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Family Reunification: What the Evidence Shows

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U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau

Family reunification in child welfare refers to the process of returning children in temporary out-of-home care to their families of origin. Reunification is both the most common goal for children in out-of-home care as well as the most common outcome. According to preliminary estimates from the Adoption and Foster Care Analysis and Reporting System (AFCARS), reunification was the case plan goal for nearly half (45 percent) of all children in foster care on September 30, 2002. More than half (54 percent) of the children who exited foster care during fiscal year 2002 returned to a parent or principal caregiver (Children's Bureau, 2004a).

Since the majority of children who leave foster care are reunified with their families, it is important to focus on practices that help achieve successful reunification. A broad review of the empirical literature in child welfare suggests common characteristics of interventions that are most helpful in reunifying families when child maltreatment has been identified.[1] These include:

Family engagement. Engagement of families is critical to the change process (Dawson & Berry, 2002; Yatchmenoff, 2001).

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[1] It should be noted that the literature addresses some effective reunification strategies at the agency level, rather than at the level of caseworker interventions:

- Research suggests that caseworkers who have social work education and greater experience are better able to facilitate permanency (Ahart, Bruer, Rutsch, & Zaro, 1992; Albers, Reilly, & Rittner, 1993; Walton, Fraser, Pecora, & Walton, 1993).

- More flexible funding that allows agencies to provide better community-based services to families can also lead to greater rates of reunification (Wulczyn & Martin, 2001; Wulczyn, Zeidman, & Svirsky, 1997). Waivers of constraints on categorical funding and collaboration with community agencies to form more efficient service networks have the potential to affect reunification efforts positively by making more formal and informal resources available to families.

Assessment and case planning. Individualized needs assessment and clear, mutually established goals are critical to case planning (DePanfilis, 1999; Macdonald, 2001).

Service delivery. Cognitive-behavioral, multi-systemic, skills-focused services have been found to be most effective. (Corcoran, 2000; Macdonald, 2001).

The Child and Family Services Reviews and Family Reunification

Final Reports from the Federal Child and Family Services Reviews (CFSRs) present results and discussion for each State regarding its conformance with child safety, permanency, and well-being outcomes.[2] In the first full round of 52 reviews, 19 States met the national standard for reunification, which states, "76.2 percent of all children who were reunified went home in less than 12 months" (Children's Bureau, 2004c).

No State was found to be in conformance with the first permanency outcome, "Children have permanency and stability in their living situations." However, 12 States received a rating of Strength on the indicator related to achieve-

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[2] The Child and Family Services Reviews are designed to enable the Children's Bureau to ensure that State child welfare agency practice is in conformity with Federal child welfare requirements, to determine what is actually happening to children and families as they are engaged in State child welfare services, and to assist States to enhance their capacity to help children and families achieve positive outcomes. For more information about the CFSR process, visit the Children's Bureau website at www.acf.hhs.gov/programs/cb/cwrp/index.htm.

ment of a child's goal of reunification, guardianship, or placement with relatives.[3]

A Children's Bureau (2004c) summary and analysis of the 52 Final Reports found that the following factors had a significant association with a rating of Strength on this indicator:

- The stability of foster care placement

- Visiting with parents and siblings in foster care

- The needs of and services for the child, parents, and foster parents

- Child and family involvement in case planning

- Worker visits with the child

- Worker visits with the parents

Further review of the States' Final Reports yields additional details about these and other factors' relationships to the achievement of timely, stable family reunification. The factors related to family engagement, assessment and case planning, and service delivery, as well as a number of systemic issues, shed light on States' successes and challenges in this area.

Family Engagement

The CFSRs indicated that a number of family engagement activities contribute to the success of family reunification efforts. Effective family engagement activities include involving birth families in planning and decision-making, encouraging foster parent support of the birth parents, and facilitating visits between children in foster care with their parents. States' experiences in facilitating family engagement are summarized below:

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[3] This indicator was added in the second year of reviews and was therefore applicable for only 35 States.

- At least eight Final Reports (IA, KY, NH, OH, OK, OR, RI, WY) mention the use of some type of family team meetings (e.g., Family Group Conferencing, Family Group Decision Making) to facilitate reunification efforts. These strategies promote active involvement of both birth parents, extended family, and others to achieve permanency for children.

