems, and the existence of family barriers.
- 2). **Return home rate** with family factors, level of vulnerability, child’s age, child’s problems, **as well as, resolution of family barriers and parental attendance with services.**
- 3). **Re-abuse rate** with family factors, level of vulnerability, child’s age, child’s problems, and the existence of family barriers.
- 4). **Re-abuse rate** with family factors, level of vulnerability, child’s age, child’s problems, **as well as, resolution of family barriers and parental attendance with services.**

The difference between the first two models recognizes the added influence of parents attending services and resolving barriers on the likelihood a child will be returned home. Similarly, the difference between models 3 and 4 recognizes the influence of service completion and barrier resolution on subsequent re-abuse.

Return home: Table 13 identifies the statistical relationship between children returning home and significant family characteristics excluding barrier resolution and parental attendance. The greater the magnitude of the estimate, the greater the association. There are 24 variables significantly associated with children returning home. In addition to level of vulnerability, eight variables are family factors, eight are family barriers, and seven are child’s problems. The most notable family characteristics negatively associated with returning children home involve parent cannot or will not parent (barrier), the psychological suggests the parent is incapable of parenting (barrier), absent parent (barrier), parent is chronically neglectful (family factor), and level of vulnerability. The family characteristic associated with an increased likelihood of a child returning home is poor parenting (lack of supervision).

Table 13. Family Characteristics Associated with Children Returning or Not Returning Home

Family characteristic	Standardized Estimate
Barriers	
Absent parent	-0.15
Marital conflict	0.06
Parent can't or won't parent	-0.30
Poor parenting attachment or bonding	-0.09
Poor parenting housekeeping	0.08
Poor parenting supervision	0.13
Psych exam says parent can't parent	-0.17
Other	-0.07

Table 13 (cont.). Family Characteristics Associated with Children Returning or Not Returning Home

Family characteristic	Standardized Estimate
Family factors	
Criminal involvement	-0.10
Custody issues	-0.07
Domestic violence	0.08
Homeless	-0.09
Emotionally unstable	-0.07
MRDD	-0.09
Neglectful	-0.15
Non protective	-0.10
Child's problems	
Victim of sexual abuse	-0.09
Sexual offender	-0.07
Angry/aggressive behavior	-0.08
Drug affected infant	-0.06
Drug exposed infant	-0.06
Sensory impaired hearing	-0.07
Encopresis/enuresis	-0.07
Level of vulnerability	-0.10

Note: Negative estimates are associated with a negative influence on return home rate. Magnitude of each estimate relates to the influence of the family characteristic on return home rate.

Table 14 identifies the minimal number of variables used to differentiate those who return home from those who do not return home when barrier resolution and parental attendance are incorporated in the model. Of the variables included in the model, seven are family factors, seven are child’s problems, ten are family barriers, and thirteen are family services. Most family factors and child problems are associated with negative coefficients; this implies the existence of this characteristic is associated with a lower likelihood the child will be returned home. Most family barriers and family services have positive coefficients implying barrier resolution and service completion are associated with increased likelihood a child will be returned home. The

family characteristics most associated with children not returning home include parents requested to get a psychological examination (service), parent cannot or will not parent (barrier), chronic neglect (family factor), homelessness (family factor), and criminal involvement (family factor). The characteristics associated with children returning home include parental involvement with services or parental resolution of barriers. These services and barriers include resolving a housing need, poor parenting involving the lack of supervision, AA/NA support, day care, resolving inadequate housing, and parent-child conflicts. Although other family characteristics and attributes might affect the likelihood of a child returning home, these other characteristics are related to the variables included in the model but do not provide additional information about the likelihood a child will be returned home.

Table 14. Family Characteristics, Barrier Resolution, and Service Attendance Associated with Children Returning or Not Returning Home

Family characteristic	Standardized Estimate
Family factors	
Criminal involvement	-0.12
Custody issues	-0.06
Domestic violence	0.10
Homeless	-0.14
MRDD	-0.08
Neglectful	-0.21
Non protective	-0.11
Child's problems	
Victim of sexual abuse	-0.06
Sexual offender	-0.07
Angry/aggressive behavior	-0.07
Drug affected infant	-0.08
Drug exposed infant	-0.08
Sensory impaired hearing	-0.08
Encopresis/enuresis	-0.07

**Table 14 (cont.). Family Characteristics, Barrier Resolution, and Service Attendance
Associated with Children Returning or Not Returning Home**

