

Parental Involvement in Residential Care: Distance, Frequency of Contact, and Youth Outcomes

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Abstract The relationship between physical distance to program, different types of family contact, and youth behavioral outcomes, discharge assessment, and 6-month follow-up was examined. Data came from clinical record information for 350 youth who had been admitted to a group home program between July 2009 and October 2011. Path analysis was used to examine the hypothesized pattern of interrelationships among the variables. Study results found that home visits of youth with their families were related to better outcomes, while program visits by family were unrelated to outcomes. Phone contacts during the week were also unrelated to youth outcomes, whereas weekend phone contacts were significantly related to less successful outcomes. Findings suggest that family contact is important for the health and wellbeing of youth in residential care, but that not all family/friend contacts are equally beneficial and that some can even undermine a youth's progress. Specific recommendations are made for future research to inform practice on how to make the most of these opportunities. Ultimately, all family and friend contact should be a positive factor in the youth's treatment and outcomes.

Keywords Family engagement · Residential care · Home visits · Telephone contact · Outcomes

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Introduction

The importance of family involvement for children in residential care has long been recognized (Whittaker 1979; Williamson and Gray 2011). Federal law, funded initiatives, and accreditation guidelines have all incorporated principles of family involvement as a basic right for children in care (Adoption Assistance and Child Welfare Act 1980; Administration for Children and Families 2010; Stroul and Friedman 1986; Walter and Petr 2008). One of the fundamental rationales for community-based programs is the felt imperative of facilitating and maintaining contact between youth and their families (Brown et al. 2010; Pumariega 2007).

The physical distance between a residential program and the child's family is a strong predictor of the frequency of family contact, with greater distances associated with less contact (Baker et al. 1993; Kruzich et al. 2003; Robst et al. 2013a). It has to be recognized, however, that children typically are not placed in residential settings until after several failed episodes of care in other settings (typically foster care; Baker et al. 2007; Connor et al. 2004), and the distance from home tends to increase with each additional placement (McGill et al. 2006). Thus, a history of placement disruption plays a role in family and friend involvement with children in residential programs. From a consumer perspective, parental involvement is important to children in residential care (Degner et al. 2007), and 84 % of parents wish their children were placed closer to home (McGill et al. 2006).

Family involvement has been shown to be related to greater youth satisfaction with the residential stay (Bar-Nir and Schmid 1998; Palareti and Berti 2010; Smith et al. 2004). While consumer satisfaction is certainly good, the relative independence of satisfaction from clinical change

(Avery et al. 2006; Lambert et al. 1998) makes it a weak outcome measure. Greater family involvement has also been associated with shorter lengths of stay (Landsman et al. 2001; Little et al. 2005), however, other research has found that greater family involvement was associated with longer lengths of stay (Robst et al. 2013a). Family involvement has been shown to be related to higher percentage of treatment goals met (Stage 1998), and home visits specifically have been shown to be strongly associated with not dropping out of treatment before program completion (Sunseri 2001). These measures of program performance are good but are, at best, indirect measures of clinical outcome.

Family involvement has been related to measures of in-program improvement. Greater family involvement is associated with behavioral and academic improvement (Prentice-Dunn et al. 1981). The measure used in this study, however, relied on a one-item retrospective five-point rating of behavioral improvement and another for academic improvement. Direct observation of problem behavior and grade-level measures of academic performance would have provided much stronger evidence of clinical improvement, and one study taking this approach did not find that frequency of parental contact was associated with these outcomes (Vorria et al. 1998). Greater family involvement has been associated with better post-discharge permanency (Landsman et al. 2001; Lee 2011; Little et al. 2005), and lower readmission rates (Lakin et al. 2004). These findings, while limited in scope, are the strongest evidence of family contact producing lasting positive outcomes.

Some research examining family involvement has accounted for different types of contact. Most typically, this has involved recognizing the difference between face-to-face visits and telephone contacts (Lakin et al. 2004; Nickerson et al. 2006; Robinson et al. 2005). Generally, face-to-face visits have been better predictors of outcomes than telephone calls (Barber and Delfabbro 2009; Robst et al. 2013b), but some studies have found no such difference (Oyserman and Benbenishty 1992). This raises the question as to the relative impact of telephone and face-to-face contact on outcomes. Each type of contact might have unique effects on youth in residential care.

