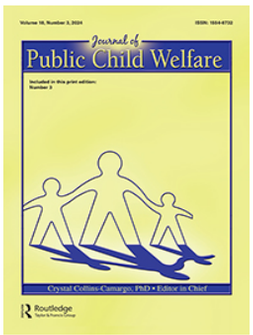

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Do intensive specialized services prevent family separation in parents with intellectual disabilities? A treatment effects analysis

Wendy Zeitlin[a], Astraea Augsberger[b], and Trupti Rao[c]

[a]Department of Social Work and Child Advocacy, Montclair State University, Montclair, NJ, USA; [b]Boston University School of Social Work, Boston, MA, USA; [c]Westchester Institute for Human Development, Valhalla, NY, USA

ABSTRACT

The current study explores the effectiveness of Project IMPACT, an intensive, in-home, skills-based positive parenting program designed to prevent out-of-home placement for parents with intellectual disabilities. Families participating in Project IMPACT were compared with families in a similar jurisdiction who participated in non-specialized family preservation services using treatment effects analysis. Findings indicate that Project IMPACT is highly effective at keeping families intact. Project IMPACT reduces family separation throughout childhood, the most benefits are seen in early childhood, when the risk of family separation is generally the greatest. Parents with intellectual disability can learn skills to keep children safe at home.

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Intellectual disability; treatment effects; parenting skills; child welfare; foster care

Introduction

It is estimated that between 1.4 and 2.3% of parents with a child under the age of 18 are living with an intellectual disability (Kaye, 2012; Zeitlin & Augsberger, 2024). However, studies report that parents with intellectual disabilities are overrepresented in child welfare systems (DeZelar & Lightfoot, 2018; Feldman et al., 2012; Llewellyn et al., 2003; McConnell et al., 2020; Powell & Albert, 2020; Sigurjónsdóttir & Rice, 2018; White, 2015; Zeitlin & Augsberger, 2024). Children of parents with intellectual disabilities in child welfare experience more family disruption compared to children of parents without intellectual disabilities, including higher rates of foster care placement and termination of parental rights (Booth & Booth, 2004; DeZelar & Lightfoot, 2018; McConnell et al., 2020; White, 2015). Previous research in Western countries has found parental cognitive impairment is present in 6.3% of Child Protective Services investigation, which up to 19% of children placed in foster care are removed, at least in part, due to parental disability, and between 30% and 50% of parents with intellectual disabilities are at risk of

CONTACT Wendy Zeitlin zeitlinw@montclair.edu Department of Social Work and Child Advocacy, Montclair State University, 1 Norrmal Avenue, Montclair, NJ, USA
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having their children permanently removed (Booth & Booth, 2004; Lightfoot & DeZelar, 2016; McConnell et al., 2020).

The child welfare system struggles to meet the service needs of families with parents with intellectual disabilities (Aunos & Pacheco, 2020; LaLiberte, 2013). Researchers have documented multiple challenges including a lack of training and specialized knowledge among child welfare workers, limited programs tailored to meet the specialized needs of this population, and a lack of adequate funding to support the development and evaluation of parenting interventions geared toward this population (Collings et al., 2017; LaLiberte, 2013; Powell et al., 2017). Additionally, the parenting programs that do exist for parents with intellectual disabilities have not been fully evaluated for their feasibility, efficacy, and capacity to be replicated on a large scale (The California Evidence-Based Clearinghouse for Child Welfare, 2021).

Despite these gaps, the small body of research on specialized interventions for parents with intellectual disabilities is promising. In a systematic review of positive parenting and social support interventions for parents with intellectual disabilities in the U.K., Wilson et al. (2014) found that intensive behaviorally-based programs promote positive parenting skills. Additional studies show that with appropriate training and support, parents with intellectual disabilities can develop positive parenting skills and can retain custody of their children (Augsberger et al., 2021; Rao, 2013; Tymchuk, 1999; Zeitlin et al., 2021).

Interventions to support parents with intellectual disabilities

There are only a few documented in-home parenting programs for parents with intellectual disabilities in the U.S. Through the Looking Glass (2023) provides in-home, specialized services to pregnant and parenting individuals with intellectual disabilities who live in the San Francisco Bay area. The ARC in Massachusetts (2023) has a Positive Parenting program, while YAI (2021) in New York has a Parents with Special Needs program.

There is mixed evidence for the utility and success of parenting interventions for parents with intellectual disabilities, which have been, to some extent, evaluated through clearinghouses that disseminate best practices in child welfare. One of the most well-developed clearinghouses is the California Evidence-Based Clearinghouse for Child Welfare (CEBC4CW). CEBC4CW is managed by California's Office of Child Abuse Prevention, which is tasked with promoting innovative and best practices regarding the prevention and treatment of child maltreatment (California Department of Social Services, 2024; CEBC Overview, 2021). The CEBC4CW has resources for identifying, selecting, and implementing "evidence-based child welfare practices that will improve child safety, increase permanency, increase family and community stability, and promote child and family well-being" (CEBC Overview, 2021, para. 1). This clearinghouse provides

information on programs and interventions related to child welfare and well-being that the clearinghouse deems "evidence-based." Programs are listed in the clearinghouse with an evaluation of the evidence submitted that support their efficacy. Complete information on how programs are identified, evaluated, and rated is located on the CEBC4CW's website (https://www.cebc4cw.org/).