Family characteristic	Standardized Estimate
Barriers	
Angry aggressive	0.07
Continued criminal involvement	0.07
Drug involvement	0.07
Inadequate housing	0.13
Parent child conflict	0.12
Parent can't or won't parent	-0.21
Parent allows perp access	0.11
Poor parenting discipline	0.07
Poor parenting housekeeping	0.09
Poor parenting supervision	0.15
Services	
AANA support	0.14
Day care	0.13
Domestic violence group	0.06
Homemaker or resource worker	0.08
Housekeeper	0.07
Housing needs	0.17
IFS High impact	0.11
Mental health intervention	-0.10
Parent training	0.11
Psychiatric or psychological exam	-0.26
Respite services	0.13
WIC or well baby	0.09
Other 1	0.08
Level of vulnerability	0.10

Note: Negative estimates are associated with a negative influence on return home rate.
Magnitude of each estimate relates to the influence of the family characteristic
on return home rate.

Re-abuse: All statistically significant family characteristics, excluding barrier resolution and service attendance, are associated with higher re-abuse rates. Four family characteristics are family factors, three are barriers, and two are child's problems. The family characteristics associated with an increased likelihood that a child will be re-abused when barrier resolution and service completion are not considered include the following: parent abused as a child (family factor), parental criminal involvement (family factor) chronically neglectful parent (family factor), frequent relocation (family factor), and alcohol abuse (family factor). When all family characteristics are considered including barrier resolution and service attendance, six family factors, four child's problems, and two services are significantly associated with re-abuse. Family characteristics associated with increased likelihood a child will be re-abused include the following: Angry/aggressive behavior (child's problem), chronically neglectful (family factor), parent abused as a child (family factor), alcohol abuse (family factor), criminal involvement (family factor), frequent relocation (family factor), and past CPS involvement (family factor). Family characteristics associated with a decreased likelihood of re-abuse include children beyond parental control (child problem), visitation (service), AA/NA support (service), and victim of sexual abuse (child problem).

Thus children who have been sexually abused and children who are beyond parental control are less apt to be re-abused in the year after their removal when compared to other populations of children entering foster care. This analysis reveals parental involvement with visitation and AA/NA improves the likelihood a child will be returned home; other analyses have revealed parents who attend all visitation sessions (85-100%) and parents who attend most or all AA/NA sessions (50-100%) are the only families with increased probabilities of a child returning home. Thus, although parental participation with visitation and AA/NA services can be effective, parents must attend at least half the sessions to reduce the likelihood of re-abuse.

The family characteristics associated with re-abuse are important for differentiating children who should and should not be returned home. When barrier resolution and service attendance are considered, some family characteristics are identified as increasing the likelihood a child will be re-abused -- a child's angry or aggressive behavior (child's problem), a chronically

neglectful parent (family factor), a parent who was abused as a child (family factor), alcohol involvement (family factor), criminal involvement (family factor), frequent relocation (family factor), and previous child protective service removal (family factor). Other family characteristics associated with a reduced likelihood a child will be re-abused include children who are beyond parental control (child’s problem), visitation (service) AA/NA support (service), and prior victims of sexual abuse (child’s problems).

Model Adequacy

Statistical models are necessary to equate two non-randomly assigned groups (those receiving a service and those not receiving a service), however statistical models do not necessarily explain all differences or accurately predict whether a child will return home or be re-abused. Comparing what the model suggests (return versus not return; child will be re-abused versus not re-abused) with the actual experience provides one indication of the model’s usefulness. The following subsection recognizes the agreement between the statistical model and what actually occurs.

Children returning home: The model uses SOSCF data to identify the family characteristics associated with children returning home. The existence of these characteristics is used to calculate the probability the child will be returned to each family. The usefulness of the model can be assessed by comparing actual return with what the model would suggest (return the child home or not return the child home). The matrix below identifies the proportion of cases where there is agreement and disagreement between the model and what actually occurs.

<u>Actual result</u>	<u>Model suggests</u>	
	<u>Not returning</u>	<u>Returning</u>
Not returned home	47%	13%
Returned home	19%	22%

There is agreement with the model and the actual return/not return of a child with 69% of the cases (47% + 22%). With 13% of the cases, the model suggests the child should return and the

child does not return. With 19% of the cases, the model suggests the child should not return home and the child does return home. The matrix above is derived from children entering foster care for a multitude of reasons (e.g. physical abuse, neglect, parental absence, and sexual abuse). Some family characteristics might be more important for some types of maltreatment and less important for other types of maltreatment. The agreement between the model and the actual return/not return might improve if physical abuse was considered separately from neglect, parental absence, threat of harm and so on.