Additionally, there is the recognition that there are different types of face-to-face contact, i.e., family visits to the program versus youth home visits (Nickerson et al. 2007). Several studies focus on the impact of home visits (Attar-Schwartz 2009; Landsman et al. 2001), while others focus on family visits to the program (Frensch and Cameron 2002; Ryan and Yang 2005), but no study has made a direct comparison of home visits versus family visits on outcomes. These findings also beg the question of whether there are different types of phone contact. There is no

literature that has examined this, however, clinical experience (Pick) has noted that while weekday calls were often used for updates and making plans, calls Friday through Sunday are often instances where plans for visits were cancelled or the “wish you were here” message highlighted the fact that the youth was not there with the family. Research has shown that when planned contacts with families do not occur, children can become distressed and aggressive (Hayden et al. 1999; Ogilvy 2012).

In summary, there is some promising evidence that family involvement is related to positive outcomes for youth in residential care, but many questions remain about this relationship. Specifically, researchers have argued that greater focus needs to be placed on clinical outcomes of family involvement in residential care research (Johnson 1999; Nickerson et al. 2006). This study will use structural equation modeling to examine the relationship between physical distance to program, different types of family contact, and a broad range of clinical outcomes for youth. We expect that greater physical distance will be associated with lower frequency of family contacts, that higher levels of family contact will be associated with better outcomes, and that physical distance will have no impact on outcomes after accounting for the effect of family contact. Additionally, we hypothesize that while overall family contact will be beneficial, (1) home visits will have a more positive impact on outcomes than do program visits, and (2) weekday phone calls will have a more positive impact on outcomes than do weekend calls (which may even have a negative impact on outcomes).

Method

Participants

We examined clinical record data for 350 youth who had been admitted to a family-style group home program between July 2009 and October 2011, who had been discharged prior to January 1, 2012, and for whom the organization had collected a 6 month follow-up questionnaire. All data came from a single, nation-wide youth care organization, which consists of one large care facility in the Midwest, and nine smaller, locally administered programs in various sites across the USA. The central program serves approximately 706 youth a year, who come from every state in the USA. The local programs are located in eight states and collectively serve approximately 268 youth a year. Extensive file review data collection was required for this study, so Monte Carlo simulations conducted in Mplus (Muthén and Muthén 2002) were used to determine the number of subjects required for acceptable statistical power. Power computations derived from Monte Carlo

Outcomes

This study used three measures of outcome: disruptive behavior, departure success, and follow-up success.

Disruptive Behavior Forty in-program disruptive and problem behaviors were aggregated to create a disruptive behavior index. The total sum of all problem behaviors that occurred in the last 2 weeks in the program was used to create an index of departing problem behavior. Items for the disruptive behavior index fall within seven domains with 4–8 items each: aggression (e.g. physical aggression towards others, property damage), avoidance (e.g. runaway, medication refusal), lethality (e.g. self-destructive behavior, suicidal ideation), school (e.g. office referral, in-school suspension), sexual issues (e.g. sexual exploitation, sexual assault), substance abuse (e.g. alcohol use, marijuana use), and delinquency (e.g. gang behavior, fire setting).

Departure Success Four measures were used for this index. The measures were departure reason (favorable/unfavorable), percent of youth goals met, percent of family goals met, and departure Restrictive of Living Environment Scale (ROLES; Hawkins et al. 1992). These items were entered into the administrative database by the program's Clinical Specialists. Because of the wide mix of ranges for these measures, they were z-score transformed and the averaged to make the index used in the analyses.

Follow-Up Success Trained interviewers call the youth (or someone who knows the youth) after they have been discharged for 6 months. The follow-up survey has a series of questions regarding how the youth is currently doing. Fourteen of these items were used as an index of aftercare success. Items included current ROLES, number of subsequent out-of-home placements, whether the youth is in school and/or working, involvement in illegal activities, and quality of relationships with family and friends. A minimum of 11 responses to the 14 items were required, and responses were averaged to create a measure of aftercare success.

