

# Factors and Promising Practices Related to Re-unification and Re-entry

## Literature Review

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# Executive Summary

## Purpose of this Review

The purpose of this literature review is to reexamine 1) factors associated with re-entry into foster care, 2) factors related to successful reunification among children and youth involved in foster care, and 3) factors that contribute to permanency outcomes in child welfare and to highlight child welfare practices that show promise for reducing re-entry of children into foster care. Because re-entry into foster care and reunification are topics that relate to permanency, they are both explored in this review. The goals for the review are to encourage a greater research base, generate innovative thinking, assist with improvements to mandatory outcome measures and processes, and, ultimately, support service improvement to families.

## Methodology

Information for this review was collected from both academic literature and target searches on the World Wide Web. Literature was reviewed and acquired using the following search databases: Academic Search Premier, Applied Social Science Index and Abstracts, PsychINFO, Sociological Abstracts, FirstSearch, CSA Illumina, Electronic Collections Online. The academic literature searches included the following: Social Services Abstracts (CSA/Illumina), Social Work Abstracts, PsycARTICLES, PsycINFO, Sociological Abstracts and Family and Society Studies Worldwide. Additionally, in using the World Wide Web, primarily Google Scholar, the following Child Welfare Research and Policy Organization websites were searched: Child Welfare Research Center (CWRC) (<http://cssr.berkeley.edu>), Child Welfare Information Gateway ([www.childwelfare.gov](http://www.childwelfare.gov)), and American Humane Association ([www.americanhumane.org](http://www.americanhumane.org)).

## Summary of the Key Findings

Results of the review highlight the importance of stability for children. When parents/caregivers maintain consistent and frequent visits with their children in foster care, and when services are directed at enhancing and/or improving the parent child relationship, reunification and stability are more probable (Carnochan et al., 2013; Kimberlin et al., 2009). Key factors associated with re-entry into foster care include parental poverty, parental mental illness, parental substance abuse, parental ambivalence about reunification, behavioral or health issues in children, placement into non-relative foster care, placement instability, the amount of family coherence at the time of separation, and previous failed reunification attempts.

## Conclusion

There are promising practices that are contributing to positive outcomes in preventing re-entry into the foster care system and promoting successful reunification. However, more systematic research continues to be needed that is rigorous, comprehensive, and longitudinal. In reviewing some of the promising practices aimed at preventing or lessening the chance for re-entry into foster care, it appears that contributing factors include parental drug use, parental lack of knowledge and confidence and parental inability to appropriately interact with and support their child. In reviewing the literature, a need exists for more rigorously designed and evaluated preventive interventions that target individual needs and circumstances of children and families.



## Purpose of this Review

This literature review is a partial response to the needs of Child Welfare Services for a systematic review of evidence—based practices related to re—entry into foster care and reunification. This review is intended to be relevant to service providers of children and youth in the foster care system. While other comprehensive reviews exist (e.g., see Kimberlin, Anthony, & Austin, 2009, for a review of the literature on re-entry and successful reunification), only a few resources suggest evidence-based effective practice tools, interventions, and comprehensive models for service providers

This review is divided into two main components: 1) a review of the literature focusing on factors and characteristics related to reunification and re-entry in child welfare, and 2) evidenced-based practices for supporting successful reunification and protecting against re-entry into foster care. Additionally, due to the relatively limited number of studies examining evidenced-based practices or the effectiveness of particular strategies and programs working toward preventing re-entry into foster care and/or facilitating reunification, this review identifies *promising or acceptable practices* that may be useful in preventing re-entry after children are reunified with their families as well as identifying promising practices to support

successful reunification.

Due to existing literature reviews addressing both of the aforementioned topics, this paper summarizes literature when applicable and adds recent literature when available. It is intended that this document will aid in efforts to improve services to families, promote greater research efforts and innovative thinking around delivering services, and assist with meeting mandatory outcome measures and processes (e.g., facilitating the *Peer Quality Review Process*).

# Introduction

*“The solution of adult problems tomorrow depends in large measure upon the way our children grow up today. There is no greater insight into the future than recognizing when we save our children we save ourselves.” – Margaret Mead*

## *The Importance of Timely Reunification*

Achieving timely and permanent reunification is a primary goal for the child welfare system and is stated in relationship to safety, permanency, and well-being. Specifically, reunification with the child’s family of origin is the most common permanency outcome, with approximately half of children placed in foster care ultimately reunifying (U.S. Department of Health and Human Services (HHS), 2016). In 2014, 51% of children in foster care in the U.S. were reunified with their parent(s) or primary caretaker, and 7% exited foster care to live with a relative other than a parent. It is estimated that overall net reunification falls between 30-40% of all children who enter foster care (Berrick, 2008). However, there exists a trend toward lengthy reunification timelines (HHS, 2014; Child Welfare Information Gateway, 2016; Berrick et al., 2011; Wells & Guo, 1999; Wulczyn, 2004). This trend exists despite provisions of the Adoption and Safe Families Act (ASFA) of 1997 (Public Law 105-89), which reduced the time a child may spend in foster care without a permanency hearing. For the 238,230 U.S. children who exited foster care during FY 2014, the average time in care was 13.3 months, and 28% of those exiting were in care for 12 to 23 months (HHS, 2014). Aside from the main goal of providing stability to children, data on time in foster care is important because the probability for reunification decreases as foster care extends beyond 12 months, such that by the third year children are as likely to be adopted as they are to be reunited with their birth family (Wulczyn, 2004). In addition to influencing the possibility of reunification, time in foster care



also puts children at risk for multiple placements, which has been linked to developmental and behavioral problems for children. Children who experienced more placement instability were more oppositional and were more under controlled and impulsive (Fitzgerald et al., 2015; Aarons et al., 2010; Lewis et al., 2007).

However, despite this focus, family reunification is not always successful. Permanency is not always achieved and can depend on a number of factors related to the child, the family, and the service agency. For example, research finds that reunification is more likely for families who continue to live within the same neighborhood or community, where parents can maintain consistent and frequent visits, and when services are directed at enhancing and/or improving the parent child relationship (Child Welfare Information Gateway, 2016; Pennell et al., 2010; Kimberlin, Anthony, & Austin, 2009).

### *Preventing Re-entry*

While reunification with a child's family of origin is the most common permanency plan for children in foster care (U.S. Department of Health and Human Services, 2006), reunification does not always result in long term safety or stability for the child. Re-entry to foster care, referred to as recidivism, is also a perpetual problem for foster care services. For some children, they are again removed from their homes due to abuse and neglect and re-entered into the foster care system. Data from FY 2013 on children re-entering foster care within 12 months ranges by state from 1.6% to 15.5% (U.S. Department of Health and Human Services, 2017). These statistics are problematic when considering that re-entry into foster care can have many adverse consequences for children and families. This is, in part, because children who experience numerous placement changes are found to have greater mental and behavioral challenges, academic problems, and for males, a greater likelihood of entering the juvenile justice system (Greeson et al., 2011; Stott & Gusavsson, 2010; Lewis et al., 2007).

Although preventing re-entry is a common goal of child welfare, there is limited rigorously designed research attesting to the effectiveness of practices that are used in

reunification programs. Most extant research has examined the characteristics of families and children that either support or deter reunification (Chuang et al., 2013; Carnochan et al., 2013; Proctor et al., 2011; Kimberlin et al., 2009; Wulczyn, 2004). The current review examines both the variables that correlate with successful and permanent reunification as well as practices used to maximize the potential for success.

