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In the context of child welfare, family reunification refers to the services that are provided for purposes of returning children who have been placed in out-of-home care to their families of origin. Family reunification is the primary permanency goal for the majority of children who have been placed temporarily outside of their homes. This literature review focuses on the federal Child and Family Services Review composite outcome indicator that seeks to measure agency performance related to family reunification. It describes factors at the level of the agency/system, the family, and the child that are associated with failure to reunify. Practices that have been linked with successful family reunification are described, with particular attention to the period between removal from the home and reunification. The review concludes with questions intended to promote discussion about the use of evidence to support the reunification process within child welfare agencies.

Keywords: Child welfare, reunification, outcome, policy

INTRODUCTION TO REUNIFICATION

In the context of child welfare, *family reunification* refers to the services that are provided for purposes of returning children who have been placed in out-of-home care to their families of origin. Family reunification is the primary permanency goal for the majority children who have been placed temporarily outside of their homes (DeMarco & Austin, 2002), with about half of children placed outside of their homes eventually returned to their families of origin (Berrick, 2009).

While the practice of family reunification may be thought of as the physical reunion of children with their families after out-of-home placement, it can also encompass the planned processes that work toward reconnecting or maintaining connections of children with their families of origin (Maluccio, Abramczyk, & Thomlison, 1996; Maluccio, Fein, & Davis, 1994). Historically, family reunification has been regarded as an "either–or" process, in which children are *either* reunified with their families *or* placed into other permanent families such as kinship or adoptive placements (Maluccio et al., 1996; Maluccio, Pine, & Warsh, 1994). However, contemporary arguments calling for a less compartmentalized approach have transformed the meaning of family reunification into a continuum that might include varied outcomes such as physical reunification of the family, periodic visitation with the family of origin, or maintaining partial contact via written

or telephone correspondence (Maluccio et al., 1994; Mapp & Steinberg, 2007). This perspective considers family reunification to be a dynamic process, and it acknowledges that each child and family has unique needs, that not every parent can be a full-time caregiver, and that families can still maintain attachment ties even when living apart (Whittaker & Maluccio, 2002).

Berrick (2009) points out that reunification entails inherent difficulties because so little evidence exists on the internal processes that motivate and maintain behavior change. In addition, services that are offered to parents by child welfare agencies to promote such change (such as parenting classes or substance abuse treatment) might not be effective or appropriately matched to the parents' needs (Berrick, 2009; Gambrill, 2008). Because of these and other challenges, one criticism of reunification practice is that reunification may frequently depend more upon compliance with child protective service case plans than with meaningful change to address the problems that led to out-of-home care (Berrick, 2009).

REUNIFICATION COMPOSITE MEASURE

This literature review focuses on the federal Child and Family Services Review (CFSR) composite outcome measure that specifically seeks to measure agency performance related to family reunification. The *Reunification Composite* is the first of four measures under the outcome goal of permanency. Like all of the measures under the permanency outcome, it is a composite measure, which means that the measure incorporates multiple weighted indicators and combines them into a single scaled score (U.S. DHHS-ACF, 2007). According to the U.S. Administration on Children and Families (ACF) using composite measures allows for the capturing of performance data on multiple dimensions of the same domain (U.S. DHHS-ACF, 2007). For example, the reunification composite combines scores from four measurement dimensions that all measure a different component of reunification performance. The four specific indicators that make up the composite measure are:

- *C1.1:* Of all children *discharged* from foster care to reunification during the year, who had been in foster care for 8 days or longer, what *percent* were reunified in less than 12 months from the date of the latest removal from home?
- *C1.2:* Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what was the median length of stay (*in months*) from the date of latest removal from home until the date of discharge to reunification?
- *C1.3:* Of all the children *entering* foster care for the first time in the 6-month period who remained in foster care for 8 days or longer, what *percent* were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?
- *C1.4:* Of all children who were *discharged from foster care to reunification* in the 12-month period prior to the target 12-month period, *what percent reentered foster care in less than 12 months* from the date of discharge?