Analysis

The data were analyzed with path analysis using Mplus 6.0 (Muthén and Muthén 2010). Associations between distance, family/friend contact, and outcome were estimated and full information maximum likelihood estimation was used to handle incomplete data. Two hypothesized path models were tested: a basic model (see Fig. 1) and a full model (see Fig. 2). Both of the hypothesized path models were just-identified (i.e., saturated), with no degrees of

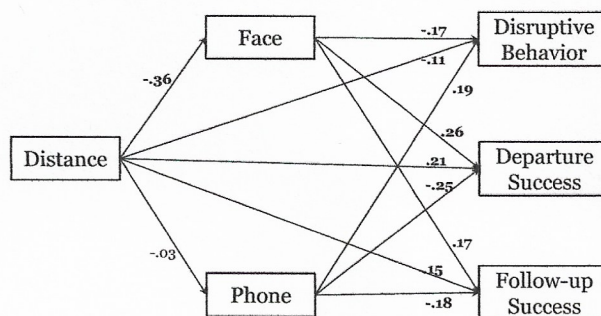


Fig. 1 Path analysis—basic model. Note: Significant correlations are in bold typeface

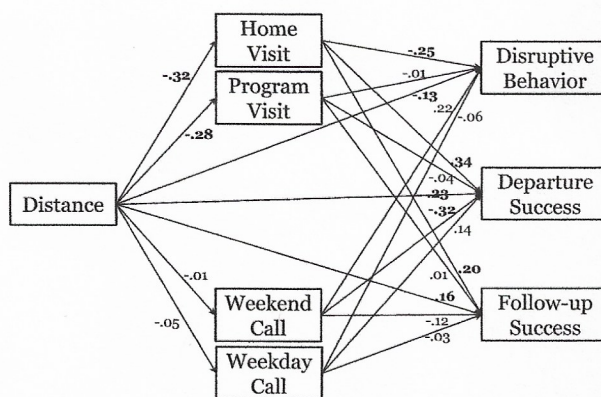


Fig. 2 Path analysis—full model. Note: Significant correlations are in bold typeface

freedom available to estimate fit indices (i.e., $df = 0$; $\chi^2 = 0$).

Results

Descriptive statistics and bivariate correlations for variables included in the basic model are shown in Table 2. Overall, youth averaged 21.3 contacts per 100 days in program (i.e., one contact of one type or another every 4.7 days). As seen in the univariate correlations, greater physical distance between the program and family and friends was related to less face-to-face contact, but unrelated to the number of phone contacts. Face-to-face contact was not related to outcomes, phone contact was related to greater disruptive behavior and less departure success, and greater physical distance was related to better departure success.

The path analysis for the basic model is shown in Fig. 1, where ten out of eleven paths were statistically significant. Greater distance between home and program was significantly related to fewer face-to-face contacts, but was not



Table 2 Raw score means, standard deviations, and univariate correlations for the basic model

	<i>M</i>	<i>SD</i>	2	3	4	5	6
1. Distance	172.7	344.5	-.36*	-.03	-.06	.12*	.10
2. Face to face (per 100 days)	9.1	8.6		.49*	-.04	.06	.03
3. Phone (per 100 days)	12.2	16.4			.11*	-.13*	-.10
4. Bad behavior	3.3	6.2				-.55*	-.27*
5. Discharge status	34.1	13.4					.53*
6. Follow-up	2.7	.81					

* Significantly $p < .05$

Table 3 Means, standard deviations, and univariate correlations for the full model

	<i>M</i>	<i>SD</i>	2	3	4	5	6	7	8
1. Distance	172.7	344.5	-.32*	-.28*	-.05	.01	-.05	.13*	.10
2. Home visit (per 100 days)	3.6	4.1		.29*	.22*	.11*	-.20*	.25*	.13*
3. Program visit (per 100 days)	5.4	6.5			.55*	.47*	.03	-.08	-.05
4. Weekday phone (per 100 days)	7.5	10.4				.86*	.08	-.10	-.09
5. Weekend phone (per 100 days)	4.7	6.5					.14*	-.18*	-.11
6. Bad behavior	3.3	6.2						-.60*	-.35*
7. Discharge status	34.1	13.4							.54*
8. Follow-up	2.7	.81							

* Significantly $p < .05$

related to the frequency of phone contacts. Frequent face-to-face contacts were significantly related to better results for all three outcome measures. Conversely, frequent phone contact was significantly related to worse outcomes on all three measures. Unexpectedly, there was a direct significant relationship between greater distance between home and program and better results on all outcomes measures.

Residual correlations for the basic model showed that face-to-face contacts remained significantly correlated ($r = .51$), and that all three outcome measures remained significantly correlated (behavior/departure, $r = -.52$; behavior/follow-up, $r = -.25$; departure/follow-up $r = .50$). The estimated R^2 for the outcome variables was .03 for bad behavior, .08 for departure success, and .04 for follow-up.