Seven different categories for why children enter foster care were created from the level of vulnerability system -- physical abuse, neglect, threat of harm, sexual abuse, parental treatment needs, parental absence, and child's treatment needs. Since sublevels of vulnerability are mutually exclusive, only one reason for entry can be identified for each child entering care. When children enter care for multiple reasons, only the most severe reason is recognized.

Table 15 identifies the agreement between the model and what actually occurs for each removal category. The model cannot accurately identify which children will return home for two categories -- children entering care for their own treatment needs and parental absence. The existence of particular family factors, family barriers, child problems, levels of vulnerability, and child's age are not indicative of a child returning home for these two reasons children enter foster care. The agreement between the model and children actually returning home is 67% for physical abuse, 69% for neglect, 73% for threat of harm, 74% for sexual abuse, and 69% for parental treatment needs. These estimates tend to be similar to or slightly superior to the estimate when all categories for children entering foster care are combined. The models and the actual return home rate are in good agreement when the model suggests the child should not be returned home and the children do return home. The model and the actual return home concur between 67% and 74% for the different reasons for entry. The remaining 26-33% not explained by the model accounts for branch differences, worker differences, difference among communities, and information not collected in the Cohort Studies.

**Table 15. Relationship Between Return Home Rates Suggested by
the Model and Actual Return Home Rates**

Physical abuse

<u>Actual situation</u>	Model suggests	
	<u>Not Returning</u>	<u>Returning</u>
No Return Home	52	9
Returns Home	24	15

Neglect

<u>Actual situation</u>	Model suggests	
	<u>Not Returning</u>	<u>Returning</u>
No Return Home	51	11
Returns Home	20	18

Threat of Harm

<u>Actual situation</u>	Model suggests	
	<u>Not Returning</u>	<u>Returning</u>
No Return Home	48	11
Returns Home	16	25

Sexual abuse

<u>Actual situation</u>	Model suggests	
	<u>Not Returning</u>	<u>Returning</u>
No Return Home	71	1
Returns Home	24	3

**Table 15 (cont.). Relationship Between Return Home Rates Suggested by
the Model and Actual Return Home Rates**

Parental Treatment Needs

<u>Actual situation</u>	Model suggests	<u>Returning</u>
	<u>Not Returning</u>	<u>Returning</u>

Parental absence and child's treatment needs are not considered reliable models.

Where there is disagreement between the model and the child returning home, there are more cases where the model suggests the children should not be returned home and the children do return home. There are between 16% and 24% of the cases associated with actual returns when the model suggests not returning the child home. If the re-abuse rate for these cases is lower than average, the variables in the model might do little to predict re-abuse. If the factors considered when returning children home are the same factors considered for re-abuse, the re-abuse rate would be higher for this population.

Table 16 identifies re-abuse rates for the reason for entry categories. The re-abuse rate for all physical abuse cases is 17.2%; the re-abuse rate for children returned home where the model suggests not returning a child home is 21.3%. The re-abuse rate for the group returned home where the model suggests not returning the child home is 23% higher than expected. This implies the model identifying the children who should remain in care provides an indication of the children who will be re-abused if returned home.

Table 16. Re-abuse Rates for Children Returned Home Where the Model Suggests Keeping the Child in Care

Reason for entry	Average re-abuse rate	Actual re-abuse rate when the model suggests not returning the child	Difference
Physical abuse	17.2	21.3	23.3
Neglect	20.1	24.3	20.9
Threat of harm	21.7	16.3	-24.9
Sexual abuse	8.1	13.2	63.0
Parental treatment needs	11.4	11.2	2.0

Physical abuse, neglect, and sexual abuse are all associated with higher re-abuse rates for children returned home where the model suggests not returning the child. The re-abuse for parental treatment approximates the average and the actual re-abuse rate for threat of harm is considerably lower than the statewide average. This might imply the factors associated with returning children home differs from those associated with re-abuse.

Re-abuse: The agreement between the model and actual re-abuse is higher than the agreement between the model and return home rate. The matrix below identifies the correspondence between what the model predicts for re-abuse and what is actually reported.