These four individual indicators are given different weights in the calculation of the total reunification score as follows:

- C1.1 comprises 22% of the total reunification composite.
- C1.2 comprises 21% of the total reunification composite.
- C1.3 comprises 11% of the total reunification composite.
- C1.4 comprises 46% of the total reunification composite.

While there are four individual indicators that make up the reunification composite measure, it should be noted that this review only addresses the first three indicators (C1.1, C1.2, and C1.3), that pertain to the *timeliness* of reunification and make up a combined 54% of the total composite score. The fourth individual indicator of the reunification composite (C1.4) relates to the *permanency* of reunification (i.e., how often children re-enter foster care after being reunified with their families following out-of-home placement) and is examined separately in the following review.

The reunification composite has several important features that relate to the definition of the indicators. First, it does not include children who were in foster care for less than 8 days. According to ACF, this is because, "[T]he kinds of case practices and agency efforts necessary to achieve a timely reunification for a child who has been removed from home and placed in foster care are not usually applicable for these very short-term placements" (U.S. DHHS-ACF, 2007). Children who enter and leave foster care in such a short time frame are not representative of the population of children that the indicator seeks to examine with this measure. In addition, the reunification composite indicators incorporate an adjustment to exclude children who have been physically reunited with their families, but who are still in the legal custody of the state, a situation which arises when children are physically returned home for a "trial home visit" prior to returning to the legal custody of the parent (U.S. DHHS-ACF, 2007). The indicators of the reunification composite exclude these children because reunification is defined in federal data systems as scenarios in which children are returned to the custody (not merely to the physical possession) of their families (U.S. DHHS-ACF, 2007).

One of the most criticized aspects of the reunification measure is the 12-month time frame that is established as the window for reunification efforts. The ACF reports that many state child welfare administrators have expressed concern that 12 months is not a sufficient length of time to successfully reunify families in many cases (U.S. DHHS-ACF, 2007). The ACF response to this concern is that, while 12 months may not be sufficient for all families and therefore compliance with this goal is not expected in 100% of cases, it is a desirable goal in that it emphasizes the responsibility of child welfare agencies to return children to their families as quickly as possible (U.S. DHHS-ACF, 2007). In addition, Berrick (2009) notes that the probability of successful family reunification drops significantly after a child has been in care for only 6 months, a finding that supports the time-limited goals of the Adoption and Safe Families Act of 1997 (ASFA) encompassed in the reunification composite measure.

FACTORS ASSOCIATED WITH NON-REUNIFYING FAMILIES

Although most children who enter foster care are reunited with their families of origin (CWLA, 2009; Pabustan-Claar, 2007), a substantial percentage are not. In this section we describe factors at the level of agency/system, the family, and the child that researchers have found are associated with non-reunification. While each child and family that becomes involved with the child welfare system brings with them a set of unique challenges and characteristics, studies have identified common individual and systemic factors associated with not achieving reunification. It is important to note, however, that these studies have not fully identified direct causal mechanisms for non-reunification (Biehal, 2007).

Agency/System Factors

The agency- and system-level factors associated with non-reunification include: reason for removal, placement characteristics, duration in care, caseworker characteristics, and location.

Reason for removal.   Substantial evidence suggests children who are removed due to neglect are the least likely to return home or return home at slower rates than those experiencing physical, emotional, and/or sexual abuse (Courtney & Wong, 1996). However, some studies find that children removed due to physical abuse may have a lower likelihood of returning home compared to those removed due to neglect (Hines, Lee, Osterling, & Drabble, 2007; Noonan & Burke, 2005). Other studies have found that children removed due to sexual abuse had a lower probability of returning home compared to children removed due to neglect (Connell, Katz, Saunders, & Tebes, 2006; Glisson, Bailey, & Post, 2000), although one study in California found that children removed due to sexual abuse had a higher likelihood of reunification than children removed for other reasons (Landsverk, Davis, Ganger, Newton, & Johnson, 1996).