## Methodology

Literature was reviewed and acquired using the following search databases: Academic Search Premier, Applied Social Science Index and Abstracts, PsychINFO, Sociological Abstracts, FirstSearch, CSA Illumina, Electronic Collections Online. The academic literature searches included the following: Social Services Abstracts (CSA/Illumina), Social Work Abstracts, PsycARTICLES, PsycINFO, Sociological Abstracts and Family and Society Studies Worldwide. Additionally, in using the World Wide Web, primarily Google, the following Child Welfare Research and Policy Organization websites were searched: Child Welfare Research Center (CWRC) (<http://cssr.berkeley.edu>), Child Welfare Information Gateway ([www.childwelfare.gov](http://www.childwelfare.gov)), and American Humane Association ([www.americanhumane.org](http://www.americanhumane.org)).

The following search terms were used: “re-entry + child welfare system,” “reunification + child welfare system,” “child characteristics + re-entry,” “family characteristics + re-entry,” “programs + re-entry child welfare,” “programs + reunification child welfare,” “family engagement + child welfare,” “family engagement + treatment,” “family engagement + treatment,” “engagement + adolescence,” “adolescent foster youth + permanency.” These databases were selected to locate peer-reviewed literature. Additionally, an iterative process was used in that the results or discussions from one search were used for further searches based on additional references or key words.

# Key Findings

The following section is divided into two parts: 1) a review of the literature examining factors that relate to successful or unsuccessful reunification and 2) a review of factors that are related to increased likelihood of re-entry into foster care. Each section presents factors in three areas: child, family, and agency/community factors that serve as risk and support factors.

## Factors Associated with Reunification

### Child Factors

**Age:** In a study with a sample from the *California Treatment Outcome Project (CalTOP)*, see Evans & Hser, 2004 for a more detailed description of the study), newborns and children under the age of 3 were less likely to be successfully reunified with their mothers (Casanueva et al., 2014; Grella, Needall, Shi, & Hser, 2009). Similarly, Connell and colleagues found that children ages 2 to 15 were much more likely to be reunified than younger children (2006). However, Wells and Guo (2003) found that children aged 12 to 16 were 98% delayed in being reunified as compared to children aged 8-11. Therefore, infancy/early childhood and the teen years are developmental periods that present distinct challenges for the reunification process. Greater research is needed to understand the mechanisms that contribute to greater challenges for reunification within these two age groups (Casanueva et al., 2014; Stott & Gustavsson, 2010).

**Ethnicity:** Ethnicity is an important issue in the study of foster care. Of basic importance is how different racial/ethnic groups are represented within the child welfare system. For example, African American children represent 15% of the general child population yet comprise approximately 42% of the child welfare system (Hines et al., 2004). Reasons for this disparity are contested, but Hines and colleagues suggest that one reason is because of differential attention that African American families receive from the child welfare system.

Specifically, it is thought that African American families are reported more readily to the child

welfare system and receive different assessments and service efforts from social workers.

There is some support for this idea in the empirical literature as reunification is found to be less likely for African American children followed by White/Caucasian children (Connell et al., 2006; McMutry & Lie, 1992).

Aside from differences in service provision based on racial/ethnic group, another proposed reason for this finding is that it is common for African-American children to be placed in kinship care, and children placed in kinship care are typically less likely to be reunified than other children, and they tend to reunify less quickly (Barrick, Brodowski, Frame, & Goldberg, 1997). However, in a recent study among a California sample using case record review data, it was found that African American children were as likely to reunify as White Children (Hines, Lee, Osterling, & Drabble, 2006). More research is needed to clarify the relationship between race/ethnicity and reunification and the underlying causal mechanisms that contribute to differences between groups.

***Children's behavioral/mental health issues:*** Often children are reunified to their families after they have experienced significant loss, resentment, and fear. Such experiences can contribute to children acting out and challenging their birth families. Contending with children who exhibit severe behavioral issues can be especially challenging and overwhelming to these parents and often times contributes to failed reunification and re-entry into foster care (Kerns et al., 2014; Fitzgerald et al., 2015; Havlicek, 2011; Greeson et al., 2011; Kimberlin et al, 2009).

Independent of behavioral problems, children with developmental disabilities are at increased risk of remaining in the child welfare system. In fact, it has been suggested that children with developmental disabilities are a greater challenge to the foster care system than the children of substance abusers (Fitzgerald et al., 2015; Chuang et al., 2012; Rosenberg & Robinson, 2004). Reunification is an area in which this difficulty is seen. For example, Baker (2006) found that within a sample of British children placed within the child welfare system, children classified as disabled were significantly less likely to be reunified with parents with

time until reunification significantly greater. Becker, Jordan and Larsen (2007) found that children with a developmental disability were 3.5 times less likely to leave foster care than children without such a diagnosis. Also, children with developmental disabilities placed in foster care are much more likely to be placed in a residential facility rather than family care and are significantly less likely to reunify with their birth parents (Fitzgerald et al., 2015).

## **Family Factors**

**Poverty concerns:** For some families, poverty can be the strongest predictor for not achieving reunification (Jones, 1998). In a study conducted in San Diego among 445 children, failed reunifications resulted from families having inadequate housing, unemployment, and residing in unsafe neighborhoods (Jones, 1998). Similarly, Wells and Guo (2003) found that increases in welfare income led to an increase in rate of reunification and that loss of income, either from work or welfare, led to slower rates of reunification. They suggest that changes in income led to increased familial stress which then led to a lesser ability to attend to the reunification process.

**Chronic mental health concerns:** Mental health of the primary caregiver contributes to re-entry into foster care and poor mental health correlates with a decreased probability of achieving successful reunification (Fitzgerald et al., 2015; Grella et al., 2009). The income effect reported by Wells and Guo (see previous “Poverty concerns”) was magnified for mothers with emotional problems. This suggests that parents’ mental health issues undermine their ability to navigate the reunification process and other difficulties that they may be concurrently facing these families (Kerns et al., 2014).

**Substance abuse issues:** Increasingly, drug abuse is identified as an obstacle to reunification and is found highly correlated to re-entry into the child welfare system (Gifford et al., 2014).

There is more new research on drug abuse as an obstacle to reunification compared with other factors (Fitzgerald et al., 2015; Chuang et al., 2013; Akin et al., 2010; Chuang et al., 2012; Gifford

et al., 2014). It has been estimated that most re-entry cases involve substance abuse in some way (Cunningham & Finlay, 2013; Young, Gardner, & Dennis, 1998). It is postulated that a great obstacle to reunification is the untimeliness of alcohol and other drug (AOD) recovery (CWLA, 2002; Young et al., 1998). Often a caregiver who is in AOD recovery requires more time than 12 months to demonstrate a safe stable home for his/her child. A California state wide prospective study found that while reunification was a case plan goal for 44% of the children, over half of these children were not reunified with their mothers who were participating in a substance recovery program (Grella et al, 2009). Additional research is needed to further understand how substance abuse issues adversely impact the family reunification process (see Appendix C for an initial assessment of parental substance abuse issues).

***Parental Ambivalence:*** In some situations, children are reunified with their parents when there is significant parental ambivalence about being an effective parent. This ambivalence is found to be associated with failed reunifications (Barrick et al, 1997; Kimberlin et al., 2009). This has important implications for the reunification process. A survey of social workers in the Washington D.C. area found that the activity level of parents in complying with service referrals was a major factor in the decision to reunify (Westat, 2001). That is, the parent's demonstration of commitment to the reunification process through changing problematic behaviors, maintaining consistent visitations, and general involvement in the child's life were a primary consideration in the decision to reunify (Child Welfare Information Gateway, 2016).

## **Agency/System Factors**

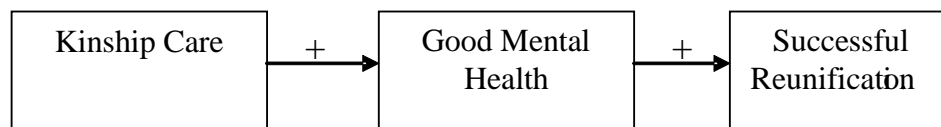
***Type of out-of-home placement:*** One influential factor for how families may either successfully or unsuccessfully reunify is the type of out-of-home setting in which children are placed.