The CEBC4W (2021) categorizes the various types of interventions suitable for application to parents with intellectual disabilities including education kits, training modules for professionals, parent support groups and navigation services, and home visiting programs. Education kits equip parents with the skills necessary to parent safely. For example, Healthy and Safe in Australia is a home-education kit for parents with intellectual disabilities that provides lesson plans, modules, and parent workbooks covering six health and thirteen home safety topics including, for example, recognizing when a child is sick, calling the doctor, using medicines safely, and identifying dangerous objects in the home (The California Evidence-Based Clearinghouse for Child Welfare, 2021). Training modules for professionals teach strategies that may allow for effectively supporting parents. One such example identified by CEBC4CW is titled *Designing Support Groups for Parents with Intellectual Disabilities* (Through the Looking Glass, 2023). Interventions for parents with intellectual disabilities include parent support networks. An example of this type of intervention is the Disabled Parenting Project (2021), a cross-disability, peer-support network for parents and prospective parents with disabilities. The project's resources include a directory of services and support for parents with disabilities, blogs, opportunities to connect to the community, and information on adaptive parenting products.

Home visiting programs pair families with social workers to help parents perform childcare skills. The Step-by-Step Parenting Program, which is listed on the CEBC4CW breaks down essential child-care skills relevant to children from birth to 3 years of age into small steps. A wide range of parenting skills are covered related to child health, safety, and development including newborn care, feeding and nutrition, diapering, bathing, home and sleep safety, first aid, toilet training, parent–child interactions, and positive behavior support (The California Evidence-Based Clearinghouse for Child Welfare, 2021). Home visiting programs typically combine the use of a childcare manual, modeling, role play, and performance feedback to help teach parents basic parenting skills.

Only four programs, Healthy and Safe (now called Home Learning Program (HLP)) in Australia, Step-by-Step Parenting, VIPP-LD in the Netherlands, and Project IMPACT in the U.S., have been studied more extensively. In their randomized control trial of HLP ($N = 45$), Llewellyn et al. (2003) assessed how the program affected health behaviors and home safety outcomes. HLP is a 10–12 week intervention that uses a parent educator and plain English booklets to teach basic health and

safety skills in the family home. Sessions are 60–90 minutes and take place once per week. HLP was adapted from the UCLA Parent–Child Health and Wellness Project (Tymchuk et al., 2000). Researchers found statistically significant increases in parental knowledge and skills on all outcomes for parents who received the intervention compared to a control group (Llewellyn et al., 2003). The study also found a statistically significant improvement in parents' ability to recall and apply knowledge and skills three months post-intervention. Parents were better able to identify dangers to children as well as recognize and apply appropriate precautions at home.

Step-by-Step Parenting was developed by Maurice Feldman and has been studied more extensively than any other prevention program for parents with intellectual disabilities (Feldman & Case, 1997, 1999a; Feldman et al., 1992, 1993, 1997, 1999b; McDaniel & Dillenburger, 2007). This program utilizes modeling, feedback, and reinforcement to increase parental competence in areas such as feeding and bathing, ultimately contributing to the well-being of both parents and children. In studies exploring the efficacy of this program, sample sizes were small ranging between two and 34 parents. Overall, these studies have included parents at-risk for maltreating their children regardless of whether there had been formal child welfare involvement or not. Some studies used a pre-test/posttest design without a comparison group while others had comparison groups of parents without intellectual disabilities. Outcomes of interest primarily focused on parenting skills; however, two studies described out-of-home placements prior to and after program participation, although hypotheses were not tested (Feldman et al., 1992, 1993). Overall, Step-by-Step Parenting is associated with improved parenting skills and overall child well-being as well as lower rates of out-of-home placement.

VIPP-LD is an in-home video-feedback intervention designed to promote positive parenting (Hodes et al., 2018). It was based on a similar intervention designed for the general population. Hodes et al. (2018) adapted the intervention for parents with learning difficulties utilizing may of Feldman's recommendations for working with parents with intellectual disabilities. In their randomized control trial of 85 parents, VIPP-LD participation was significantly predictive of improved parent–child interactions for parents with lower levels of adaptive functioning at the conclusion of the intervention and at a three-month follow-up.

Involvement in Project IMPACT, described in detail below, has been associated with relatively low levels of out-of-home placements as well as improvements in the home environment and parenting skills (Augsberger et al., 2021; Rao, 2013).