Characteristics of care placement.   Studies examining the impact of kinship placement have typically found that children placed with relatives have a lower likelihood of returning home than children placed with non-relatives (Connell et al., 2006; Davis, Landsverk, & Newton, 1997; Goerge, 1990; Harris & Courtney, 2003; Hayward & DePanfilis, 2007; Kortenkamp, Geen, & Stagner, 2004; Noonan & Burke, 2005; Pabustan-Claar, 2007; Webster, Shlonsky, Shaw, & Brookhart, 2005). More specifically, a study conducted in California found that the proportion of children placed in kinship placements that returned home within the first six months of care was considerably smaller than children placed with non-relatives (Courtney, 1994). At the 18-month mark, less than one-third of children living with kin had returned home to their families, while almost half of children placed with non-kin had returned home (Courtney, 1994). Two studies, however, did not find any significant differences in reunification rates comparing children placed with kin to those placed with non-kin (Wells & Guo, 1999; Zinn, 2009). Finally, a study examining data from six states found that children placed in kinship care in Arizona, Connecticut, and Illinois were less likely to be reunified than other children; while in Ohio, and Tennessee, children placed with non-relatives were less likely to be reunified (Koh, 2008).

Researchers examining the impact of sibling placement found that separated siblings had a lower likelihood of reuniting than siblings who were kept together. For siblings who enter care at different times, evidence further suggests that siblings who enter care within one month of each other have greater chances for reunification than others (Webster et al., 2005). However, in another study researchers that examined different arrangement patterns of siblings in care (placed together, apart, at different times, etc.) did not find any significant relationships between sibling care arrangements and likelihood for reunification (Leathers, 2005). One study that looked at the impact of having a sibling in care (regardless of whether placed together or not) found that families with multiple children in care had a lower probability of reunification (Glisson et al., 2000).

Placement stability.   Placement stability also appears to be related to reunification, as studies have found that the more times a child is moved while in care the lower the likelihood there is for reunification (Goerge, 1990; Kortenkamp et al., 2004; Noonan & Burke, 2005) and the probability for reuniting decreases with each additional move (Hayward & DePanfilis, 2007). However, in one study researchers found evidence that suggested otherwise, where children with a greater number of placements experienced a greater likelihood of returning home (Pabustan-Claar, 2007).

Duration in care.   The amount of time that a child spends in foster care continues to be a factor associated with non-reunification for families, despite ASFA's emphasis on timely reunification. In one large study conducted in the early 1990s researchers found that the probability of reunification is greatest during the first four months after a child is placed in care, but then drops dramatically and continues to decrease at a somewhat slower rate with each additional

month in care (Courtney, 1994). Other studies have also found that a longer length of time in care is associated with a lower likelihood of reunification (Hayward & DePanfilis, 2007; Noonan & Burke, 2005; Pabustan-Claar, 2007).

Caseworker characteristics.   Caseworker turnover was found to be associated with a decreased likelihood of reunification. With regard to training, reunification outcomes were not generally affected by whether the caseworker had an MSW, although some impact was found among White caseworkers. The researchers noted in this study that race was likely a proxy for other factors including experience and beliefs regarding reunification (Ryan, Garnier, Zyphur, & Zhai, 2006).

Location.   Researchers examining the association between location and reunification timeliness are mixed. Some studies have found that children in urban areas have more difficulties in achieving reunification with their families than those in rural areas (Goerge, 1990), while others have found that families residing in rural areas were less likely to be reunited (Courtney & Wong, 1996; Glisson et al., 2000).

Family-Level Factors

Family-level factors associated with delayed or non-reunification include economic status, substance abuse or addiction, emotional or psychological well-being, and family/household structure.

Economic status.   In a study conducted in the early 1990s (pre-TANF), children removed from families eligible for Aid to Families with Dependent Children (AFDC) were found to return home at a slower rate, or not at all, compared to children in non-poor families (Courtney, 1994; Courtney & Wong, 1996). In another study researchers found that AFDC-eligibility was associated with reunification for children in kinship care, but not significantly associated for those in non-relative care (Grogan-Kaylor, 2001). Researchers that looked at children and families receiving Medicaid or SSI funding found that these families were less likely to be reunited (Noonan & Burke, 2005). In general, reunification rates have continued to decrease over time from pre-welfare reform (AFDC) to post-welfare reform (TANF; Wells & Guo, 2006). Specifically, mothers who lose cash assistance under TANF appear to reunite with their children at slower rates than mothers who continue to receive this support, and mothers with higher incomes reunite with their children more quickly than mothers with lower incomes (Kortenkamp et al., 2004; Wells & Guo, 2003, 2004, 2006). In fact, for every $100 increase in a mother's post-placement income, the reunification rate rises 11% (Wells & Guo, 2004). Poverty itself may not be a reason for removal, but it is associated with other challenges such as housing or homelessness, or parental incarceration, and can act as a barrier to providing an adequate, safe, and stable living environment for children so that they may return home (Courtney, McMurty & Zinn, 2004; Eamon & Kopels, 2004; Hayward & DePanfilis, 2007; Shdaimah, 2009).