Typically, these out-of-home placements include kinship care, residential treatment centers, group homes, and traditional foster care homes (USDHHS, 2016). This is a challenging issue to

test as children cannot randomly be assigned to different categories of placements which makes it difficult to detect causal relationships between placement type and permanency outcomes.

Though efforts are often made to place children with family members outside of the parental home, evidence suggests that this is not necessarily predictive of more probable or faster reunification. Courtney (1994) found that kinship care led to slower reunification and speculated that this may be because group home or non-kin foster placements may cause social workers to feel that reunification is more urgent so as to minimize the negative effects of placement. Similarly, Connell and colleagues (2006) found that children placed in a non-relative foster care home experienced significantly higher rates of reunification than children in relative foster homes. However, Winokur et al. (2009) importantly noted that kinship care supports positive child outcomes, such as healthier behavioral and mental health functioning (see Figure 1). Thus, the type of out-of-home placement that children experience may be indirectly related to increasing permanency as healthier developmental outcomes is directly related to both achieving permanency and being placed in kinship care.

*Figure 1. (Example of the indirect relationship between out- of -home placement and successful reunification)*



In regard to out-of-home placement as it relates to adolescent foster youth, being placed in congregate care (group homes and residential treatment centers) is related to a greater likelihood of exiting foster care without a permanent placement (Freundlich & Avery, 2005). There are a myriad of reasons for why this significant association exists. As this association relates to agency/system factors, it appears that a limited focus on working with families and relying on “independent living” as the permanency goal for youth residing in congregate care

are some contributing factors for why these adolescent foster youth leave foster care without a permanent family. A noted finding from this research is that adolescent youth who are reunified with their families are more likely to achieve placement stability.

**Assessments:** Parents/Caregivers who are assessed for their readiness to reunify with their children who are in foster care can lead to successful reunification (Kimberlin et al., 2009; see Appendix A & B for some useful assessment tools). While these “readiness” assessments may prevent from achieving timely reunifications, they may contribute to successful reunifications whereby children do not re-enter foster care. This can be especially true for caregivers contending with AOD issues (see information above reunification timeline for parents with substance abuse issues).

**Provision of concrete services:** Research finds that families who receive a larger number of concrete services such as food, day care, utility benefits, and basic home necessities are more likely to achieve timely reunification (Rzepnicki, Schuerman, & Johnson, 1997). As mentioned above, receiving income from welfare increased the rate of reunification for working mothers (Wells & Guo, 2003).

**Workers attitudes/beliefs:** An influential worker characteristic found to relate to successful reunifications is having a positive working relationship with families and not employing an authoritarian approach (O’Neill, 2005). Often these families have experienced significant adversity and need to be heard, and workers can support successful permanency outcomes when parents are engaged, encouraged and feel empowered. However, in the face of parental ambivalence and non-compliance with service referrals, workers may become more likely to develop a negative view of the parents (see section on parental ambivalence, above), making reunification less probable (Westat, 2001).



## Factors Associated with Re-entry

### Child Factors

**Age:** As with reunification, infants and adolescents are at increased risk for re-entry into the foster care system (Casanueva et al., 2014). While young children are typically found to attain successful reunification with their families (Yampolskaya, Armstrong, & Vargo, 2007), infants experience higher rates of re-entry (Courtney, 2012; Shaw, 2006) as do teenagers (Kimberlin et al., 2009). In a controlled study of 174 families in Illinois, research found that children under the age of 1 were at the greatest risk of experiencing maltreatment recurrence within 60 days of being reunified (Fuller, 2005). The increased risk of re-entry for infants is believed to be related to the difficult and stressful transition that accompanies becoming a new parent, leading to inconsistent parenting skills (Shaw, 2006). Overall, in looking at children's age as it relates to re-entry, children who are between the ages of 2-10 typically experience a lower probability of reentering the foster care system. Thus, infants and teenagers are the greater risk for experiencing re-entry into foster care as was similarly found with these age groups of children being less likely to achieve family reunification.

**Emotional, behavioral issues, and mental health needs:** Emotionally disturbed children are found to evidence the highest rates of re-entry into foster care and youth in foster care tend to have higher rates of mental health needs when compared to the general population (Fitzgerald, 2015). This issue, however, is complicated by the number of placements the child endures. For example, Courtney (1995) found that children with behavior issues that are correlated with multiple placements are likely to re-enter the foster care system. However, the relationship between placements and behavior problems complicates the interpretation of how problems and the possibility of re-entry are related, as the child's problems may cause foster parents to terminate a placement. Furthermore, children who have behavioral challenges and who are also 11 years of age and older are found to be the most likely to re-

enter foster care (Wells, Ford, & Griesgraber, 2007). Overall, the issue of how emotional and behavioral problems relate to the possibility of re-entry is complicated.

***Disabled children:*** As mentioned above, children with developmental disabilities are reunified with their biological families less often than non-disabled children. Similarly, children with developmental disabilities or health conditions are more likely to re-enter foster care (Casanueva et al., 2014; Koh, 2007). Given the heightened stress and responsibility of caring for and parenting a child with a disability and given the likely presence of other problems within the family (i.e., substance issues, poor parenting skills), this population is at an increased risk for recidivism.

***Ethnicity:*** African-American children are typically found (Koh, 2007; Wells & Guo, 1999; Courtney, 1994) to experience the highest and fastest rate of re-entry into foster care as compared to other ethnic groups. A study examining case files in California found that the odds of re-entering foster care within one year of being reunified was 1.23 times higher for African-American children.

## **Family**

***Parental substance abuse:*** Children whose reasons for initial placement in foster include caretakers with both alcohol and drug involvement are much more likely to re-enter care following reunification (Brook & McDonald, 2009). Although questions remain as to how substance abuse relates to the potential for re-entry, substance abusing parents have been found to be inconsistent in providing discipline and less sensitive to the psychological and emotional needs of their children (Tartner et al., 1993). Substance abuse treatment does not necessarily reverse this problem. Brook and McDonald (2007) found that children of substance abusing parents were at a higher risk for re-entry, even after parents participated in a comprehensive service-delivery program designed to help parents with substance abuse

issues. Two proposed reasons for this unexpected finding was that the group of caregivers receiving comprehensive services had more “eyes” and people ensuring that they did not relapse, and/or the amount of services given were overwhelming and exerted too much stress and pressure on the family contributing to a relapse. Additional research is needed to understand in what ways families with AOD issues are able to achieve successful reunification. As a start, child welfare workers and probation workers can assess if a child’s primary caregiver has substance abuse issues. One tool includes the *Index of Drug Involvement* (Hudson, 1996; see Appendix B)

***Reasons for Initial Entry into Foster Care:*** An obviously important factor in the examination of re-entry into foster care is the reason for the child being taken from the home initially. Research typically examines four categories: substance abuse, physical abuse, sexual abuse, and neglect. Research suggests that parental issues related to AOD put children at risk for re-entry more than other reason. For example, Wells and Guo (1999) found that children initially in the foster care system due to substance issues were much faster in re-entering the system than children who entered due to physical abuse. The authors suggest that this is because of better resources within the child welfare system for addressing issues of physical abuse than issues of substance dependency. Child welfare policy should address the different reasons that children re-enter foster care, such as parental addition to methamphetamine (Cunningham & Finlay, 2013; Wekerle, 2013).