- At least nine Final Reports (KY, LA, MN, NH, NM, OH, OR, PA, SC) state that foster parents' support of contact between children and birth parents, and the foster parents' direct support of birth parents (e.g., mentoring), facilitates achievement of reunification goals.

- At least six States' Final Reports (CA, KS, MI, NV, PA, SC) indicate that increasing the frequency of visits leading up to reunification helps to facilitate achievement of this goal and decreases re-entries to foster care.

Many States' Final Reports also address problems in these areas that negatively impact the achievement of timely, stable reunifications:

- One of the most common issues is a lack of parent involvement in case planning and decision-making, including a lack of caseworker communication with birth parents regarding expectations.

- The lack of involvement of fathers poses a distinct challenge, and States' Final Reports point to such possible causes as a lack of agency effort in identifying, locating, contacting, and attempting to involve fathers and paternal relatives. Sonenstein, Malm, and Billing (2002) report three reasons for lack of involvement of fathers, especially noncustodial fathers, in case planning: caseworker and systemic bias, mothers'

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gatekeeping, and the characteristics of noncustodial fathers, such as high rates of incarceration.

- The Final Reports often cite a lack of case-worker support for and assistance to birth parents in their efforts to achieve the goal of reunification.

- At least 17 percent of the Final Reports also indicate that visits between children in foster care and their birth parents were not sufficient to promote the goal of reunification. Reasons cited include foster care placements far from the birth families' homes and inadequate resources (such as transportation and supervision) to facilitate more frequent visits.

Assessment and Case Planning

Adequately assessing the strengths and needs of children and families, planning to build on those strengths and address specific needs, and finally, carrying out those plans are all critical activities to the achievement of a family's reunification goals. A summary of States' experiences in assessing the strengths and needs of families is below:

- At least four Final Reports (KY, MI, NH, PR) specifically connect the implementation of initial assessments to the success of reunification efforts.

- Twice that many States (MI, NH, NM, NV, PA, SC, VA, WA) report that risk or safety assessments conducted *prior to reunification* help ensure safe, timely reunification decisions and minimize both the risk of harm to children and re-entries to foster care.

However, challenges related to assessment and case planning are more commonly noted in the Final Reports than are successes:

- At least 30 States were found to have had problems conducting adequate assessments to determine the needs of children, parents, and foster parents (Children's Bureau, 2004c).

- A number of Final Reports also indicate that case plans often are "boiler plate" and do not address the individual needs of families, and that case plans often lack clear objectives.

- A few Final Reports specifically mention that the lack of risk and safety assessments prior to reunification increases the risk of harm to children and subsequent re-entries to foster care.

- Many Final Reports cite child and parent problems that impede reunification efforts and contribute to foster care re-entries. Parental substance abuse is the problem most often cited; other problems include child behavior problems, parental mental health concerns, and parents' lack of cooperation with service plans.

Service Delivery

Targeted services that meet the individualized needs of children and families are key to achieving family reunification and ensuring children's safety. Issues reported by States related to the delivery of appropriate services include the following:

- At least 10 Final Reports (AZ, HI, IL, ND, NJ, OK, PR, RI, SC, WI) mention the availability and coordination of specific services as factors important to the achievement of reunification. These include in-home ser-

vices, concrete services such as housing and food, mental health and substance abuse services, culturally competent services, comprehensive wraparound services, and coordination or collocation of service providers.

- Many more Final Reports cite problems with service delivery, including a lack of specific services, a lack of transportation to services, long waiting lists, and inconsistent service accessibility in all jurisdictions, with rural areas having the most difficulties. Problems with housing and substance abuse, mental health, and culturally competent services were most often cited as specifically impeding efforts to reunify families.

Many States cite post-reunification services as particularly critical. For example:

- At least half of the Final Reports (AL, AR, CA, CO, CT, GA, ID, IN, LA, MD, MI, MS, MT, NC, NE, NH, NJ, NM, NV, PA, RI, SC, TN, TX, VA, WI) specifically cite the provision of post-reunification services as a key to reducing the risk of harm to children, repeat maltreatment, and re-entries to foster care. A number of these reports discuss the length of time post-reunification services are provided (ranging from 3 months to as long as needed). Reports indicate that continued monitoring of families supports their participation in such services.