Substance abuse/addiction.   Parents with substance abuse/dependency issues experience major challenges in the path toward reunification as they seek to balance the competing demands of addiction treatment and parenting readiness (Carlson, Matto, Smith, & Eversman, 2006; Carlson, Smith, Matto, & Eversman, 2008; Hohman & Butt, 2001). A California study found that African American mothers with substance abuse issues were at particularly high risk for not reuniting with their children (Hines et al., 2007). Another study found that children removed from their home due to parental drug abuse had a low likelihood of reunification, but better chances for discharge to guardianship with a relative (McDonald, Poertner, & Jennings, 2007). More work is

needed to develop an explicit service model that identifies how to address the path from substance abuse recovery to reunification (Karoll & Poertner, 2002; Maluccio & Ainsworth, 2003). For example, there is evidence that suggests that mothers who have a substance addiction tend to visit their children in care less often, further decreasing their chances for reuniting with their children (Leathers, 2002). Often, parents struggling with substance abuse/dependency are also dealing with a complex array of other issues such as mental health issues, vocational or educational needs, or inadequate parenting skills, and lack concrete resources such as housing, child care, and transportation (Choi & Ryan, 2006). In addition, a study in which researchers focused on exploring systemic barriers to reunification for parents with substance abuse issues discovered problems with coordination between child welfare and substance abuse treatment providers (Smith, 2002).

Emotional/psychological well-being.   Parents who become involved with the child welfare system face emotional challenges associated with their experiences in the system (Haight, Black, Workman, & Tata, 2001). Some evidence suggests that the childhood experiences of parents and attachments with their own parents may affect their ability to build healthy relationships with their own children (Cordero, 2004). In one study researchers found that mothers with mental health issues reunited with their children at a slower rate than mothers without these issues (Wells & Guo, 2004). In another study researchers identified a relationship between mothers' symptoms of depression and non-reunification with their children (Larrieu, Heller, Smyke, & Zeanah, 2008). Parents struggling with mental illness also experience multiple problems and face unique systemic hurdles to reunification (Risley-Curtiss, Stromwall, Hunt, & Teska, 2004). Finally, families who are simultaneously experiencing multiple challenges or cumulative risks are associated with lower probabilities for reunification (Larrieu et al., 2008; Wulczyn, 2004).

Family/household structure.   Some researchers have found that children removed from a single-parent household had lower chances of reunification than those coming from two-parent households, and children who had been living with adults other than their parents were the least likely to return home (Landsverk et al., 1996; Wells & Guo, 1999). Other researchers have similarly found that single-parent households, especially father-only households, had lower reunification rates when compared to two-parent households (Harris & Courtney, 2003; Hayward & DePanfilis, 2007; Hines et al., 2007). In one study, however, researchers found that single parents reunified with their children more quickly than other family structure households (Davis et al., 1997). Examining family structure and race revealed that African American single mothers had the slowest rate of reunification compared to all other parent structures (Harris & Courtney, 2003). Hispanic single fathers have also been linked with slower reunification rates (Harris & Courtney, 2003).

Child-Level Characteristics

The characteristics of the child that have been associated with a lower likelihood of reunification include: age, race and ethnic background, health and disability, and gender and sexual orientation.

Age.   Most evidence suggests that children placed in care as infants are less likely to reunify with their families compared to children of other age groups (Courtney & Wong, 1996; Grogan-Kaylor, 2001). Some researchers, however, have found that young children reunify with their families at a faster rate, or are more likely to reunify, than older children (Hines et al., 2007; Kortenkamp, Geen, & Stagner, 2004; Landsverk et al., 1996).