Descriptive statistics and bivariate correlations for variables included in the full model are shown in Table 3. The most common type of contact was weekday phone calls (7.5 per 100 days), followed by program visits (5.4 per 100 days), weekend calls (4.7 per 100 days), and then home visits (3.6 per 100 days). As seen in the univariate correlations, greater physical distance between the program and family and friends was significantly related to less frequent home visits and program visits, but was not related to the frequency of weekday or weekend phone calls. Home visits were related to better outcomes for all outcomes, while phone contact was not related to outcome. Conversely, weekday phone calls were not related to

outcomes, while weekend phone calls were related to greater disruptive behavior and less departure success. Again, greater physical distance was related to better departure success.

The path analysis for the full model is shown in Fig. 2, where in a manner similar to the basic model, greater distance between home and program was significantly related to fewer program visits or home visits, but was not related to the frequency of either weekday or weekend phone contacts. Of note, more frequent home visits were related to better results for all outcome measures, but the frequency of program visits was not. As expected, weekend calls (i.e., Friday through Sunday) were related to worse outcomes, but only significantly so for departure success. Conversely, we expected that weekday calls (i.e., Monday through Thursday) would be related to better outcomes, but this was not the case. As with the basic model, there was a direct significant relationship between greater distance between home and program and better results on all outcomes measures.

Residual correlations for the full model showed that weekday and weekend calls were significantly related ($r = .86$); as were program visits and home visits ($r = .22$). Similarly, program visits were significantly related to weekday and weekend calls ($r = .56$ and $r = .49$ respectively). Home visits were also significantly related to weekday and weekend calls ($r = .21$ and $r = .12$ respectively). Again, all three outcome measures were

significantly correlated (behavior/departure, $r = -.56$; behavior/follow-up, $r = -.30$; departure/follow-up $r = .50$). The estimated R^2 for the outcome variables was .08 for bad behavior, .16 for departure success, and .06 for follow-up.

Discussion

There is a strong sense that family contact is important for the health and wellbeing of youth in residential care (Geurts et al. 2012). While the results of this study support this position, we also found that not all family/friend contacts are equally beneficial and that some can even undermine a youth's progress. Results confirmed that distance between residential program and family home was inversely related to frequency of face-to-face contact, but found that it was unrelated to frequency of phone contact. The full path analysis model showed that frequency of home visits with an overnight stay was the strongest predictor of positive outcomes, and unexpectedly that frequency of family/friend visits to the residential program was not related to outcome. The full model also showed that frequency of weekday phone calls was not related to outcome, and that greater frequency of weekend phone calls was associated with negative outcomes.

Home visits of youth with their families were found to be especially beneficial for all three outcome measures. The value of home visits may come from simply spending time with family, being in a familiar home and community environment, and being rewarded for treatment progress. It may also be that some combination of time with family along with factors such as a youth's improved behavior, new social skills, and a greater appreciation for home borne of time spent in restrictive care produces the positive effect. While visits are rarely supervised, they were structured via a home visit note. The home visit note outlines goals for the visit, and the success of youth in meeting those goals were reported back to the organization. Home visits are seen not only as a time for engagement and bonding, but also as an opportunity to generalize skills learned in the program. It is felt that this occurs when parents see the progress the child is making and use parental approval to reinforce improved behavior. It is hoped that home visits provide a motivation for the youth to continue working and improving in order to make reunification happen.

It is likely that home visits had at least some increase in frequency as youth got closer to family reunification dates. Whether this produces greater or lesser compliance to program rules has been a matter of some debate within the program. An important follow-up study to the results reported here is whether improved behavior impacts the

frequency of home visits or vice versa. An autoregressive cross-lagged path analysis would be ideal for answering this question in future research.

It was surprising that program visits were unrelated to the outcome measures. Program staff work to facilitate family engagement by visiting with the family before and after the visit in order to help develop better rapport building and positive communication patterns. Visiting family members are also invited to participate in home activities, such as meals, outings, birthdays, and holidays, whenever this is possible. The treatment program, however, is not a natural home environment, and visiting family members may feel uncomfortable, intimidated, and disempowered. Additionally, program visits are shorter in duration than home visits, generally lasting from several minutes (e.g. when dropping something off) to a couple of hours at most. Perhaps these lesser "doses" of family engagement are insufficient to produce a positive impact. The lack of impact of family and friend visits on outcomes, however, clearly indicates that further work is needed to determine how to better leverage these opportunities for the benefit of youth and their families.