- Specific post-reunification services that contribute to positive outcomes include in-home services, mental health or counseling services, substance abuse services, parenting support, child care, concrete services such as housing and financial assistance, and transportation.

- Many Final Reports specifically tie poor post-reunification services to an increased risk of harm to children after reunification, repeat maltreatment, and higher numbers of re-entries to foster care. Common problems include service disruptions, the lack of availability of services in all areas, services not available at the intensity or duration that families need them, and the high costs of needed services.

Systemic Issues

The CFSR Final Reports mention a number of systemic issues that contribute both positively and negatively to the achievement of timely, stable reunifications. These include issues related to funding, courts, and staffing.

Funding. Positive contributions of various funding strategies are cited in at least seven Final Reports as supporting reunification efforts. These strategies include increased funding for reunification (IL), dedicated reunification funds (MI), flexibility in the use of funds (LA, UT), blended funding streams (PA, TX), and financial incentives for contractors (NY).

Courts. Positive contributions related to the courts are mentioned in three Final Reports. Louisiana reports on the success of cooperation between the courts and child welfare agencies. West Virginia reports that court tracking of permanency timeframes facilitates reunifications. Virginia reports that court monitoring of families after reunification helps ensure child safety. Court-related issues noted as impeding reunification efforts include continuances and crowded court dockets delaying reunification, judges extending the timeframe for reunification beyond the Adoption and Safe Families Act (ASFA) guidelines, and

courts ordering reunifications in cases where agency staff do not feel the family is ready.

Staffing. Staffing problems that reportedly impede reunification efforts include high rates of staff turnover, inexperienced staff, and high caseloads. These problems may result in insufficient worker visits both with foster children and birth parents, insufficient monitoring and support of parents' service participation and progress toward goal achievement, and longer timeframes to achieve reunification goals as each new worker starts over.

Finally, policies regarding timeliness to reunification are cited as a concern in many State Final Reports. A few States report that while the time taken to reunification is longer than allowed for in the national standard, this caution results in fewer re-entries to foster care. Correspondingly, other States are concerned that shorter times to reunifications are resulting in higher re-entries because families are sometimes reunited before risk and safety issues are fully resolved. Almost half of the Final Reports state that the goal of reunification is often kept too long even when it seems unlikely that it will be achieved (e.g., when the parents have made little or no progress on service plan tasks).

Research on Family Reunification

It is clear from a review of the State CFSR Final Reports that numerous factors interact and play important roles in a State's ability to reunify children in foster care with their birth families. Family engagement, assessment, case planning, and service delivery are

key. Systemic supports related to funding for services, support from the courts, and stable, competent staff also appear to impact, directly and indirectly, the achievement of reunification goals. A review of the relevant literature sheds additional light upon State CFSR findings regarding the factors in achieving timely, stable reunifications.

Family Engagement Is Fundamental to Successful Reunification

Much of the literature addresses three dimensions of family engagement:

- The relationship between the caseworker and the family

- Parent-child visitation

- The involvement of foster parents

The relationship between the caseworker and the family. Both the frequency and the nature of the caseworker's contact with the family are important. Family reunification appears to be facilitated by more frequent caseworker contact (Farmer, 1996; Littell & Schuerman, 1995; Children's Bureau, 2004b). However, parents are sometimes mistrustful of child welfare professionals and thus unwilling to share information or establish a relationship with agency representatives. In a study examining engagement in a sample of 63 families receiving child protective services, the interpersonal relationship with the caseworker was determined to be the strongest predictor of the family's self-report of engagement (Regional Research Institute for Human Services, 1998).

The above studies, as well as engagement research in related fields, suggest that the following caseworker behaviors are important

in mitigating families' fears and building the rapport necessary for effective helping:

- Establishing open, honest communication with parents (Yatchmenoff, 2001)

- Requesting family participation and feedback in the planning process (Regional Research Institute for Human Services, 1998; Rooney, 1992)

- Providing instruction and reinforcement in the performance and completion of mutually agreed upon activities (Rooney, 1992)

Parent-child visitation. Research supports the significance of parent-child visitation as a predictor of family reunification. A study of reunification in a sample of 922 children aged 12 and younger found that children who were visited by their mothers were 10 times more likely to be reunited (Davis, Landsverk, Newton, & Ganger, 1996).