Race/ethnic background.   Most studies find that African American children are over-represented among those who do not reunify or take longer to reunify with their families (Barth, 1997; Connell et al., 2006; Courtney, 1994; Courtney & Wong, 1996; Harris & Courtney, 2003; Hayward & DePanfilis, 2007; Kortenkamp et al., 2004; Lu et al., 2004; McMurtry & Lie, 1992; Noonan & Burke, 2005; Ryan et al., 2006; Wells & Guo, 1999; Wulczyn, 2003). However, some studies find that the relationship between being African American and reunifying with one's family is not significant (Hines et al., 2007; Webster et al., 2005) or that the reunification rate does not differ significantly from that of White families (Davis et al., 1997). Researchers examining race and age together have shown that African American infants have the lowest likelihood for reuniting with their families compared to other age or ethnic groups (Courtney, 1994). However, Hines et al. (2007) found that young African American children had higher rates of reunifying than older African American children.

Research involving Latino or Hispanic children has also yielded mixed results. Studies have found Latino and Hispanic children to be both over-represented and under-represented with respect to reunification rates and timeliness; in some studies, these findings are dependent upon factors such as age of the child or placement in kin versus non-kin care (Courtney, 1994; Davis et al., 1997; Grogan-Kaylor, 2001; McMurtry & Lie, 1992; Noonan & Burke, 2005; Ryan et al., 2006). In one study that included Asian children and families in its analysis researchers found that Asian families were less likely to reunite than White families (Hines et al., 2007). However, other evidence points toward a higher likelihood of reunification for Asians compared to Whites (Webster et al., 2005).

Health/disability-related needs.   Children with disabilities or health problems have been found to reunify less frequently or at a slower rate compared to non-disabled and healthy children (Courtney, 1994; Courtney & Wong, 1996; Davis et al., 1997). Looking at mental health issues, researchers in one study found that the longer it took for a child to be referred to therapy while in care, the longer it took to be reunited with family (Gries & Cantos, 2008). In another study researchers found that children with behavioral/emotional problems were half as likely to return home as children without (Landsverk et al., 1996).

Gender/sexual orientation.   In most studies researchers have found that gender is not significantly associated with reunification outcomes. However, Harris and Courtney (2003) found that being male was related to a lower rate of reunification than being female. Some evidence indicates that sexual orientation may impact duration in care (Mallon, Aledort, & Ferrera, 2002). Child welfare workers may be more likely to label lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth as "difficult" and may lack understanding of the fundamental differences involved in caring for these youth. In a study conducted in New York researchers found that the LGBTQ youth in their sample were frequently not reunified with their families (Mallon et al., 2002).

PROMISING PRACTICES FOR ACHIEVING TIMELY REUNIFICATION

In this section we describe practices that have been linked with successful family reunification. Particular attention is given to the period between removal from the home and reunification with the family, while post-reunification services are not addressed. However, the post-reunification period is a critical part of the reunification process (see articles in this issue entitled "Preventing the Recurrence of Maltreatment" and "Preventing Re-entry to Foster Care"). The information includes strategies that have been broadly linked to achieving family reunification. The absence of rigorous research evidence does not necessarily mean that a particular approach does not have an impact on family reunification, but rather that potential impact cannot be conclusively determined.

Engagement

Client engagement is considered a critical intermediate goal for child welfare practitioners because services are only effective when clients fully participate in them (Dawson & Berry, 2002; Yatchmenoff, 2005). Evidence from other fields, such as mental health, suggests that interventions only achieve positive outcomes when clients are fully engaged (Littell, Alexander, & Reynolds, 2001). Engagement differs from compliance in that it involves the positive, active involvement of the client in the helping process, rather than simply meeting the minimum requirements needed to make progress with a treatment plan (Yatchmenoff, 2005). However, compliance with case plan requirements is often used as a proxy for engagement (Dawson & Berry, 2002). It is often assumed that parents involved with the child welfare system are unmotivated or do not want help; however, there is evidence to suggest that this is not the case (Yatchmenoff, 2005). In the context of child welfare, greater emphasis is usually placed on engaging mothers in the permanency planning process (Coakley, 2008). However, recent trends have shown a growing interest in engaging fathers, including non-resident fathers, in the permanency planning process (Malm & Zielewski, 2009). Engaging fathers in the process may help strengthen father–child relational bonds contributing to the child's overall well-being and creating access to resources previously not available to the child (Malm & Zielewski, 2009).