Surely there are some program visits and phone calls that are positive and benefit the youth, but overall, the balance of these types of contact produced no effect in the multivariate models. Future research should focus on discovering those aspects of family visits and phone contact that are especially helpful in order to allow out-of-home programs to fully take advantage of these opportunities. Similarly, an effort also needs to be made to identify those aspects of family/friend contact that are negative. Ideally, contact from family and friends, whenever and however it occurs, should be a positive factor in the youth's treatment and outcomes.

A greater frequency of weekend calls from family and friends were associated with less successful outcomes, although only significantly so for the Departure Success index in the full model path analysis. Clinical observation and experience suggests that weekend calls have a longer duration than weekday calls, and are more likely to be situations where family plans are cancelled and youth take the opportunity to complain (Pick). A detailed analysis of the nature and content of phone contacts is not an area that has been studied and will need to be examined in future research. For instance, what are the factors that undermine the beneficial influence of family and friend telephone contact for youth in residential care? Is it possible to teach families how to make the most of these opportunities, or maybe a post-call process to help youth derive the greatest benefit from family/friend telephone contacts?

We were surprised by greater distance being directly associated with better outcomes, since some prior research has reported the opposite pattern of association (Robst

et al. 2013b). This unexpected finding suggests that this is an area that merits specific research examination. One possible explanation for this finding is that greater distances result in removal from the negative environmental influences that led to the youth being placed in residential care. Another factor may be that those who were placed from a longer distance might perceive a greater need to commitment themselves to being successful in the program in order to get back home. Thus, with program completion and returning home there could be a greater sense of accomplishment and a relatively stronger desire to stay at home for good. For their part, families that were further away may be relatively happier to have their youth back and may have worked harder to create a home environment that positively supports youth outcomes (e.g. permanency). This appears to be an especially interesting area for future research.

As was pointed out, residential placement typically only occurs after a history of failed out-of-home placements (Baker et al. 2007; Connor et al. 2004), and the distance between family home and treatment program tends to increase with each additional placement (McGill et al. 2006). A history of failed out-of-home placement, for its part, is associated with trauma histories and more severe emotional and behavior problems (Chamberlain et al. 2006; Hyde and Kammerer 2009). Placement disruption, trauma, and pathology all have the potential to impact family involvement as well, and all of these factors will likely need to be accounted for as research in this area moves forward.

Limitations and future directions. While this study built upon earlier research (and even expanded upon it in the case of the phone call split), research in this area is clearly in the early stages of development. Because the focus of this study was youth in a single residential service provider, results might be idiosyncratic to the agency. The use of data from the smaller, locally-administered programs across the USA, however, would argue against the results being limited due to geography. The unexpected results (e.g. greater distance tended to be associated with better outcomes, telephone contact tended to have a negligible to negative impact on outcomes) might have been a function of this particular organization, and the unique combination of variables examined. It would be very interesting to see if replication in other residential programs would produce similar results. A second shortcoming was that the calculation of physical distance was based on an average of all contacts, and thus was not focused necessarily on the family/home targeted for reunification. The approach we adopted, however, did examine the impact of distance on all family/friend contacts and how contact in that broadest sense impacted outcomes. Given the importance of successful reunification, however, research examining the

impact of contact with the reunification family on outcomes is another area which needs research attention, especially given that some family/friend contact was associated with poorer results. A third limitation of this study is that it does not account for the possibility that youth outcomes impact the frequency of family contact. For example, because phone contacts place less demand on limited time and money resources than do home visits, perhaps more frequent phone contact is stimulated by youth who struggle in the program. While this possibility does not explain the weekend call effect, this limitation could be answered in future research with a longitudinal study linking youths ongoing clinical status with frequency of parental contact (both face-to-face and telephone). A fourth limitation is that home visits might have been dependent on good behavior for the youth, and youth who struggled within the program may have been less likely to have home visits. While it is true that regular home visits were contractually mandated for some youth, additional research is needed to account the impact of youth behavior on home visit. Finally, information on the purpose for, content of, and response to each visit or telephone call was not available to us. It is likely that an understanding of the impact of family and friend contact on youth in residential care will be incomplete without this information.

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