Effective visitation practice goes far beyond attention to the logistics of scheduling and transportation; it provides an opportunity to build parental skills and improve parent-child interaction. Studies suggest that visitation should have a therapeutic focus. Thus, it is important that anyone supervising visits has clinical knowledge and skills (Haight, Sokolec, Budde, & Poertner, 2001).

The involvement of foster parents. Foster parents may facilitate family reunification through both the mentoring of the birth parents and the support of their visitation. The development of a positive relationship between the foster and birth parents may allow children to avoid the stress of divided loyalties and position foster parents to play a supportive role after reunification. However, when selecting foster parents to work with birth parents, agencies should consider their

experience, maturity, communication skills, their ability to handle these multiple roles, and the possible need for additional training (Lewis & Callaghan, 1993; Sanchirico & Jablonka, 2000).

Accurate, Individual Assessment and Case Planning Are Crucial for Successful Reunifications

Child maltreatment is a complex phenomenon with a number of underlying causes. Accurate differential assessment is therefore essential. Differential assessment involves developing an individualized, family-centered understanding of a child and family's circumstances, environment, and potential in order to identify each family's unique needs, determine the extent of the risk to the child, and to construct an appropriate intervention plan (National Resource Center for Foster Care and Permanency Planning, 2003; Macdonald, 2001; National Research Council, 1993).

Research has demonstrated that adequate assessment often does not occur in child welfare, and this failing may be linked to the instability of reunification. In a review of 62 failed reunifications, Peg McCartt Hess and her colleagues found that "poor assessment or decision-making by the caseworker or service provider" was a factor in 42 cases (Hess, Folaron, & Jefferson, 1992).

The use of standardized tools to aid assessment is an emerging area of child welfare research that offers some promise of improving practice in this area (Corcoran, 1997; McMurtry & Rose, 1998). The North Carolina Family Assessment Scales for Reunification (NCFAS-R), developed by Ray Kirk, Ph.D., at the University of North Carolina at Chapel Hill, is the only validated instrument designed spe-

cifically for use in reunification. The NCFAS-R, an adaptation of the original North Carolina Family Assessment Scale used in family preservation, has proven to be an effective tool in assessing readiness for reunification and parent and child ambivalence (Kirk, 2001).

Services Should Be Practical and Comprehensive, Addressing All Aspects of Family Life

Services should be designed to promote an environment in which a child can be safely returned, and to help maintain that environment after reunification. A number of studies have supported the use of interventions that have a behavioral, skill-building focus and that address family functioning in multiple domains, including home, school, and community (Corcoran, 2000; Macdonald, 2001). Cognitive-behavioral models have been demonstrated to reduce physical punishment and parental aggression in less time than alternative approaches (Kolko, 1996, cited in Corcoran, 2000). The most effective treatment involves all members of the family and addresses not only parenting skills, but also parent-child interaction and a range of parental life competencies such as communication, problem solving, and anger control (Corcoran, 2000; Dore & Lee, 1999).

The literature reports on the effectiveness of several types of services:

Concrete services. The provision of concrete services such as food, transportation, and assistance with housing and utilities has been demonstrated to be an important aspect of family reunification services. A study reviewing effective family-centered service models (Wells & Fuller, 2000) identified concrete services as critical elements of practice. The most effective programs studied not only provided services to meet concrete needs, but offered families instruction in accessing community resources so that they could do so independently in the future. In a study of 1,014 families participating in a family reunification program in Illinois, the 50 percent of families who experienced reunification demonstrated high utilization of concrete services such as financial assistance and transportation (Rzepnicki, Schuerman, & Johnson, 1997).

Substance abuse treatment. The well-documented incidence of parental substance abuse as a factor in the placement of children into foster care (Smokowski & Wodarski, 1996) supports the critical importance of readily available resources for the assessment and treatment of addiction. A few agencies have established alliances with drug treatment centers or brought addiction professionals into the agency to ensure more effective assessment of drug-related needs, treatment planning, and monitoring of progress. Others have undertaken more intensive training of staff in addictions and the process of recovery (Maluccio & Ainsworth, 2003; Hohman & Butt, 2001). Research has shown promising results with three types of service delivery:

- **Intensive case management.** Ryan et al. (2003) reported significant results when substance-involved families received intensive case management that included "recovery coaches" to facilitate assessments, conduct service planning, and eliminate barriers to accessing substance abuse treatment.

