



The California Evidence-Based Clearinghouse for Child Welfare

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Family Connections (FC) - Detailed Report

Scientific Rating:

3

Promising Research Evidence

[See scale of 1-6](#)

Scientific Rating:

3 - Promising Research Evidence

On a [scale of 1-6](#)

Relevance to Child Welfare Rating:

1

High

[See scale of 1-3](#)

Relevance to Child Welfare Rating:

1 - High

On a [scale of 1-3](#)

Child Welfare Outcomes: Safety and child/family well-being.

Type of Maltreatment: Physical neglect

Target Population: Families at risk for child emotional and physical neglect.

Brief Description:

Family Connections (FC) has been rated by the CEBC in the areas of Casework Practice, Interventions for Neglect, and Prevention (Secondary). *Family Connections (FC)* is a multi-faceted, community-based service program that works with families in their homes and in the context of their neighborhoods.

The goal of **FC** is to help these families meet the basic needs of their children and reduce the risk of child neglect. Nine practice principles guide **FC** interventions: community outreach; individualized family assessment; tailored interventions; helping alliance; empowerment approaches; strengths perspective; cultural competence; developmental appropriateness; and outcome-driven service plans. Individualized family intervention is geared to increase protective factors, decrease risk factors, and target child safety and well-being outcomes. The core components of **FC** include: (a) emergency assistance/concrete services; (b) home-based family intervention (e.g., family assessment, outcome-driven service plans, individual and family counseling); (c) service coordination with referrals targeted toward risk (e.g., substance abuse treatment) and protective factors (e.g., mentoring program); and (d) multi-family supportive recreational activities (e.g., theme-based gatherings such as Black History month, trips to museums, etc.).

Please fill out this form to send us feedback on the rating of *Family Connections (FC)*. Starred fields are required.

Name *

Email Address *

Phone Number

Feedback *

Provisional feedback form not available in printout. Please access the website to use the form.

Essential Components

[Show Essential Components](#)

***FC* Philosophical Principles Used in the Delivery of Services:**

- Community outreach
- Family assessment
- Individualized, tailored intervention
- Helping alliance
- Empowerment approaches

- Strengths perspective
- Cultural competence
- Developmental appropriateness
- Outcome-driven service plans

FC Practitioner Activities:

- Uses, at a minimum, the original *FC* screening criteria (presence of at least one type of neglect, at least two additional risk factors related to child or caregiver, and no current CPS involvement) as clear inclusion criteria for targeting and screening program clients.
- Initiates the therapeutic relationship through face-to-face contact with the family within one business day of acceptance into the *FC* program.
- Is assigned to work with the qualified family on an ongoing basis.
- Provides at least one hour of face-to-face *FC* services to families at least once per week for at least three months.
- Provides most *FC* services in the community, meeting families where they live
- Uses clinical assessment instruments to guide the identification of risk and protective factors associated with child neglect (or maltreatment) as part of the comprehensive family assessment.
- Provides emergency/concrete services to address initial concrete needs and additional concrete on an ongoing basis as needed.
- Conducts comprehensive family assessments to guide the service delivery process.
- Develops outcome-driven service plans geared to decrease risk and increase protective factors associated with child maltreatment.
- Delivers tailored and direct therapeutic services to help families reduce risks, maximize protective factors, and achieve service outcomes and goals.
- Advocates on behalf of families in the community and facilitates services delivery by other organizations/individuals.

FC Program Leadership Activities:

- Forms and utilizes a community advisory panel that incorporates consumer input.
- Implements process for evaluation of client change over time and at case closing.

Group Format

Family Connections (FC) was not designed to be conducted in a group.

Family Connections (FC) has not been tested for use in a group setting.

Recommended Parameters

Recommended intensity: A minimum of one hour of face-to-face contact between the social worker and clients weekly.

Recommended duration: 3 to 9 months.

Homework

Family Connections (FC) does not include a homework component.

Delivery Setting

Family Connections (FC) is typically conducted in a(n): Birth Family Home and Community Agency.

Parent Component

Family Connections (FC) was designed with a Parent Component.

Family Connections (FC) addresses the following presenting problems and symptoms: Poor Household Conditions, Poor Financial Conditions, Inadequate Supports to Caregivers, Unsafe Caregiver/Child Interactions, Abusive Interactions Between Caregivers, Dysfunctional Outcomes from Caregiver History, and Dysfunctional Caregiver Personal Characteristics and Behaviors.

Child Component

Family Connections (FC) was designed with a Child Component.

Family Connections (FC) addresses the following presenting problems and symptoms: Externalizing

and internalizing behaviors.

Age range(s): 0-17

Family Connections (FC) was developed for children with developmental delays.

Family Connections (FC) has not been tested for children with developmental delays.

Racial/Ethnic Diversity

Family Connections (FC) was designed for specific racial/ethnic/cultural groups.

Family Connections (FC) was tested in specific racial/ethnic/cultural groups.

Specific Groups: Initial target was primarily African American low-income families (currently being replicated with other ethnic groups).

Relevant research studies:

Girvin, H., DePanfilis, D., & Daining, C. (2007). Predicting program completion among families enrolled in a child neglect prevention intervention. *Research on Social Work Practice, 17*(6), 674-685.

Education and Training Resources

There is a manual that describes how to implement this program.

There is training available for *Family Connections (FC)*.

Training contact: Diane DePanfilis, PhD, Associate Professor, Director, Ruth H. Young Center for Families & Children, 525 West Redwood Street, Baltimore, MD, 21201, ddepanfilis@ssw.umaryland.edu, 410-706-3609

Number of days/hours: Determined individually for each site based on needs.