Project IMPACT

Project IMPACT (Improving Parenting Achievements Together) is an intensive in-home behaviorally based parent training program designed for parents with intellectual disabilities who are at-risk for out-of-home placement and have open child welfare cases (Westchester Institute for Human Development, n.d.). Developed at [Westchester Institute for Human Development] in conjunction with Westchester County New York's Department of Social Services (DSS), Project IMPACT aims to 1) identify risk and protective factors for families served, 2) provide parenting education and training tailored to the needs of individual families with the goal of promoting healthy child development, and 3) prevent children from entering or reentering foster care.

Clients participating in the program have custody of their children and were referred by DSS (Rao, 2013). They receive specialized services in their homes and community from master's level social workers three times per week for 4–6 months for approximately two hours each session. The program is strength-based and is customized for each family based on life circumstances and the child(ren)'s developmental needs. Social workers are under the supervision of a clinical psychologist.

The program, launched in 2006, was developed under the guidance of Dr. Trupti Rao, and is based, in part, on the work of Dr. Feldman. Parents' strengths and needs are assessed when they enter the program using a variety of instruments, including the Skills Assessment for Parents with Intellectual Disability (SAPID), a validated measure that was developed and refined by Project IMPACT staff based on Dr. Feldman's work and observed client needs (CEBC, 2024; Zeitlin et al., 2021). Once strengths and areas of need are holistically identified, staff work with parents *in vivo* to improve and regularly demonstrate positive parenting. To build mastery most effectively, complex skills are broken down into smaller discrete tasks that are taught to parents and reinforced using multiple techniques (e.g., modeling and visual prompts). As an example, behaviors associated with developing positive parent–child interactions include demonstrating how to track children's behavior (i.e. comment on a child's actions with interest and without judgment), effectively give children clear directions as a statement and not a question, address negative behavior with strategies such as distractions and ignoring, praise children, and provide rewards. Skills are reassessed after they are taught to parents and again prior to termination from the program (Augsberger et al., 2021).

The current study sought to build on the existing evidence on the efficacy of Project IMPACT by addressing the following research question: Does participation in Project IMPACT reduce out-of-home placement for children in families in which a parent has both intellectual disabilities and an open child welfare case compared to participation in non-specialized family preservation

services (FPS)? FPS are "services or activities designed to help families alleviate crises that might lead to out-of-home placement of children; maintain safety of children in their own homes; support families preparing to reunify or adopt; and assist families in obtaining services and supports necessary to address their multiple needs in a culturally sensitive manner" (National Data Archive on Child Abuse and Neglect, 2021a, p. 91).

Method

This quasi-experimental study was approved by the Institutional Review Board governing Project IMPACT as well as that of the first author's institution.

Data sources

Data for this research were drawn from two sources. The treated sample (n = 134) were all families enrolled in Project IMPACT who began services between 2006 and 2017 and for whom it was possible to gain information about foster care placement one-year post-termination, which extended the total time period for data collection from 2006 to 2019.

These data were compared to an untreated sample drawn from the Child Files of the National Child Abuse and Neglect Data System (NCANDS) during the same time period for which the Project IMPACT sample was collected, 2006–2019. Specifically, to form the analytic comparison group, the research team considered all reported cases in New Jersey's non-rural counties in which 1) a parent had a known intellectual disability, 2) the child(ren) resided in the home at the time of the report, and 3) in which FPS were provided. There are no specialized FPS for parents with intellectual disabilities in New Jersey.

NCANDS data are case-level information provided on a yearly basis from each state and Puerto Rico. The Child File contains data for all allegations of child maltreatment made to State Central Registries for which an assessment has been made or for which a disposition on a previously open allegation of maltreatment has been determined (National Data Archive on Child Abuse and Neglect, 2021b). Data for each report include comprehensive information about the report itself (e.g., where the report was made), each child involved in the case (e.g., sex, age), the type(s) of maltreatment alleged (e.g., neglect), the result of any investigation for each type of alleged maltreatment (e.g., substantiated), risk factors for maltreatment for both the child and the parent (e.g., substance use), all services provided as a result of the case (e.g., mental health treatment), and information about the alleged perpetrator and their relationship to each child in the case (e.g., parent) (National Data Archive on Child Abuse and Neglect, 2021a). In the current study,

NCANDS Child File data were particularly useful because they included both substantiated and unsubstantiated allegations of child maltreatment as referral to Project IMPACT was not contingent upon case substantiation. As well, these datasets contain other information that overlaps with Project IMPACT clinical data, thus making it possible to identify good comparison cases.

The research team chose New Jersey as the comparison jurisdiction for the current study because this state has conditions similar to those found in Westchester County, New York. Importantly, both New York and New Jersey have had similar laws as they relate to parents with disabilities who have child welfare involvement, generally, and parents with intellectual disabilities more specifically during the study period (National Council on Disability, 2012; Powell, 2023). In general, parental intellectual disability is not commonly reported in NCANDS, and few states had sufficient cases in which all three conditions described above were met. As the team sought to identify jurisdictions that were similar to Westchester County in terms of population density, availability of public transportation, and availability of other treatment or support services that parents in the area could access, seven rural counties in New Jersey were excluded from the analysis. Ultimately, two-thirds of New Jersey's counties were included in the study resulting in 173 unique child welfare cases.