- **Tailoring programs for women with children.** The provision of treatment services specifically developed to meet the needs of women with children appears to

hold promise for retaining women in treatment and decreasing subsequent drug use (Clark, 2001).

- **Strong social support.** Because social support appears to be an important factor in the successful treatment of addiction, assessment and intervention should involve the entire family, especially spouses or partners, and include consistent, ongoing support from caseworkers and treatment providers (Gregoire & Schultz, 2001).

Home-based services. Many home-based service models originally developed to prevent out-of-home placement have shown some success in effecting family reunification. In one experimental study, families in the treatment group received intensive casework services, parenting and life skills education, family-focused treatment, and help in accessing community resources. The treatment group had a reunification rate three times that of the control group and remained intact at a far higher rate 7 years later (Lewis, Walton, & Fraser, 1995; Walton, 1998). It is important to note, however, that while some short-term intensive models have demonstrated success in achieving family reunification, not all such programs appear to reduce the risk of re-entry into foster care substantially (Littell & Schuerman, 1995; Wulczyn, 2004). Many families who have experienced placement of one or more children in foster care require longer term intervention and support (Gaudin, 1993).

Post-reunification services. Data from the Multistate Foster Care Data Archive indicate that about 25 percent of all children who go home will return to care at some point, often within 1 year (Wulczyn, 2004). Reunification, although a positive milestone for the family, is also a time of readjustment, and a family

already under stress can have difficulty maintaining safety and stability. The difficulty is compounded when children or parents have numerous or more complex personal needs, or when environmental factors, such as extreme poverty and a lack of social supports, are present (Festinger, 1996; Terling, 1999). Research suggests that follow-up services that enhance parenting skills, provide social support, connect families to basic resources, and address children's behavioral and emotional needs must be provided if re-entry into foster care is to be prevented. Post-reunification services are especially important when parental drug or alcohol use is a concern (Festinger, 1996; Terling, 1999).

Examples From the Field

The following program examples illustrate key characteristics of interventions found to be associated with the achievement of timely, stable reunifications.

Michigan: Time-Limited, Intensive Services Promote Family Reunification

In 1992, Michigan created and pilot tested the Family Reunification Program for families with children in out-of-home care. The program was intended to reduce the number of children in out-of-home care and to reduce the cost to the agency. The program provided several services to each family in treatment, including:

- Assessment

- Case management

- Transportation services

- 24-hour service availability
- Flexible funds
- In-home services
- Two staff (one master's level, one bachelor's level) for each family

Families were required to participate in assessment, family or individual therapy, and workshops on parenting. Services were offered for either 4 or 8 months.

An evaluation of the program showed that the families who participated in treatment programs were more likely to remain reunified than those in the control group. In addition, treatment was more cost-effective in the long run.

Fewer children in out-of-home care. Twelve months after exiting the program, 73 percent of the 813 children in the treatment group had been returned home and remained safely with their families; 69 percent of children in the comparison group had been returned home. No significant difference was found in reunification rates between families who participated in the 4-month (78 percent) and 8-month programs (72 percent). At 24 months following reunification, 81 percent of the treated families remained reunified, compared to only 60 percent of the comparison group families. Furthermore, the research indicated that children in the treatment group who did re-enter out-of-home care tended to spend less time out of the home.

Cost-effectiveness. The agency calculated that it saved more than $5,000 per family for those participating in the Family Reunification Program (more than half of the cost for a child in the control group). The average cost per child was $3,830 to return a child in the treatment group home, including 6 months of ser-

vices and 12 months of follow-up. The cost for the same 18-month period was approximately $9,113 per child in the comparison group, due to more frequent contacts and more re-entries into care after reunification.

In follow-up interviews, families rated the following program features most strongly: the use of two-worker teams; the services offered in the family home; the 24-hour service availability; the use of a problem-solving focus in service delivery; the instruction in discipline techniques; and concrete services (e.g., transportation).