Effectiveness.   There is minimal evidence linking client engagement and positive child welfare outcomes. In one study researchers examining engagement found no association with parent–child visitation or likelihood of reunification (Altman, 2008). Researchers in a second study examining client engagement and child custody outcomes found that mothers who did not comply with their case plan were more likely to lose custody of their child (Atkinson & Butler, 1996). In contrast, researchers examining paternal engagement found that children in care with fathers who provided both financial and non-financial support were three times more likely to return home than children without this support. However, cases where fathers provided only one form of support did not have significantly different outcomes (Malm & Zielewski, 2009). Similarly, researchers in another study found that children in care with non-resident father involvement had a higher likelihood of reunifying and a lower likelihood of adoption (Malm, Zielewski, & Chen, 2008). This study also confirmed that children with non-resident father involvement spent shorter times in care than children with less or no non-resident father involvement (Malm et al., 2008). In a study examining whether the engagement of African American parents would improve reunification outcomes researchers found that when fathers entered into a case plan or remained in compliance with the case, the achievement rates of family reunification were higher; however, these children did not necessarily reunite faster than other children who reunited with their family (Coakley, 2008).

Parental Visiting/Contact

Successful visitation should begin with assessing the child's age, developmental stage, temperament, and interests in order to help formulate ideas for child-focused activities (Loar, 1998). There is also some thought that the amount of contact between parent and child should vary according to the child's age, with young children requiring the most regular contact and older children requiring less (Edwards, 2003). The capacity and abilities of parents should also be assessed so that the need to improve parenting skills can be promptly met. Visits may be held in the homes of families of origin or another safe and comfortable setting (Loar, 1998), although it is suggested that special efforts should be made to schedule visits in homes or in settings that are socially and culturally similar to the home (Haight, Kagle, & Black, 2003). Finally, visits should be structured to help make the transition easier for the child; this might include developing a greeting and good-bye

ritual between the parent and child and planning specific activity(s) that the parent and child can do together during the visit. Visiting plans should also be reviewed periodically and adjusted as needed (Loar, 1998).

Families may need support and assistance around visits, as they may be very emotional for both parents and children during the reunion and after the visit (Haight et al., 2001). Other times, parents may simply be at a loss for what to do during the visits and may need help in identifying activities they can do with their child (Haight et al., 2001). Indeed, some parents may become involved with the child welfare system in part because they never learned how to interact positively with their child, even under favorable circumstances, and may need guidance on how to enjoy being with their child (Loar, 1998). Also, a stressful or difficult visit does not necessarily indicate an insecure or absent attachment between parent and child (Haight et al., 2003). There may be system factors that include: lack of staff support or time (Edwards, 2003), lack of understanding about the importance of visits (Edwards, 2003), or agency policies that contribute to problems with the visitation process (Leathers, 2002). Client factors may also act as barriers, including lack of transportation or scheduling conflicts (Edwards, 2003).

Effectiveness.   Evidence suggests that visitation is associated with successful family reunification (Benedict & White, 1991; McMurtry & Lie, 1992). In one study researchers found that children in out-of-home care whose parents visited regularly were more likely to reunify than children whose parents did not visit as often (Davis, Landsverk, Newton & Ganger, 1996). In another study researchers found that mothers who visited with their children in their home of origin and participated in case reviews and events related to care (doctor's appointments, school visits) were more likely to reunify with their children than those who did not engage in these activities (Leathers, 2002). Comparing the visitation rates of groups of children with different permanency outcomes, children who were reunified were more likely to have had visits with their mothers than children in the other groups (Malm & Zielewski, 2009). In one study researchers that compared the reunification outcomes of parents who: (1) engaged in experiential visits with their child (i.e., parent–child both actively involved in experiencing something together); (2) participated in parent education/support groups; and (3) participated in both activities found that parents who participated in both had the highest reunification rates (Carlo, 1993).