Measures

Variables were selected for inclusion in this study when they were found to be associated with out-of-home placement or family preservation service utilization in the literature and similar information was available in both NCANDS and Project IMPACT program data. Measures included the number of children in each case, number of special needs children in the family, number of other services provided to the family (e.g., substance use treatment, disability services), whether there was a history of intimate partner violence (IPV), a history of mental health treatment, prior history of child protective service (CPS) involvement with this family constellation, prior history of out-of-home care with this family constellation, the race of the parent, the age of the youngest and oldest children in the family, and whether the family remained intact (i.e., there were no children placed in out-of-home care) within a year of terminating from Project IMPACT or within 21 months of the initial report of alleged maltreatment, in the case of NCANDS data. The 21-month timeframe for identifying families remaining intact for NCANDS cases mirrored a similar timeframe for the Project IMPACT 12-month post-termination data, which accounted for the receipt of a maltreatment allegation, CPS investigation, referral for services, and service provision (cumulatively about 9 months) and then a one-year follow-up period.

Analytic plan

The research team used treatment effects analysis to develop the analytic data set and then used logistic regression to determine the degree to which participation in Project IMPACT was predictive of families remaining intact when controlling for covariates.

Differences between treated cases included and excluded in the final analysis were explored, and post-hoc marginal analysis was used to better understand how Project IMPACT participation and child age affected families remaining intact after a good-fitting model was developed.

Treatment effects analysis is a class of techniques used to create equivalency between two groups, treated and untreated (Barth et al., 2008; Guo & Fraser, 2014; Guo et al., 2006; Huntington-Klein, 2022). It is a particularly powerful method as it allows for causal inference with observational data, which is the case in the current study. Guo et al. (2006) noted that treatment effects are often difficult to ascertain in child welfare research due to the high-risk nature of those participating in existing treatments compared to those not receiving treatment. That is, naturally occurring comparison groups are typically different in ways that cannot be easily corrected with pretest adjustments. For instance, with limited resources, child welfare services often must be triaged. In evaluations, this usually results in treatment cases that are fundamentally worse off when compared to untreated cases, and findings likely result in biased estimates of treatment effects due to nonrandom assignment to treatment conditions.

In this study, the researchers used treatment effect analysis as follows: 1) the research team computed propensity scores using logistic regression for treated and untreated observations. Propensity scores are the conditional probability of being exposed to treatment based on observed baseline covariates (Austin, 2011). Covariates were selected based on existing literature demonstrating that the number of other services provided, previous CPS involvement, and a history of foster care placement were predictors of propensity to treat (Al et al., 2012; Simon et al., 2021). However, because of the scant literature on treatment interventions for parents with intellectual disabilities more generally, covariates were added that, theoretically, could help balance the sample. These additional covariates included the number of children in the family and a history of mental health treatment. 2) The entire dataset was randomized and a variety of matching schemes were utilized to find matches resulting in a dataset that minimized differences between the treated and untreated (see Supplemental File 1 for more details). Ultimately, the team used Mahalanobis distances with replacement to find the closest matches, and propensity scores were included as covariates. This yielded a dataset that had adequate balance (Austin, 2011; Guo & Fraser, 2014). The final analytic dataset consisted of 157 cases, 128 of which were from the treated group and the remaining 30 from the

untreated. The treated and untreated families were compared to determine what differences remained between the groups. 3) Logistic regression was used to predict families remaining intact with the analytic dataset. Treatment was the main predictor and known predictors of families not remaining intact (i.e., youngest child's age, the number of children in the family with disabilities, and being Black) were included as covariates along with variables that were significantly different between the treated and untreated groups after matching. The model was assessed for goodness-of-fit, specification errors, and problems associated with collinearity. 4) Finally, marginal analysis was conducted to better understand the relationship between treatment and child age on the outcome.

Results

Sample characteristics

Prior to matching, families participating in Project IMPACT ("treated") were significantly different from families participating in non-specialized family preservation services ("untreated") on several dimensions. While the ages of their youngest children were not significantly different, on average, the oldest children in the treated group were more than 2 years older than the oldest children in the untreated group (mean = 8.56 years; SD = 5.96 compared to a mean = 6.02 years; SD = 5.46)($p < .00$), and their families were larger with, on average, one additional child in treated families (mean = 2.48 children; SD = 1.54 compared with a mean = 1.44 children; SD = 0.85)($p < .00$). There was no significant difference in the race of families between the groups. Treated families were more likely to have a history of IPV ($n = 50$; 39.06%) compared to untreated families ($n = 23$; 16.67%)($p < .00$). As well, treated families were significantly more likely to have a history of mental health treatment ($n = 77$; 58.78%) compared to the untreated ($n = 20$; 11.56%) ($p < .00$). Families in the treatment group were much more likely to have experienced both prior CPS involvement ($n = 122$; 91.04%) and foster care placement ($n = 40$; 29.85%) than those in the untreated group ($n = 55$; 31.79% and $n = 11$; 6.36%, respectively) ($p < .00$ for both comparisons). Finally, in terms of the outcome, the likelihood of remaining in an intact family was significantly higher for the treated families with 115 (85.82%) families experiencing no out-of-home placement after program termination compared to 129 (74.57%) families not experiencing out-of-home placement in the untreated group ($p < .05$).