Today, the Family Reunification Program has expanded into 26 counties throughout Michigan, serving 85 percent of all foster children in the State.

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Rhode Island: Project Connect Improves Reunification Rates for Substance Abuse-Affected Families

Established in 1992 by Children's Friend & Service in Providence, RI, Project Connect is a community-based program for substance abuse-affected families who are at imminent risk or who have already had a child removed from their care. Project Connect offers home-based substance abuse and family counseling, as well

as parent education, nursing services, parenting groups, domestic violence groups, sobriety support, and links to services such as affordable housing, substance abuse treatment, and health care. Project Connect staff assess families using a tool they developed specifically for documenting and tracking the levels of risk to children in substance abuse-affected families. Each family is assigned to a team that includes a master's level clinician, pediatric nurses, and parent educators. In addition to providing services directly to families, Project Connect also created a committee of members from public and private agencies for improving communication and service coordination between child protection, substance abuse, and health care providers.

An evaluation of the program's first 10 years indicates that nearly all of the babies born to parents involved with Project Connect were born drug-free. Parents who completed the program showed significant gains in their ability to use positive discipline techniques and to develop more age-appropriate expectations for their children. They also were less likely to be identified for repeat maltreatment after services ended (11%), compared to families that did not complete the program (25%). In addition, children whose families participated in Project Connect were reunified more often and more quickly than were children in a comparison group of families whose cases were open to DCYF.

An evaluation of the 2003 program documented a number of positive outcomes. Parents showed marked improvement in meeting reunification goals and the ability to address the health needs of their children. Progress also was made in dealing with substance abuse issues, parenting behaviors, and meeting concrete needs. Parents who completed both the program and pre- and post-tests of the Risk Inventory (n=29) showed low or reduced risks related to a range of negative outcomes, including relapse into substance abuse and further child abuse and neglect.

Researchers also noted that all but 2 of the 16 children assessed were functioning at or above the appropriate developmental stage. During 2003, 14 of the 30 families with children in placement experienced reunification.

The program attributes its success to a number of factors:

- The service coordinating committee, which developed statewide policies that are responsive to families, reduced barriers to services, and developed opportunities for cross-training of service providers

- Increased outreach and engagement efforts by staff

- An increased focus on permanency planning for children

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Program Support for Reunification

In addition to offering insight into factors and services that are linked to reunification and stability, the literature and the program examples discussed above suggest several guiding

principles for practice in this critical area of permanency planning:

- Families must be included and engaged in the planning and selection of services and the assessment of progress. Positive change is best driven by mutually established goals and open, honest communication between families and helping professionals.

- Maintaining family relationships while children are in care is a critical component of any successful reunification practice. Frequent family visitation is linked to both the likelihood of reunification and post-reunification stability.

- Successful reunification must be systematically considered and planned for from the earliest possible point. Such planning must rest on comprehensive assessment that focuses not only on the issues precipitating placement, but also on family history, relationships, the parents' health and emotional functioning, and the community environment.

- Reunification preparation and post-reunification supports must be based on the needs of the children and family rather than on arbitrary timeframes. Reunification should be viewed as a process that includes maintaining family relationships while children are in care, careful planning, and the provision of post-reunification supports. Families are best supported when all available resources, both formal and informal, are brought to bear on their behalf (Warsh, Maluccio, & Pine, 1994).

Some of these guiding principles can be implemented by caseworkers; all of them, plus the systemic changes such as flexible funding, can be implemented at the agency level or higher.

Questions for Future Research

Much remains to be learned about the decision-making processes and service approaches that best promote family reunification, post-reunification stability, and the well-being of children. Some important questions include:

- What are the most critical considerations in decisions about reunification?

- How do individual variables interact to influence the success of reunification efforts?

- What is the impact of service type, intensity, and duration on specific family needs?

- What qualifications of child welfare staff are most strongly associated with effective reunification practice?

- What practices most effectively address the role of children's bonding with their substitute caregivers in successful family reunification?

- How can substance abuse services best be structured to support parents and children during and following reunification?

Further research into these and other questions regarding family reunification practice will provide guidance to the field and promote timely, safe reunification of children in out-of-home care with their families of origin.

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