***Lack of appropriate parenting skills:*** As is found when researching reunification, poor parenting skills may put child at risk of re-entering the foster care system. However, poor parenting skills often accompanies another factor such as mental health or drug abuse. The following section addresses specific strategies designed to help families change patterns of interaction, behavior and care for their child, in an effort to reduce the risk of re-entry.

***Lack of social support:*** Social support has many potential benefits: psychological, biological, financial, etc. A common problem for parents involved in the CWS is limited social support

from family and friends. The following section will address techniques and practices designed to bolster parent's psychological, emotional, and financial resources, in an effort to minimize re-entry.

**Poor mental health:** A consistent finding in the literature is that a primary caregiver's (typically the biological parent) poor mental health is related to a greater likelihood for a child to experience re-entry into the foster care system. In an Illinois study, cases that involved caregivers who had a documented mental illness (e.g., depression, anxiety disorders) were nine times more likely to involve children experiencing recurrence of maltreatment (Fuller, 2005).

**Family household characteristics:** Family household characteristics such as the number of children in the home can also contribute to a greater probability of experiencing re-entry into the foster care system. In one study examining case files, the results revealed that children returned home when there are 4 or more children already present in the home are three times more likely to experience recurrence of maltreatment, and children who are returned to a single parent household at the same time as one or more siblings are five times more likely to experience re-entry into foster care (Fuller, 2005).

**Poverty:** As discussed previously in the section on reunification, loss of income can threaten the parent's ability to attend to the process of reuniting with the child while concurrently dealing with stressors related to finances. This can also put the child at risk for re-entry due to inconsistent or neglectful parenting. Though neglect is viewed as an abuse type, it is closely related to poverty (Jones, 1998). Under conditions of poverty, parents may be too overwhelmed to meet the needs of their newly reunited child resulting in the increased potential for re-entry.

**Prior involvement with child welfare services:** Finally, previous experience with the CWS is among the strongest predictors of future child placements outside the home. While prior involvement may confer certain risks in itself (i.e., increased scrutiny and stress for parents), it

is also related to other factors such as a history of substance abuse or poor parenting skills.

### **Agency/System Factors**

*Length of time spent in foster care:* One of the most common reasons for children re-entering foster care are short initial stays in foster care (being in foster care for less than 90 days) (Koh, 2007, Wilson, 2000). Yampolskaya, Armstrong, & Vargo (2007) found that reunifying with the birth family before 6 months in foster care has occurred, was a strong predictor of re-entry.

This suggests that while timely reunification is an important goal, time lines differ across families and the need for reunifying children quickly needs to be tempered with the desire to maximize the permanency of the reunification. However, the benefit of this delay does not appear to extend much past 1 year (Shaw, 2006).

*Lack of reunification services and case management:* As demonstrated in the information presented above, many factors (i.e., substance abuse, poverty, lack of parenting skills) can contribute to lower reunification rates and in cases where reunification is achieved, higher rates of re-entry into the foster care system. To address this, service programs have been implemented to maximize the potential for success in cases of reunification. This is intuitive, as factors that may have led to removal from the home may not have changed by the time of reunification. Without some kind of intervention or service provision, parents may continue to care for their children poorly, continue to abuse drugs, or the home environment may continue to be unsafe for the child. Therefore, the role of some kind of post reunification service or program is paramount. Indeed, Simms and Bolden (1991) found that both directed and intensive involvement by the service agency after reunification was a major predictor of placement stability. The need for reunification services may be even more critical in cases when children are reunified with their families very quickly (i.e., in less than six months), since the likelihood of changes in negative factors is unlikely (Fraser et al., 1996).

***Placed in a group home:*** Placement in a group home is seen as a risk factor for re-entry into the foster care system. Wells and Guo (1999) found that children whose last placement was in a group home were at greater risk for re-entry over children placed in kin and non-kin family care. However, interpreting how group home placement is related to higher risk of re-entry is difficult. Wells and Guo suggest that it may be that children with greater behavior and emotional problems are more likely to be placed in a group home than children placed in family care.

***Many foster placements:*** As mentioned, increased number of placements has been linked to more oppositional behavior and reduced self-regulatory ability in young children (Lewis et al., 2007). In relation to this issue, Goerge (1990) found that experiencing multiple placements puts children at risk for re-entry into the foster care system.

# Conclusions and Identifying Mechanisms of Change

The previous section discussed factors that were related to rates of re-entry and successful reunification. However, there is still a need to understand the underlying causes or mediating variables that impact these factors (Courtney, Piliavin, & Wright, 1997). In reviewing the available research, it appears that some important mediating variables are the quality of the parent-child relationship and improvement in parenting behaviors by providing one-on-one support (Bavelok, 2002). Focusing on this “mechanism of action” may lead to reduced re-entry rates in foster care as well as contribute to successful family reunification. However, there is insufficient research to understand how changes in parenting behavior and beliefs relate to permanency outcomes for children involved with the child welfare service. There is a clear need for empirical research to examine the mechanisms that contribute to families achieving reunification and that mitigate re-entering the foster care system.

# Promising Practices for Preventing Re-entry and Promoting Successful Reunification

The previous section discussed correlation relationships among child, family, and agency variables and the outcome variables of reunification and re-entry. This section presents information on a number of practices shown to promote reunification and prevent re-entry. These examples are not exhaustive of all possible options but do include some examples of evidence-based practices. The term *evidence-based practice* or EBP is also commonly referred to as an effective practice or proven practice. One definition of EBP is that it is an intervention, program, or tool that has empirical research to support its effectiveness and efficacy (Chorpita, 2003). While instituting practices and programs that evidence positive outcomes for families is a worthwhile goal, it often can be difficult due to the diversity of the child welfare population and their presenting issues and problems. For example, a parent education program may be effective in enhancing more optimal parenting behaviors among a group of teen parents but may be found to be ineffective when used with substance using parents or parents who have children with significant developmental disabilities. At present this is an issue for social work and child welfare in particular.

Due to the few evidence-based practices found to significantly prevent re-entry into foster care, the following sections will also discuss some of the *promising practices* that are found to promote successful reunification and mitigate re-entry into foster care. Future efforts to more rigorously evaluate these practices and programs will assist in the endeavor of finding the factors that serve as the mechanisms that lead to successful reunification, such as the quality of the parent-child relationship and parenting behaviors.



## Promising Practices

*What services or supports are needed to reduce the likelihood that children will re-enter foster care?*

There are many financial and psychosocial costs associated with a continuing cycle of placement instability and children's re-entry into the child welfare system. Thus, identifying and implementing promising practices and programs to increase the chances of permanency and protect against the risk of children and families' re-entering CWS is a meaningful and important goal. However, as stated previously, there are few evidence-based practices (EBP) that directly impact children's re-entry into foster care and the child welfare system. While there are few existing evidence-based programs and practices, there are many promising approaches that are either directly or indirectly positively impacting re-entry into child welfare.

## The Importance of Family Engagement

One strategy argued to assist in achieving timely reunification for youths involved with child welfare services is implementing family engagement strategies (Dawson & Barry, 2002). Family engagement commonly refers to a strength-based approach that is family centered and involves team-based decision making with the overarching goal of sustaining the family-child (youth) relationship (Tippett, T., *Child Protection Best Practices Bulletin*, 2007). Specifically, family engagement involves the positive relationship between the worker and family who work together in achieving a goal, such as timely reunification. Often this strategy as it relates to Child Welfare Services and Probation also involves the participation of the family in identifying its own needs and developing a case plan together. Family engagement is also a practical strategy, especially for adolescent probationers, as many of the youth who "age out" of the system end up returning and maintaining contact with their family of origin; thus, actively engaging families upon initial entry into foster care may be more beneficial.

Engaging families and including family input in the process of case planning and throughout a case is argued to be an important part of the family decision making process as those who are involved in the decisions that affect them should have greater commitment and thus be more successful in attaining positive family outcomes, such as timely reunification (Tippett, 2007).