After matching, 95.5% of Project IMPACT cases remained in the analytic dataset and few differences remained between the groups. Treated families remained more likely to have experienced IPV ($n = 50$; 39.06%) compared to the untreated ($n = 5$; 16.67%) ($p < .05$). As well, treated families continued to be significantly more likely to have experienced prior CPS involvement ($n = 116$; 90.62%) compared to those untreated ($n = 21$; 70.00%) ($p < .00$). In the matched

sample, the gap between families remaining intact grew with 87.50% of the treated sample ($n = 112$) being able to keep their children at home compared to 70.00% of the untreated group ($n = 21$) ($p < .05$). It should be noted that when statistical differences on variables remained between the groups after matching, the effect sizes decreased as would be expected in a more well-balanced analytic dataset (Austin, 2011). Characteristics of both the pre-matched and post-matched samples are described in Table 1.

Treated observations excluded from the analytic sample

After matching, six of the treated cases were excluded from the analytic dataset, and none of the excluded families had completed Project IMPACT. Many unmatched cases were excluded from further analysis because data were missing on key variables included in the treatment effects analysis, likely due to the short duration many of these families had in the program (i.e., families terminated prior to information being gathered from them). Matched cases had longer treatment times (mean = 4.50 months; SD = 2.11) compared to treated unmatched cases (mean = 1.14 months; SD = 1.09)($p < .00$), and the association between matching and treatment time was small ($d = 0.20$). Data on IPV status was completely missing for all unmatched treated cases, and half of unmatched cases had data missing on mental health treatment history. Despite this, there were small to medium and significant differences between matched and unmatched cases ($p = .04$; $V = 0.18$) on history of mental health treatment. Additionally, 50% of unmatched cases ($n = 3$) experienced out-of-home placement within one year of termination compared to 12.5% of the matched cases.

There were no significant differences between treated matched and unmatched cases based on the number of additional services provided, age of the oldest and youngest children, the number of children living at home, number of children with disabilities, race, history of CPS involvement, or history of foster care placement.

A complete description of this analysis is presented in Table 2.

The effect of participating in project IMPACT on foster care placement

Participant history of IPV, mental health treatment, and CPS involvement were included as covariates in the logistic regression because there were significant differences between the treatment and comparison groups after matching. The results of this analysis are displayed in Table 3.

In the final model, participation in Project IMPACT increased the odds of families remaining intact by 464% (OR = 5.64; $p < .00$), which is considered a large effect (Olivier et al., 2017). The youngest child's age was the only other significant predictor of families remaining intact with the odds increasing by

Table 1. Description of the sample before and after matching.

	Pre-matched sample ($n = 307$)				Post-matched sample ($n = 158$)			
	Non-specialized family preservation ($n = 173$)N (%)	Project IMPACT ($n = 134$) N (%)	p	Effect size	Non-specialized family preservation ($n = 30$)N (%)	Project IMPACT ($n = 128$) N (%)	p	Effect size
# of additional services (M, SD)	0.85 (0.68)	0.86 (1.01)	0.89		0.87 (0.78)	0.87 (1.01)	1.00	
Age of youngest child (M, SD)	4.83 (4.79)	3.99 (4.29)	0.11		4.47 (4.03)	3.88 (4.28)	0.50	
Age of oldest child (M, SD)	6.02 (5.46)	8.56 (5.96)	<0.00	d = 0.45	6.57 (4.55)	8.58 (5.98)	0.09	
# of children living at home (M, SD)	1.44 (0.85)	2.48 (1.54)	<0.00	d = 0.86	1.90 (1.33)	2.48 (1.54)	0.06	
# of children with disabilities (M, SD)	0.57 (0.76)	1.04 (0.99)	<0.00	d = 0.54	0.63 (0.93)	1.03 (0.98)	0.04	d = 0.41
Race								
Not Black, non-Hisp	82 (51.90%)	73 (54.48%)	0.66		16 (55.17%)	72 (56.25%)	0.92	
Black, non-Hisp	76 (48.10%)	61 (45.52%)			13 (44.83%)	56 (43.75%)		
History of IPV: Yes	23 (16.67%)	50 (39.06%)	<0.00	V = 0.25	5 (16.67%)	50 (39.06%)	0.02	V = 0.18
History of mental health treatment: Yes	20 (11.56%)	77 (58.78%)	<0.00	V = 0.50	9 (30.00%)	77 (60.16%)	<0.00	V = 0.24
History of CPS involvement: Yes	55 (31.79%)	122 (91.04%)	<0.00	V = 0.59	21 (70.00%)	116 (90.62%)	<0.00	V = 0.24
History of foster care placement: Yes	11 (6.36%)	40 (29.85%)	<0.00	V = 0.31	7 (23.33%)	39 (30.47%)	0.44	
Intact family: Yes	129 (74.57%)	115 (85.82%)	0.02	V = 0.14	21 (70.00%)	112 (87.50%)	0.02	V = 0.19