<u>Actual result</u>	<u>Model suggests</u>	
	<u>No re-abuse will occur</u>	<u>Re-abuse will occur</u>
No re-abuse occurs	81%	2%
Re-abuse occurs	15%	3%

When the model excludes barrier resolution and service completion, the model and the actual result concur with 84% of the cases. Most agreement reflects children who are not re-abused. A large number of cases involve re-abuse where the model predicts re-abuse will not occur; although the model can identify many cases where re-abuse will not occur, identifying re-abuse cases is difficult. Inclusion of barrier resolution and service completion in the model improves the agreement between the model and the actual re-abuse only slightly.

Developing re-abuse models for the numerous types of child maltreatment is not useful. The data set contains approximately 850 children who are not re-abused and approximately 150 children who are re-abused. Apportioning these limited number of re-abuse cases among the ten reasons children enter care has limited predictive utility.

Other uses: Developing models to relate family characteristics with the probability children will return home can be used for many purposes. The branch average indicates the difficulty of reunifying families relative to other branch offices. The branch average compared to the actual branch return home rate provides an indication of how effective a branch is at returning children home. The average return home rate derived from the statistical model indicates likelihood a child will be returned home. Each family is associated with a score ranging from 0-100 that reflects the probability a child will be returned home. Families associated with low numbers are much less likely to have their child returned home; conversely, families associated with high numbers are more likely to have their child returned home. When the actual branch return home rate exceeds the expected return home rate derived from statistical models, the branch is considered effective at returning children home. Conversely, when branches do not return children home who would be returned in most other branch offices, the branch would be considered less effective at returning children home. Thus, two branch offices can return the same percentage of children home, for instance 40%. One branch might serve very difficult families and have an expected return home rate of 30%. Another branch might serve less difficult families and have an expected return home rate of 50%. Although both branches return the same proportion of children, one branch would be considered effective at returning children home (serves the more difficult families) and one branch would be considered less effective

(serves the less difficult families). In addition to recognizing the relative difficulty of clients served in each branch office and recognizing the relative effectiveness of each branch in returning children home, these models can acknowledge the changing client populations and recognize the influence of changing client populations on return home rates.

This same comparison can be applied to children entering foster care. The threshold of removal would acknowledge parental characteristics, child characteristics, and severity of maltreatment to recognize the difficulty of children served in different branch offices. Branches associated with higher estimates would tend to leave children with their caretakers while branches with lower thresholds would rely on foster care to ensure child safety. The comparison of thresholds would recognize the difficulty of families served among branch offices.

Similar to the thresholds of removal and return home, a threshold or likelihood of re-abuse can be calculated. The probabilities of re-abuse would be useful for risk assessment. When considering placement, as well as, returning a child home. When returning a child home, risk of re-abuse could benefit from parental involvement with services.

There are many uses for threshold. Oregon has used the concept to allocate staff, identify differences among branches, and identify effective services. Other uses for threshold and related concepts are just beginning to be explored.

Conclusions

Oregon's child welfare system has limited resources and a limited ability to serve maltreating families. Being effective and efficient is important. Knowing more about the client population and more about client services can help SOSCF minimize the number of children entering foster care, maximize the number of children returning home, and minimize the number who are subsequently re-abused. The placement of a child in foster care and the return home of a child from foster care are subjective child welfare decisions; these decisions consider a wealth of information and speculation about the child's safety and likelihood of re-abuse. Identifying the family characteristics of re-abusing parents will enable caseworkers to make more informed decisions when returning children home. Identifying effective services can promote family reunification and prevent re-abuse. This report identifies the family characteristics associated with an increased or decreased likelihood a child will be returned home, and secondly, compares differences among services in their ability to promote family reunification and prevent re-abuse.

Families who re-abuse their children are burdened with more family problems than families who do not have their child returned home. Some types of child maltreatment are associated with high return home rates and some with low return home rates; the actual return home rate is not associated with re-abuse rate for the categories developed to identify the reasons children enter foster care. The most vulnerable children are associated with lower return home rates, however, re-abuse rates and level of vulnerability are not related. Interestingly, younger children are associated with lower return home rates and higher re-abuse rates.

There are many family factors associated with a decreased return home rate and increased re-abuse rate. Other family factors are associated with a decreased return home rate but are not associated with re-abuse (i.e. homelessness, low IQ, mental illness, and mentally retarded / developmentally disabled). Conversely, other factors are associated with an increased re-abuse rate but are not associated with return home rate (i.e. alcohol involvement, domestic violence, parent abused as a child, and teen parenthood). These factors deserve additional consideration when returning children home.