One child welfare worker in a qualitative study states the following (Altman, 2008):

I think the engagement is really achieved when you really start seeing the client generally opening up to you and wanting to see you and letting you know, you know, I'm here because I like to come here. I'm here because I like to talk to you...when the client is able to say that, that's wonderful...that's really what I would call engagement. (p. 58)

Family engagement is also more than family compliance (Littell & Tajima, 2000). Though compliance involves cooperation and completing the task, family engagement involves collaboration and involvement with service planning. Yatchmenoff (2005) argued that the following factors are related to family engagement: 1) receptivity, 2) buy-in (investment and expectancy), 3) the working relationship, and 4) trust. With respect to parents involved with child welfare, they typically scored high on receptivity and acknowledging their need for help but did not always score high in the investment and expectancy process.

## **Family Engagement and Positive Family Outcomes for Adolescent Probationers**

The scholarly literature is practically non-existent when looking at the relationship between family engagement practices and the impact it has on family outcomes for youth

involved with the Probation Department. There are no published studies examining the impact of family engagement practices within the Probation Department and the impact it has on time to reunification. However, there is some evidence supporting the beneficial effects of engaging families with high risk adolescents. For example, in Santa Cruz, family engagement strategies, such as hiring Family Partners to assist families in understanding the juvenile court and probation systems, has led to a reduction in state commitment and residential placements by 71 % (Nelson, The Annie E. Casey Foundation, 2008). Another study found that early engagement of residential youth was positively related to family trust, self-efficacy, and school attachment just prior to discharge (Smith et al., 2008). These studies lend some supporting evidence to the possibility that family engagement of adolescent probationers should lead to positive family outcomes. However, there is no empirical research to suggest that such practices will support the goal of achieving timely reunification.

### **Motivational Interviewing**

Motivational interviewing (MI) has been found to be one method to enhance treatment engagement among adolescents with substance abuse issues (Stein et al., 2006). MI is purported to be effective because it reduces resistance to treatment engagement. The focus of MI is to have the client (such as the adolescent) learn about him/herself by hearing him/herself speak. Some strategies include individualized feedback and providing information and advice.

Engagement in treatment is enhanced by having the client reduce negative engagement behaviors and can also provide the client with a sense of control. One study found that using MI with adolescents who had substance abuse issues was associated with decreased substance use and increased treatment engagement (Tevyaw & Monti, 2004). Similar findings were found with a sample of substance abusing adolescents in a juvenile correctional facility. A group of these adolescents engaged in motivational interviewing and were compared to a group of adolescents who engaged in relaxation and meditation and received generalized

advice to stop criminal and risky activities and use of substances. The group of adolescents who participated in MI was significantly less likely to negatively engage in their treatment.

### **Building the Caseworker-Client Alliance**

Previous research finds that the strength of the alliance built between a professional and the family is related to both family engagement and positive treatment outcomes (Kazdin, & Marciano, & Whitley, 2005). Again, these findings are not specific to probation officers and families with adolescent probationers; however, it is possible that such an alliance is needed to successfully engage families and achieve timely reunification. Alliance has been conceptualized as task-based alliance and relationship-focused alliance (Hougaard, 1994). The task alliance would consist of the probation worker, youth, and his/her family engaging in the formulation of shared goals and tasks and is intended to empower the family to be in control of its own treatment (such as family team decision making). The relationship alliance would be the bond between the probation officer and the youth and his/her family. Understanding how these two conceptualizations of “alliance” impact family engagement and ultimately timely reunification among adolescent probationers is a promising pursuit of future research.

### **Implementing the ENGAGE model**

One promising model termed ENGAGE (Engagement, Needs Assessment, Goal Setting, Assessment of Progress, Goal Achievement, and Ending Work) is proposed as a useful systematic approach for permanency planning with neglectful parents (Petras, Rippey, & Essex, 2002). The engagement piece of this model is based on the idea that successful family engagement is a necessary first step in moving toward permanency decisions, such as reunification. The authors propose that providing empathy, enhancing longer contacts, providing respectful information and education, and perceiving to feel understood are important aspects of successfully engaging families, both initially and ongoing. Though there are no published studies attesting to the effectiveness of this model in successfully engaging

families who have adolescent probationers and the impact it has for achieving timely reunification, it is a promising model to implement and study.

## **Agency Practices**

The following section describes specific practices that service providing agencies can utilize to specifically impact reunification and re-entry outcomes. Some of these agency practices are also related to practices that engage families (as discussed in the above section).

### **Providing Concrete Services and Delivering Services in the Home**

Research finds that providing concrete services *early* in a case is a useful way to engage families (Fraser, Pecora, & Haapala, 1991). Providing a family with material goods and services, such as transportation and repair services, is one effective way to get families engaged in the case plan since these families see the caseworker providing them with ways to really change their family's situation and feel supported (Kinney, Haapla, & Booth, 1991). As a result, these positive changes and supports provided at the beginning of the case can foster greater commitment to successfully completing a case plan and achieving timely reunification. This greater commitment relates to identified components of successful family engagement identified earlier in this review of "buy-in" (Yatchmenoff, 2005). Providing concrete support can also alleviate some of the financial stressors and hence contribute to greater investment in the case plan and goal of attaining achieving timely reunification.

- **Pre-Planning Post Placement Services**

Though related specifically to infants, some research finds that providing in-home intensive services can prevent children from re-entering foster care (Barrick et al., 1997; Kimberlin et al., 2009). Such in-home services can consist of a Family Preservation model whereby families are provided with concrete assistance and intensive case management services.

▪ **Setting up formal and informal services**

Formal	Informal
○ Respite care	○ Extended family
○ Professional Mentor	○ Food planning/meals
○ In-home counseling	○ Budgeting/shopping
○ Parenting supports	○ Babysitting
○ Financial programs	
○ Transportation	
○ Child care	

▪ **Decision-Making Practices during Placements**

The process by which placement decisions are made can also contribute to successful reunifications and diminish the possibilities for children re-entering child welfare.

These practices can also be useful when making decisions concerning services and visitations. Some of these placement practices include the following:

- *Participatory Case Planning Practices*: Involving families and important community partners in placement decisions can contribute to children and families maximizing their strengths and resources (see Participatory Case Planning Resource Guide, Northern California Training Academy, 2008, for more detailed information). Most importantly, these types of placement making practices that involve the child/youth can empower the family to find solutions in collaboration with child welfare that should contribute to successful family reunification. While most of the research to date is qualitative rather than quantitative, the promising results show that using participatory case planning is related to families typically showing greater interest in

the case plan, and family relationships improve, worker-client relationships improve, and placement outcomes are improved. All of these positive results are believed to contribute to the prevention of re-entry into the child welfare system. Participatory case planning practices include this list: *Family Team Conferencing, Family Group Decision Making (e.g., Family Group Conferencing, Family Unity Meetings), Family Team Meetings, and Team Decision Making.*

One pilot program in Washington State involved having legal representation of the birth parents at these participatory case planning meetings (Oetjen, 2003). Examining results from an archival review of court records comparing cases that provided birth parents with attorney representation evidenced greater reunification rates for those families receiving legal representation (36.8% no legal representation versus 56.4% with legal representation). While this pilot evaluation did not look at impact of having legal representation on re-entry rates, it appears that having legal representation is beneficial to families and may lead to increased compliance with the case plan and thus prevent and/or reduce the rates of re-entry into child welfare.