Table 2. Comparison of treated matched and unmatched cases.

	Matched cases ($n = 128$)	Unmatched cases ($n = 6$)	p; Effect size
Treatment time (M, SD)	4.50 (2.11)	1.14 (1.09)	<0.00; $d = 0.20$
# of additional services (M, SD)	0.87 (1.01)	0.67 (0.58)	0.93
Age of youngest child (M, SD)	3.88 (4.28)	6.17 (4.40)	0.21
Age of oldest child (M, SD)	8.58 (5.98)	8.17 (6.01)	0.89
# of children living at home (M, SD)	2.48 (1.54)	2.33 (1.86)	0.65
# of children with disabilities (M, SD)	1.03 (0.98)	1.25 (1.50)	0.83
Race			
Not Black, non-Hisp	72 (56.25%)	1 (16.67%)	0.06
Black, non-Hisp	56 (43.75%)	5 (83.33%)	
History of IPV			
No	78 (60.94%)	N/A	N/A
Yes	50 (39.06%)	N/A	
History of mental health treatment			
No	51 (39.84%)	3 (100.00%)	0.04; $V = 0.18$
Yes	77 (60.16%)	0 (0.00%)	
History of CPS involvement: Yes	116 (90.62%)	6 (100.00%)	0.43
History of foster care placement: Yes	39 (30.47%)	1 (16.67%)	0.47
Program completion: Yes	88 (70.40%)	0 (0.00%)	<0.00; V = 0.3
Foster care placement: Yes	16 (12.50%)	3 (50.00%)	0.01; $V = 0.22$

22% for each year increase in child age (OR = 1.22; $p = .01$). This is considered a small effect; however, the actual increase in odds is exponential as the predictor variable is continuous. For example, a two-year difference in the age of the youngest child increases the odds of keeping families intact by 48.8% (1.22^2) and a three-year age difference would increase the odds of keeping families intact by 81.6% (1.22^3).

No other covariates were significantly predictive of families remaining intact including being Black (OR = 2.03; $p > .05$) and the number of children in the family with disabilities (OR = 1.45; $p > .05$). The relationship of the remaining predictors to the outcome were in the expected direction in that there was a reduction in the odds of families remaining intact: having a history of IPV (OR = 0.79; $p > .05$), having a history of mental health treatment (OR = 0.57; $p > .05$), and having a history of CPS involvement (OR = 0.41; $p > .05$).

The overall model was statistically significant ($X^2(8) = 17.74$; $p < .02$). Additionally, the data fit the model well, there were no specification errors, and no issues of collinearity.

Table 3. Logistic regression predicting families remaining intact.

Predictor/Control	OR	SE	z	p	95% CI
Participation in Project IMPACT: Yes	5.64	3.51	2.78	<0.00	1.66–19.11
Black, non-Hispanic: Yes	2.03	1.00	1.44	0.15	0.78–5.33
Youngest child age	1.22	0.10	2.45	0.01	1.04–1.43
# of children with disabilities	1.45	0.39	1.43	0.15	0.87–2.45
History of IPV: Yes	0.79	0.40	−0.47	0.64	0.29–2.14
History of mental health treatment: Yes	0.57	0.29	−1.10	0.27	0.21–1.55
History of CPS involvement: Yes	0.41	0.31	−1.18	0.24	0.09–1.79

The effect of project IMPACT on families remaining intact across child ages

Regardless of child age, the predicted probability of families remaining intact was higher for those participating in Project IMPACT than in the untreated group. The gap between these probabilities is greatest when children are younger and close as children get older. For families in which the youngest child was under the age of one, Project IMPACT participants had a predicted probability of families remaining intact of 0.7971 compared to 0.5032 for the untreated group, a gap of 29.39%. It is only when the youngest children in the untreated group are between the ages of eight and nine years-old that the probability of families remaining intact is the same as those in the treatment group at less than a year old. Finally, there remains a 3.53% difference in the predicted probability of families remaining intact when the youngest child is 16 with the Project IMPACT families having a predicted probability of 0.9887 compared to 0.9534 in the untreated group. These results are illustrated in Figure 1.