Training is obtained: On-site at replicating agency, At original site-University of Maryland School of Social Work, Via video-conference, On-line Course (Core Curriculum), and Administration of Core

Curriculum, developed by University of Maryland-School of Social Work, by replicating agency.

There currently are not additional qualified resources for training.

Identified Resources Necessary to Implement Program

The typical resources for implementing *Family Connections (FC)* are: Trained social worker, office space, computer and printer, transportation for meeting clients in their homes and in other community settings, emergency/concrete needs fund, and weekly supervision.

Minimum Provider Qualifications

Master's level worker or Bachelor's level worker supervised by a worker with a Master's.

Relevant Published, Peer-Reviewed Research

[Show Relevant Published, Peer-Reviewed Research](#)

Family Connections (FC) was given the scientific rating of “3-Promising Practice” based on the published, peer-reviewed research available. The practice must have at least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list) establishing the practice's efficacy over the placebo, or found it to be comparable to or better than an appropriate comparison practice. For more information, please see the Scientific Rating Scale page located under the Rating Scales button on the sidebar.

Girvin, H., DePanfilis, D., & Daining, C. (2007). Predicting program completion among families enrolled in a child neglect prevention intervention. *Research on Social Work Practice, 17*(6), 674-685.

Type of Study: Experimental design (see summary)

Number of participants: 136 families participating in the Family Connections Program

Population:

Age Range:n/a

Race/Ethnicity:87.5% African American

Status (e.g., foster care, CW): Referred due to concerns about neglect, but not currently involved with CPS.

Location/Institution: Baltimore

Summary: (To include comparison groups, outcomes, measures, notable limitations) Caregivers and families were randomly assigned to groups, which would receive either 3 or 9 months of services. Variables used as potential predictors for program completion included previous CPS contact, history of drug use, depressive symptoms (as measured by the Depressed Mood Scale), everyday stressors (as measured by the Everyday Stressors Index), and worker/client relationship (as measured by the Helping Relationship Inventory.) Finally, the Parent Outcome interview was used to assess caregivers' satisfaction with the worker. Results of analyses showed that more families in the 3-month condition completed services. Those who completed also had significantly more children and reported a better alliance with their worker. Depressive symptoms also correlated with higher completion rates. The authors note that research has not yet been done to show a link between completion rates and outcomes. They also note that a high overall attrition rate resulted in a reduced usable sample for the study.

Length of post-intervention follow-up: None

DePanfilis, D. & Dubowitz, H. (2005). Family Connections: A program for preventing child neglect. *Child Maltreatment, 10*(2), 108-123.

Type of Study: Pretest/posttest

Number of participants: 154 families (same sample as Girvin, et al. (2007)).

Population:

Age Range: N/A

Race/Ethnicity: 86.4% African American

Status (e.g., foster care, CW) Referred due to concerns about neglect, but not currently involved with CPS.

Location/Institution: Baltimore

Summary: (To include comparison groups, outcomes, measures, notable limitations) Families were randomly assigned to receive services through Family Connections for either 3 or 9 months. The study measured risk factors, protective factors, and two child outcomes: safety and behavior. Risk factors measured were caregiver depressive symptoms, measured by the *Center for Epidemiologic Studies-Depression Scale (CES-D)*; parenting stress, measured by the *Parenting Stress Index*; and everyday stress, measured by the Everyday Stressors Index. Protective factors included parenting attitudes, measured by the Adult-Adolescent Parenting Inventory; parenting sense of competence, measured by the Parenting Sense of Competence Scale; family functioning, measured by the Self-Report Family Inventory; and social support, measured by the Social Provisions Scale. Child safety was assessed by observation, using three subscales of the Child Well-Being Scales (household furnishing, overcrowding, and sanitation) and by CPS reports (prior, during and 6 months after intervention.) Finally, child behavior was measured with the *Child Behavior Checklist*. Results for both groups showed positive

changes in protective factors (parenting attitudes, parenting competence, and social support); diminished risk factors (depressive symptoms, parenting stress, life stress); improved safety (physical and psychological care of children); and improved behavior (decreased internalizing and externalizing). There was no advantage seen in the 9-month versus the 3-month intervention. Limitations noted are the relatively small sample, short follow-up, and a possible self-selection bias of families willing to accept a home-based intervention.

Length of post-intervention follow-up: 6 months.

DePanfilis, D., Okundaye, J., Glazer-Semmel, E., Kelly, L., & Swanson-Ernst, J. (2002). Principles of the strengths perspective: Views from families and providers. *Family Preservation Journal*, 6(2), 1-14.

Findings provide support for use of the strengths perspective in outreach to target families – research was conducted as part of the pilot testing of the *FC* intervention.

References

[Show References](#)

DePanfilis, D., Dubowitz, H., & Kunz, J. (In press). Assessing the cost-effectiveness of Family Connections. *Child Abuse & Neglect*.

Thomas, D., Leicht, C., Hughes, C., Madigan, A., & Dowell, K. (2003). *Emerging Practices In the Prevention of Child Abuse and Neglect* (pp. 24- 27). Washington DC: Department of Health and Human Services.

DePanfilis, D. (2002). *Helping families prevent neglect final report*. Study funded by the U.S. Department of Health and Human Services, Children's Bureau 1996-2002 (Grant Number 90CA1580). Baltimore, MD: University of Maryland School of Social Work.

DePanfilis, D., Glazer-Semmel, E., Farr, M., & Ferretto, G. (1999). *Family Connections intervention manual*. Baltimore: University of Maryland, Baltimore.

Swanson Ernst, J., Meyer, M., & DePanfilis, D. (2004). The effects of structural characteristics of housing on adequacy of physical child care: An exploratory analysis. *Child Welfare, Special Issue on Housing and Homelessness*, 83, 437-452.

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