The following are useful resources related to the use of participatory case planning practices:

*Family Group Decision Making*

- National Center on Family Group Decision Making,  
[http://www.americanhumane.org/site/DocServer/FGDM\\_Statements.pdf?docID=6781](http://www.americanhumane.org/site/DocServer/FGDM_Statements.pdf?docID=6781)
- National Resource Center for Family-Centered Practice and Permanency Planning,  
[http://www.hunter.cuny.edu/socwork/nrcfcpp/info\\_services/family-group-conferencing.html](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/family-group-conferencing.html)

- Family group conference / New Zealand Youth Court:  
<http://www.justice.govt.nz/youth/fgc.html>
- Family Group Conference home page / Winchester Local Education Office, UK:  
<http://www.hants.gov.uk/TC/edews/fgchome.html>
- Family group conference: information for parents, extended families and friends /  
British Columbia Ministry of Children & Family Development:  
[http://www.mcf.gov.bc.ca/child\\_protection/pdf/brochure\\_parents\\_2](http://www.mcf.gov.bc.ca/child_protection/pdf/brochure_parents_2)
- RealJustice: <http://www.realjustice.org/>

#### *Family Team Meetings (FTM)*

[http://www.americanhumane.org/site/DocServer/FTM\\_Report\\_111605.pdf?docID=3401](http://www.americanhumane.org/site/DocServer/FTM_Report_111605.pdf?docID=3401)

#### *Team Decision Making*

<http://www.aecf.org/Home/MajorInitiatives/Family%20to%20Family.aspx>

#### ▪ **Effective Parent-Child Visitation**

One of the greatest predictors of successful family reunification and, in some cases, preventing re-entry into child welfare is ensuring quality visits between the parent and child. While the present policy is to have at least one visit per month between the parent and child, greater benefits are rendered when infants receive daily visits and older children receive weekly visits that are consistent. Research finds that consistent weekly visits increase the likelihood of successful reunification, reduces the time in out-of-home care, and promotes healthy secure attachments (Smariga, 2007).

The important components that contribute to meaningful parent-child visitations (Burke & Pine, 1999) are having the visits serve as opportunities for parents to practice



and enhance their parenting skills, scheduling visits at the foster family's home during challenging times such as bedtime, scheduling visits that allow the parent to be a part of the child's life (e.g., doctor appointments), and encouraging the foster parents to have a healthy and supportive relationship with the birth parents.

Visitation with Incarcerated Parents: One population that can be extremely difficult to maintain consistent visitation is among incarcerated parents. Often there are great geographic distances between the child's placement and prison facilities, the time-consuming nature of visits, and visiting procedures that are uncomfortable or humiliating (Travis, McBride, & Solomon, 2005) all make visiting difficult. However, maintaining contact with family members during incarceration is extremely important as it can reduce the negative impacts of being separated and has shown to increase the likelihood for successful reunification (Women's Prison Association, 1996). One program in Florida termed "Reading and Family Ties-Face to Face" facilitates parent-child interaction for mothers who are incarcerated by transmitting live video recordings via the Internet. The video session takes place once a week for a period of an hour and is provided to families at no cost. While there is no conclusive evidence that this program reduces the rate of re-entry into foster care, there is preliminary evidence that sustaining contact between biological parents who are incarcerated and their children increases parent self-esteem and contributes to their wanting to make positive family changes, which, as discussed previously in this review, are two factors related to achieving successful reunification.

Visit Coaching for Children in Foster Care<sup>2</sup>: At times caseworkers and other service providers assume that parents know more than they do, and as a result, visits between parent and child can be negative and lead to lower parental confidence (Loar, 1998). Thus, another goal of visitation should be to use strategies that empower parents making for more positive and useful visits.

A strategy proposed to improve visitation between biological caregivers and their children and hence increase the likelihood for secure and healthy attachments is *visit coaching* (Beyer, 2008). This form of visitation is an innovative way to enhance family visits with children who are in foster care. Visit coaches work closely with the parents by actively supporting them to meet the individual needs of each child and focuses on the family's strengths. These visits typically consist of the visit coach meeting with the parent 15-30 minutes before and after each visit to help the parent understand his/her child's needs and to validate the parental feelings of guilt, loss of confidence, anger, and sadness, all of which can impair the parent from connecting with the child. Visit coaching is fundamentally different from supervised visits in that the visits are facilitated by a trained visit coach. This form of visitation involves a hands-on approach and to intentionally support the parents' own techniques, such that the coach refrains from directing the visit or instructing parents in what to do. As stated by Breyer (2008), "Families are required to make significant changes in a short timeframe to meet their child's needs. They are expected to stop their dependence on substances and to overcome emotional and financial problems and cognitive limitations. To make these major life alterations within a year necessitates intensive visit support beginning soon after the child is removed" (49).

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<sup>2</sup> This form of service also falls under a form of caregiver psycho-education strategy/program  
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The Center For Human Services  
Timely Reunification and Reunification Foster Care and Child Welfare Services  
January, 2017

While the practice of visit coaching is growing (i.e., New York, Oregon, Bermuda, Los Angeles, and Vermont), no research studies exist that attest to the efficacy of implementing visit coaching in child welfare. Research does find, however, that strategies that implement methods requiring parental involvement versus parent education alone are more effective in reunifying families with best results gained from the combination of the two (Carlo, 1993). Additionally, visit coaching is based on reasoning that improved visitations between parents and children will enhance and contribute to healthy secure attachments, which is related to positive child mental health and hence a great probability for achieving successful reunification (Kerns et al., 2014).

## **Enhancing Caregiver Skills and Competencies**

- **Parent Education and Psychoeducation**

Most biological caregivers and foster parents are required to attend some form of parent education class as a way to maintain, preserve, or reunify families and prevent re-entry into CWS (Maluccio, Fein, & Davis, 1994). However, many standard parent education classes have not been shown to be successful in combating re-entry into foster care because some parenting education classes do not improve a caregiver's (e.g., biological parents) ability to care for his/her child (Gray, Ellison, Almeida, 2008). This is because many of these caregivers contend with multiple stressors and do not learn well in a traditional classroom environment where the teacher lectures and expects the caregivers to read the hand outs and fully understand and implement the class content. However, there are some successful parent education programs. Research finds that key components for successful parent education programs include the following (Child Welfare Information Gateway, 2008):

- Strength based focus
- Family-centered practice
- Individual and group approaches
- Qualified staff
- Targeted service groups
- Clearly stated goals and continuous evaluation

Additional strategies that have shown parenting programs to be more effective in increasing parent knowledge and enhancing parenting skills include these:

- Providing opportunities to practice new skills
- Using interactive training techniques (Brown, 2005)
- Involving fathers because this can result in increased cooperation and better outcomes for families (Lundahl, Tollefson, Risser, & Lovejoy, 2007)

The following lists some of the more commonly used parent education programs that are evidenced-based or evidenced-informed. This is not an exhaustive list. Additionally, these parent education programs are intended for different populations and may differ in their theoretical content and program aims and objectives. However, while in theory many of these parenting programs, such as the *Nurturing Parenting Program*, are purported to promote successful reunification and prevent re-entry into foster care, there are few studies that actually assess the impact these parenting programs have on permanency outcomes. Also, the following section does not provide a literature review of the evidence for these parenting programs and services. Refer to Child Welfare Information Gateway (2008) to attain a more in depth understanding of these parenting programs and services.

### **The Incredible Years**

The *Incredible Years* is a program intended to work with children ages 2-12 years of age and is intended to decrease child behavior problems, increase parenting competencies, decrease maternal stress, and strengthen the parent-child and parent-caregiver relationship.