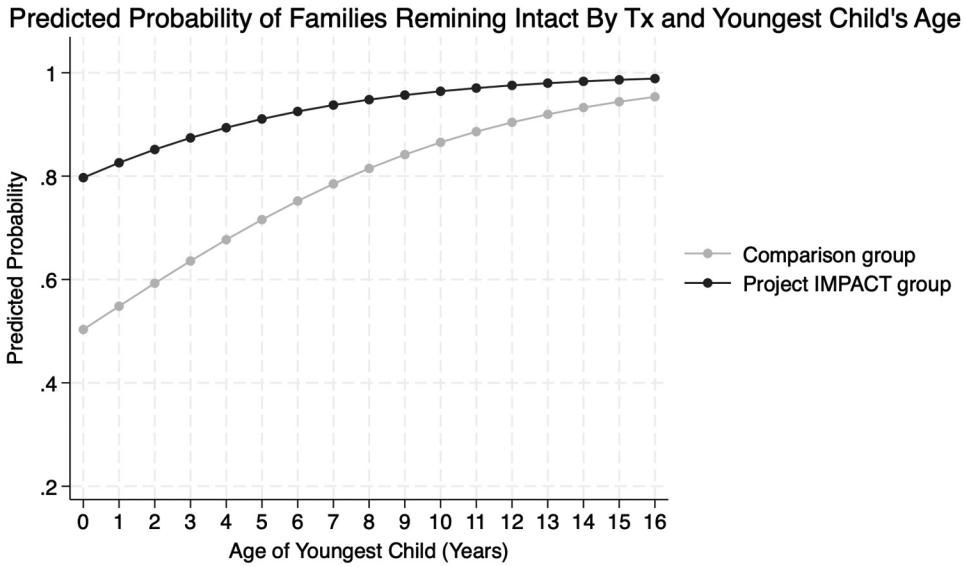

Figure 1. Marginal analysis results

Discussion

This research expands the literature regarding promising interventions for parents with intellectual disabilities in child welfare. Previous research utilized smaller samples and primarily assessed outcomes focused on child well-being and/or parenting skills. By focusing on a child welfare outcome, families remaining intact, the current study advances the field's understanding of how a specialized program for parents with intellectual disabilities can be

utilized to impact family stability and child welfare service delivery. Results from the current study found that Project IMPACT was considerably more effective at helping families remain intact, even when controlling for known predictors of foster care placement than those in the non-specialized treatment group.

Marginal analysis showed that Project IMPACT was most effective at keeping families intact when children are very young (i.e., when the gap was greatest between the treated families and untreated families). This is notable because children most at-risk for maltreatment are those under the age of one. For example, in their most recent report, the U.S. Department of Health and Human Services (2023a) found that 15.1% of victims of child maltreatment were under the age of one, and 39.4% were under the age of 5. More than a quarter of child fatalities were those under the age of one (U.S. Department of Health & Human Services, 2023a). Younger children are more likely to experience out-of-home placements than older children with 41% of children entering foster care being under the age of six in both 2020 and 2021 (Kids Count Data Center, 2023).

Family preservation services

In New Jersey, FPS are available to clients 24/7 for up to eight weeks, and service provision typically includes 5–20 hours of direct services per week with total direct services ranging from 40 to 160 hours (Beyer, 2023). In the State's most recent report, it was noted that 82% of families enrolled in FPS completed the full intervention, 95% of families who completed the program were intact at termination, and 83% were intact one year after termination. In the matched sample, 70.40% of families enrolled in Project IMPACT ($n = 88$) completed the full intervention, and 95.45% of the families completing the program remained intact one year after termination, rates similar to NJ's non-specialized FPS. Only 70% of families in the analytic sample receiving FPS in NJ remained intact 21 months after the initial allegation was recorded, lower than what is reported for all families receiving FPS in NJ; however, we were unable to determine the extent to which these families completed the FPS program. The duration of Project IMPACT is longer than those provided in NJ's FPS program (4–6 months compared to 8 weeks), and total direct care hours are about the same as for Project IMPACT (up to 156 hours) as they are for NJ's FPS (up to 160 hours); however, these hours are spread over a longer period of time, which may partially explain why Project IMPACT was more successful than New Jersey's FPS program for parents with intellectual disabilities.

Non-specialized FPS delivered to parents with intellectual disabilities may, then, be less successful at keeping families intact than for the general population. There is a dearth of formal services designed for the unique needs of this

population so it comes as no surprise that these families are less likely to remain intact when services provided are inappropriate and/or inadequate (Koolen et al., 2020; Lightfoot et al., 2018; Powell et al., 2022). Specialized programs, such as Project IMPACT, may be effective for parents with intellectual disabilities for a number of reasons. First, service provision in real-life settings, including both in the home and in the community, may be especially useful to parents who learn best in more practice-based and less didactic or theoretical settings (Augsberger et al., 2021; Rao, 2013). Additionally, Project IMPACT is intensive, and services are tailored to meet the needs of individual families. As such, clinicians are trained to work with parents in a manner that has shown promise in the previous research. This includes building trusting relationships with parents, providing visual aids, and breaking down tasks into smaller chunks so parents can learn complex skills incrementally with the opportunity to improve skills through practice and repetition.