Family barriers are important considerations when returning a child home. There are many barriers associated with a decreased return home rate. Other barriers are not associated with return home rate but are associated with re-abuse rate (i.e. alcohol involvement, angry/aggressive behaviors, domestic violence, and a lack of supervision). These barriers deserve more consideration when returning children home.

The services considered effective with reunifying families include visitation, parent training, drug/alcohol (D/A) inpatient treatment, D/A outpatient, individual counseling, Intensive Family Services / High Impact counseling, family counseling, and Alcoholic Anonymous / Narcotics Anonymous (AA/NA). Some of these services require full participation before the child is more likely to return home, some services require parents to attend most sessions, and some have a strong relationship between children returning home and parental attendance. The services considered effective with reducing re-abuse include parent training, D/A inpatient treatment, individual counseling, and AA/NA.

This program evaluation system attempts to relate service attendance with child welfare outcomes. If families attending the service have the same outcomes as families who do not attend, the service is deemed as ineffective. Conversely, if families attending services are associated with better outcomes than families not attending, the effectiveness of the service can be quantified. This evaluation system allows for comparisons between different services provided to different client populations. This evaluation system does not acknowledge combinations of services nor services provided in series. These results should be considered with other service effectiveness evaluations to identify the most appropriate services necessary to minimize the use of foster care while ensuring child safety.

Appendix 1. Number of Cases Reviewed

There were approximately 2,420 case reviews of children entering long-term foster care between mid-1992 and 1995. Long-term foster care is defined as being in care for 14 days in the year after their removal; the 14 days can be accumulated in multiple episodes or a single episode. Of the 2,420 long-term cases reviewed, approximately 1,000 children returned to the same caretaker within the year, approximately 150 of these children are subsequently re-abused, and approximately 100 re-entered foster care. Thus the comparison between children returning and not returning home includes approximately 1,000 and 1,450 cases, respectively. The comparison between those re-abused and not re-abused include approximately 150 and 850 cases, respectively. The number of cases where re-abuse and re-entry occur within the year after the removal approximates 100 cases.

Appendix 2: Calculating Service Effectiveness Estimates

How do you recognize effective services after accounting for any differences in family difficulty for each of the four categories of parental attendance (complete is 85-100%; mostly is 50-85%; seldom is 15-49%; never is 0-14%)? Table 17 illustrates how service effectiveness is differentiated from family difficulty. The example in Table 17 relates visitation with parental attendance. The top row identifies the actual return home rate for each parental attendance category. The data indicate 56% of the children return home when parents attend all the visits arranged between the parent and child; only 15% of the children return home when parents never visit their child. The “expected return home rate” is the average probability children will return home considering the family characteristics; these estimates are derived from the statistical models.

Table 17. Calculating Service Effectiveness Estimates

Return home rate	Parental attendance category			
	Complete	Mostly	Seldom	Never
Actual	56	28	19	15
Expected	41	34	30	24
Deviation	15	-6	-11	-9

Note: Expected return home rates are derived from statistical models.

The families with more problems are associated with lower probabilities of return home. The expected return home rates are 41%, 34%, 30% and 24% for complete, mostly, seldom, and never participate, respectively. This relationship implies those that complete visitation are less difficult than those who mostly complete; similarly, those who seldom participate tend to be less difficult, and have a greater likelihood of their child returning home than those that never participate. Thus there is a continuum between actual return home rate and parental participation, as well as, a continuum between difficulty of the family and parental participation

rate.

If the families were equally difficult for the four participation categories (complete, mostly, seldom, never) the relationship between parental participation and return home rate would reflect service effectiveness. If services are effective, those who attend the services should have better outcomes (more return home and fewer re-abused). To assess the service effectiveness while acknowledging the differences in the difficulty of the families serviced in each participation category, the difference between actual and expected return home rate is calculated. For complete parental attendance, the actual return home rate is 56%; the expected return home rate considering the difficulty of the family is 41%. The difference between the actual and expected return home rates (56% versus 41%) reflects the effectiveness of the service (15%). This implies only 41% of the children would be returned home without this services; with complete parental involvement with the service, 56% of the children actually return home. The 15% difference reflects the additional children returned home associated with parents attending between 85%-100% of the visits with the children.

The deviations, or measures of service effectiveness, are +15% for complete, -6% for mostly, -11% for seldom, and -9% for never. Complete participation is important for parents to improve the likelihood of their child being returned home. The negative estimates imply the family characteristics indicate more children should be returning home. Poor parental attendance might negatively influence the caseworkers likelihood of returning a child home.