The *Incredible Years* consists of three developmentally appropriate curricula designed for both parents/teachers and young children. Groups typically meet weekly (12-24 sessions) and last typically 2 hours and can take place in schools, a community agency, or an outpatient clinic

Website: [www.incredibleyears.com](http://www.incredibleyears.com)

### **Nurturing Parenting Program**

The Nurturing Parenting Program is intended to prevent abusive and neglectful parenting by enhancing and building nurturing parent skills for parents of children, birth to five, 5-11 years old, and 12-18 years old. Different curricula are designed to address the prevention of recidivism in families in child welfare, prevent the intergenerational cycle of abuse, reduce the rate of juvenile delinquency and substance abuse, and lower the rate of teenage pregnancies. The *Nurturing Parenting Program* classes can be offered in diverse settings, and some of the curricula incorporates the children by having them meet in separate groups but then bringing the parent and child together.

Website: [www.nurturingparenting.com](http://www.nurturingparenting.com)

### **Triple P Parenting**

Triple P Parenting is an evidenced-based curriculum used with caregivers of children ages 0-16 and is designed to improve parenting skills, decrease parenting stress and depression, improve coping skills, decrease severe behavior problems, improve partner support, improve parent anger management skills, and decrease social isolation. This

curriculum has been delivered in many different settings (e.g., the birth family's home, community agencies, outpatient clinics, adoptive homes, etc).

Website: [www.TripleP-America.com](http://www.TripleP-America.com)

## **Models/Intensive Family Service**

The following section lists some promising practices related to models that provide intensive family services for supporting successful reunification and preventing re-entry into foster care. It is not a comprehensive review of the available literature examining the effectiveness of these services in supporting permanency outcomes for families involved in child welfare services. This list is intended to provide some ideas of available services and supports for these families.

- Parent-Child Interaction Therapy: One such approach is implementing *Parent-Child Interaction Therapy* in the home. The reasoning behind the effectiveness of PCIT as a promising practice is that upon reunification, children have a greater likelihood of exhibiting emotional and behavioral problems associated with insecure attachments toward their biological parents.
- Multidimensional Treatment Foster Care (MTEC): The target population for MTEC is teenage youth in an at-risk group home. The purpose is to lower the rate of re-entry into foster care or juvenile system ([www.mtfc.com](http://www.mtfc.com)).
- Early Intervention Foster Care: This model works with preschool age children who are in foster care. The purpose of Early Intervention Foster Care is to increase foster parent competencies, serve as a strong support system for foster parents, decrease child

behavior problems, improve parenting competencies, decrease parental stress and depression, increase social support, and promote reunification, which are all believed to contribute to preventing re-entry in child welfare.

- Nurse Family Partnership: These programs are designed to work with low-income, high risk first time parents (pregnancy to age 2) and consist of intensive home visitation. The purpose of providing this model of services is to improve pregnancy outcomes, improve child health and well-being, and increase economic sufficiency.
- Functional Family Therapy: *Functional Family Therapy* is designed for caregivers of youth (ages 11-18 years of age) and is intended to decrease the need for out of home placement and to decrease family negativity and hostility, decrease child behavior problems, and increase parenting competencies. The model for Functional Family Therapy is for practitioners to provide individual family sessions (between 12-14) and employ an individual approach by tailoring the content of the sessions to the needs of the families.
- Trauma-Focused Cognitive Behavioral Therapy: Trauma-Focused Cognitive Behavioral Therapy (TFCB) is designed for children between the ages of 4-18 years. The goals of TFCB are to decrease Post Traumatic Stress Disorder symptoms, decrease externalizing behavior problems, decrease negative attributes about the traumatic event, decrease parental depression, and to improve parenting. TFCB therapy is administered by trained therapists who provide individual sessions (typically once a week) with the child and jointly with the parent (caregiver) and child. These sessions usually range from 12-16 sessions. The topics addressed during therapy are establishing a trusting therapeutic relationship, providing psycho-education, learning effective ways to

regulate emotions, connecting thoughts, feelings, and behaviors, learning effective strategies for stress management, receiving personal safety and skills training, and engaging in affective and cognitive processing of trauma experiences.

- Shared Family Care: One strategy to assist families in remaining together or to become permanently reunified without separating the parent and child are the *Shared Family Care (SFC)* models. SFC refers to having an entire family temporarily placed in the home of a host family who is trained to mentor and support the biological parent(s). A main tenet of SFC is to “re-parent”; whereby, the parent learns appropriate, nurturing parenting and living skills that are necessary for promoting a healthier family environment (Barth & Price, 1999). Often parents are separated from their children who are placed in foster care, successfully complete their treatment plan with their child social worker, have their child(ren) returned home but experience profound stress and feel overwhelmed; consequently, their child(ren) re-enter the child welfare system. The SFC model aims to alleviate these common family stressors by allowing parents to receive day-to-day feedback about their living and parenting skills in a myriad of parenting tasks (Barth, 1994); ultimately, this may prevent unnecessary family separation and decrease the number of children re-entering the child welfare system. While it is common to refer to the “parent and the child,” this model could be implemented with two-parent headed families.
- Since 1997, The University of California Berkley evaluated many SFC demonstration programs in both Colorado and California (Simmel & Price, 2002). While outcome data for implementing Shared Family Care is limited, re-entry rates and the duration of foster care placements are found to be significantly lower for SFC involved families as compared to families receiving typical foster care services. In one evaluation study



conducted in California, the results revealed that for the 33% of the families who completed a SFC program, 15% had re-entered foster care while 44% of families re-entered foster care when they did not complete the program.

For more information concerning the Shared Family Care model, see *Shared Family Care: Creating Families through Community Partners* (2003) a video that lasts 7.5 minutes and provides a quick overview of the SFC model. Retrieve from:

[http://aia.berkeley.edu/information\\_resources/shared\\_family\\_care.php](http://aia.berkeley.edu/information_resources/shared_family_care.php)

## **Implementing Family Assessments: Identifying Strengths and Challenges**

Another strategy to assess a caregiver's readiness or ability to appropriately care for a particular child is family assessments. For example, using observational measures that assess the quality of the parent (caregiver)-child relationship. Such measures can help with goodness-of-fit issues between child and his/her caregiver. These types of assessments may help with ensuring placement stability and preventing re-entry into child welfare or the foster care system because the parents' readiness for sensitively and appropriately caring for his/her child is assessed prior to reunification. These types of assessments can also help in identifying the in-home supports needed during post-reunification (referred to previously in the findings section, see Appendix A and B for additional tools assessing readiness for reunification).

- PICCOLO: The PICCOLO (*Parenting Interactions with Children: Checklist of Observations Linked to Outcomes* (Roggman, Innocenti, Cook, Jump, & Akers, 2007)) is an observational measure that is designed for practitioners who work with caregiver of young children and assess the quality of the caregiver-child relationship. It looks at Affection and Affect, Responsiveness, Encouragement of Autonomy, Teaching and Talking. It is designed for caregivers who have young children, is appropriate for diverse families and is easy to use and learn.

# Recommendations and Future Directions

Investigating the factors and mechanisms that impact successful reunification for families involved with child welfare services is a needed area of research. When these factors and mechanisms are identified, the field needs to begin to identify the processes and services that best promote family reunification through family engagement strategies, provide post-family services and support, and ensure the well-being of families who have adolescent foster youth. Some questions to consider when addressing issues and concerns related to reunification and re-entry into foster care include the following:

- What individual characteristics (such as substance abuse issues) impact successful reunification? What are the barriers? What characteristics contribute to success?
- What qualifications and trainings are needed to effectively support families with multiple risks?
- What practices and services are needed to address previous and on-going family issues and conflicts? How do these family issues/conflicts impede successful reunification?
- How can families best be included to establish mutual goals and create honest respectful communication between families and professionals?
- For families who achieve timely reunification (within 12 months), what behaviors and characteristics of the family led to youth and parent (caregiver) improvements? What types of services were offered to these youth and families?
- For families who were reunified beyond the 12/18 months, what factors, behaviors, characteristics, services prevented timely reunification?
- What is the agency's (the Probation Department's) view of a family or adolescent youth achieving successful reunification? How do these attitudinal characteristics influence families achieving permanency outcomes?