Limitations

There are several limitations to the current research. This study compares Project IMPACT's clinical data with NCANDS administrative data, which are frequently used in research, but not specifically designed for research purposes. Challenges in using administrative data for research have been identified previously and include data validity, consistency of data collection over time, and large amounts of missing data (Rothbard, 2015). With regard to NCANDS more specifically, it has been noted that some fields in state data systems that serve as inputs to the Child Files may not be completed, as evidenced by large amounts of missing data. There is also a lack of follow-up data in NCANDS such as how long services were delivered for and if they were completed (DeZelar & Lightfoot, 2020; Jonson-Reid & Drake, 2016). Administrative data, however, can be especially useful in research when studying low-prevalence conditions (Rothbard, 2015). While we contend that parental intellectual disability is not considered "low prevalence," this is a particularly difficult population to identify, and the NCANDS files had adequate numbers of cases in New Jersey of parents with intellectual disabilities whose children resided with them to include in this research. While our findings suggest that Project IMPACT is highly effective, a clinical comparison group would likely yield the least biased and most valid findings, and, thus, we recommend further research.

In the current study, we were able to identify whether untreated families received no family preservation services or non-specialized services; however, as noted previously, the Child Files did not include the duration or intensity of these services or variation in service delivery between FPS service providers. Despite this, it appears as if families receiving non-specialized services were less successful at keeping families with a parent with intellectual disabilities intact compared to all families in New Jersey receiving family preservation services.

Finally, prior to matching, families participating in Project IMPACT appeared to have a higher level of need than their counterparts participating in non-specialized services. It is not clear whether these differences were attributable to true differences between the groups or if the groups merely appeared different due to differences in how clinical and administrative data are collected and maintained. The use of treatment effect analysis, then, is supported as the matching algorithm utilized produced treatment and comparison groups that minimized differences on observed variables. Despite this, it should be noted that the untreated sample was reduced by nearly 83% as a result of matching.

Implications for practice, policy, and research

Recently, two policy measures have arisen in the U.S. bringing both practice and policy relevance to the current study. In September 2023, the U.S. Department of Health and Human Services proposed adding a rule to Section 504 of the Rehabilitation Act of 1973 to protect the civil rights of people with disabilities, including parents who have child welfare involvement (U.S. Department of Health & Human Services, 2023b). If adopted, this rule would require that states make "reasonable modifications for parents with disabilities in the child welfare system" (p. 63413) that would likely include efforts to modify child welfare services for parents with disabilities (as evidenced in U.S. Department of Health & Human Services, 2020). Also in September 2023, the National Institutes of Health (NIH) designated people with disabilities as a population with known health disparities (U.S. Department of Health & Human Services, 2023b). As a result, NIH is taking concrete steps "to understand barriers and unmet needs faced by people with disabilities, and to develop intervention to address them" (para. 7).

Because of these policy initiatives, the hope is that the needs of parents with disabilities will be recognized and that child welfare systems will move toward implementing tailored, evidence-informed interventions, such as Project IMPACT. The hope is also that the child welfare system will ensure that caseworkers and other child welfare professionals working with this population receive adequate training and support to prevent disability discrimination in child welfare programs and services.

The current study supports the efficacy of Project IMPACT in a comparison to non-specialized FPS; however, FPS programs are not always available. Additional research on the effectiveness of Project IMPACT, then, should include a comparison to families receiving no FPS services. To serve this community most effectively, it is also important to further consider which elements of Project IMPACT are most useful at improving parenting skills and keeping families together safely.

Conclusion

Overall, this study suggests that specialized, intensive, in-home family preservation interventions for families in which there is a parent with intellectual disabilities can help families remain intact. Historically, there has been a lack of adequate funding to support the development and evaluation of parenting interventions that are targeted toward this population. The current findings, alongside recent policy initiatives, make a compelling case for the child welfare system to prioritize the development, replication, and evaluation of child welfare interventions, such as Project IMPACT, which address the unique needs of parents with disabilities.

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Notes on contributors

Dr. Wendy Zeitlin is an Associate Professor in the Department of Social Work and Child Advocacy at Montclair State University. Her research focuses on public health social work, particularly in the area of disability and historically underserved populations.

Dr. Astraea Augsberger is an Associate Professor and Associate Dean for Doctoral Education and Boston University School of Social Work. Her research focuses on child welfare policy and programs, health equity, and community engaged research.

Dr. Trupti Rao is the Director of Child Welfare Services and Psychology Training at Westchester Institute for Human Development. Her research focuses interests on the intersection of developmental disability and child welfare, as well as the needs of parents with intellectual disabilities.

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