- How do supervisors support or not support the use of post-reunification services?
- What are some outcomes, positive and negative, of actively engaging youth in formulating their case plan goals?
- Do such practices contribute to. . .
  - Greater educational/school attachments?
  - Increased self-efficacy?
  - Improved attachment, trust, connection between caregivers and youth?

Attending to these questions and others pertaining to family reunification and re-entry into the foster care system will provide greater guidance for supporting families in attaining successful permanency outcomes.



## Conclusions

Presently there are some promising practices that are contributing to positive consequences in mitigating (typically, indirectly) re-entry into the foster care system and promoting successful reunification. However, more systematic research is needed that is rigorous, comprehensive, and longitudinal. Previous studies find that 1 in 5 children who initially enter foster care and are reunified with their biological caregivers re-enter into foster care due to abuse and/or neglect (Goerge, Wulczyn, & Harden, 1994). In reviewing some of the promising practices to prevent or lessen the chances for re-entry into foster care, it appears that the main contributing factors are drug use, parent's lack of knowledge, confidence, and abilities to appropriately interact with and support their child. Children may re-enter the child welfare system while and reunification with family becomes less probable.

Currently, the review of the literature suggests some ways for promoting successful reunification and preventing re-entry into the child welfare system. One method for promoting successful reunification is early identification of risk factors in the family. Assessing the level of parental stress is important because high parental stress correlates with decreased quality in caregiving and an increase in the risk for maltreatment. Another suggested program practice is to increase services such as home visitation during post-reunification. When there is more than

one child being reunified, consider how to better support the family in coping with grief and loss, sense of abandonment, and the reconnection of family relationships. Some families/parents are following their case plan well but then have 2/3 children returned home who are upset and may have high behavioral needs. All of these family stressors can adversely and significantly affect the family and overwhelm the parents/caregiver leading to increased risk of re-entry into foster care.

While many associated factors have been identified; currently, there exists inconclusive findings and lack of empirically tested effectiveness for ways in which child welfare and probation practices influence the achievement of successful reunification and prevent re-entry into foster care. As stated by some researchers, “Theoretically, involving parents, changing parenting attitudes and behaviors, and improving parent-child interactions should have both short- and long-term positive effects on child development . . . However, there is little research evidence to support the assumption that parent services affect child outcomes.” (Wagner & Clayton, 1999).

In reviewing the literature, it is apparent that more rigorously designed and evaluated preventive interventions need to be implemented and that needs of the family as a whole should be assessed and addressed. Focusing funding efforts, programs, and services toward prevention will support vulnerable families and prevent initial entry or re-entry into the child welfare system (Simmel & Price, 2002). Such efforts contribute to the ultimate goal of achieving permanency and stability for children and youth in foster care.

It is intended that the information in this review will provide useful information about factors and practices that influence successful reunification and that prevent re-entry into foster care. It is also intended that this review will promote further research in this focus area.

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# Appendices

# Appendix A

## Risks for Reentry Checklist: How At Risk is Your Client?

(Source: Terling, T. (1999). The efficacy of family reunification practices: Re-entry rates and correlates of re-entry for abused and neglected children reunited with their families. *Child Abuse and Neglect*, 23, 12, 1359-1370.)

Below is a quick reference for factors associated with children/youth re-entering child welfare following reunification:

- *Factors related to child-specific concerns/issues*
  - ☐ Physical health of the child
  - ☐ Delinquency
  - ☐ Psychological problems
  - ☐ Substance use/abuse
  - ☐ Status offences
- *Factors related to parent-specific concerns/issues*
  - ☐ Continued presence of substance abuse and not enough time allotted for recovery
  - ☐ Involvement in criminal behavior
  - ☐ Inadequate/poor parenting skills
  - ☐ A history of domestic violence
  - ☐ Difficulty with cognitive processing (difficulties with making decisions and processing information)
  - ☐ Mental health issues
- *Family Characteristics*
  - ☐ Economic stress
  - ☐ Single parent
  - ☐ Poor/inadequate housing
  - ☐ Lack of social support
  - ☐ Prior history with Child Welfare Services

- *Child Welfare Service Characteristics*
  - ☐ Inadequate assessment to address risk factors that contributed to child entering foster care originally
  - ☐ Absence of services and supports following reunification
  - ☐ Insufficient services for children and parents during child's stay in foster care
  - ☐ Services terminated immediately when child/youth is returned to the family

# Appendix B

## Reunification Checklist

(Author: Salovitz, B. & Kearney, K.A. (2007). Should this family be reunified: Child safety decision-making. Child Welfare Institute)

1. Have the original safety issues been reduced to a level where control within and by the family is probable?
2. Were there other safety issues identified after the children were in care that necessitated or contributed to their continued stay?
3. Are the parents in compliance with court orders?
4. Do the children demonstrate an acceptance of the reunification plan?
5. Do the parents demonstrate an acceptance of the reunification plan?
6. Do the parents have the capacity to provide for the children's basic needs (e.g., food, clothing, shelter, and medical care)?
7. Are the parents willing and able to use their protective capacities, resources, and strengths to provide sufficient support to the children?
8. During visits, have the parents demonstrated the ability to meet the children's needs for safety in a manner that suggests safety threats are not expected to emerge by the children's presence within the family?
9. Are there any issues or concerns related to other children or adults in the family that may impact the children's return?
10. Is reunification recommended?
11. Are interventions needed to support the children's reunification? What are they?

## Appendix C

### Index of Drug Involvement (IDI)

(Hudson, 1996, available for purchase from Walmyr Publishing Company)

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

This questionnaire is designed to measure your use of drugs. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows.

- 1 = None of the time
  - 2 = Very rarely
  - 3 = A little of the time
  - 4 = Some of the time
  - 5 = A good part of the time
  - 6 = Most of the time
  - 7 = All of the time
- 

1. \_\_\_\_\_ When I do drugs with friends, I usually have more than they do.
2. \_\_\_\_\_ My family or friends tell me I take too many or too much drugs.
3. \_\_\_\_\_ I feel that I use too much drugs.
4. \_\_\_\_\_ After I've begun using drugs, it is difficult for me to stop.
5. \_\_\_\_\_ I do not use drugs.
6. \_\_\_\_\_ I feel guilty about my use of drugs.
7. \_\_\_\_\_ When I do drugs, I get into fights.
8. \_\_\_\_\_ My drug use causes problems with my family or friends.
9. \_\_\_\_\_ My drug use causes problems with my work.
10. \_\_\_\_\_ After I have been using drugs, I cannot remember things that happened.
11. \_\_\_\_\_ After I have been using drugs, I get the shakes.
12. \_\_\_\_\_ My friends think I have a drug problem.
13. \_\_\_\_\_ I do drugs to calm my nerves or make me feel better.
14. \_\_\_\_\_ I do drugs when I am alone.
15. \_\_\_\_\_ I do drugs so much that I pass out.
16. \_\_\_\_\_ My drug use interferes with obligations to my family and friends.

17. \_\_\_\_\_ I do drugs when things are not going well for me.

18. \_\_\_\_\_ I can stop using drugs whenever I want to.
19. \_\_\_\_\_ I do drugs before noon.
20. \_\_\_\_\_ My friends think my level of drug use is acceptable.
21. \_\_\_\_\_ I get mean and angry when I do drugs.
22. \_\_\_\_\_ My friends avoid me when I am using drugs.
23. \_\_\_\_\_ I avoid excessive use of drugs.
24. \_\_\_\_\_ My personal life gets very troublesome when I do drugs.
25. \_\_\_\_\_ I use drugs several times a week.