The ENGAGE Model

The ENGAGE model (<u>E</u>ngagement, <u>N</u>eeds assessment, <u>G</u>oal setting, <u>A</u>ssessment of progress, <u>G</u>oal achievement, <u>E</u>nding work) is a process framework developed for work with children and families affected by neglect. It is based on the work of Belsky and Vondra (1989) that takes into account: the developmental history and personal characteristics of the parents, the child's individual characteristics, and the social connectedness of the parents to the larger community and environment (Belsky & Vondra, 1989, as cited in Petras, Massat & Essex, 2002). The model involves work with both the parents and the child, and includes the following activities: (1) examining multiple interrelated factors that influence child neglect (as supported in the literature); (2) identifying parents' needs; (3) addressing stressors that contribute to difficulty in parenting; and (4) building on existing strengths and resilience of parents. The following is an overview of the steps involved in implementing the ENGAGE model:

Engagement

- Allow longer periods of contact when meeting with parents,
- Educate parents about the culture of the child welfare system,

- Be clear about workers' expectations for the parents,
- Practice empathy,
- Instill hope when interacting with parents, and
- Develop partnerships with parents.

Needs assessment

- Assess families for strengths and needs,
- Use a standardized assessment tool, and
- Focus on the three domains of parenting influences: parent characteristics and developmental history; child characteristics; sources of stress and support.

Goal setting

- Develop and set goals that are tailored to the unique strengths and needs that were identified in the needs assessment process,
- Avoid standardized plans that are identical across cases, or plans developed in the absence of family members, and
- Identify smaller goals that may be achieved in the process of reaching the larger end goal in order to instill hope and empowerment in families.

Assessment of progress

- Assess client progress in a systematic fashion, and
- Use a single system design for measuring progress: specific area in need of work is identified, a baseline measurement of the problem area is taken, and daily or weekly measurements are taken to assess progress.

Goal achievement

- Utilize individual or team of child welfare workers to determine if the outlined goals have been achieved and if reuniting the child and family is appropriate.

Ending work

- Provide aftercare support or services to ensure a successful, lasting reunification of family members, such as making certain that the family has supports available to them outside of the child welfare, and
- Maintain communication with the family for a period after their case is closed.

Effectiveness.   At this time, there are no documented or published evaluations.

Implementation.   Potential costs for implementing the ENGAGE model include staff training and time, along with coordination of service provision across the agency. For more information, contact: Donna D. Petras, PhD, dpetras@uic.edu, or Carol R. Massat, PhD, cmassat@uic.edu.

Intensive Reunification Program of Kansas Children's Service League

The Intensive Reunification Program (IRP) was developed to increase the likelihood of children in the foster care system reuniting with their parents (Berry, McCauley, & Lansing, 2007). The program goal is to provide multiple opportunities for children and their parents to spend quality time together by placing them in situations where they are encouraged to interact and learn, while clinicians, social workers, and other supportive workers are nearby. Specific staff activities may include: modeling positive behaviors; helping parents and children practice newly acquired skills; providing information about community supports and resources; and encouraging participants' self-evaluation.

The program is designed to last 36 weeks, with the core of the program involving children and their biological parents participating in activities together twice a week for two hour sessions (Berry et al., 2007). Children and parents meet together in a group so that multiple parent–child teams are visiting at the same time, offering a social setting where parents may learn and offer support to one another. Activity sessions are fairly structured so that parents and children eat together for the first half-hour and then engage in a play activity during the second half-hour, with the last hour spent in separate educational and peer support groups. Parents take turns preparing dinners, where mealtime is used as an opportunity to share information about balanced nutrition, tips for preparing meals, and budgeting for groceries. Parents are asked to identify topics related to the issues that led to the removal of the children that they would like to address during the education and support groups. Both the groups for children and parents are co-facilitated by staff members.

In addition to the bi-weekly activity sessions, children and their parents also visit with each other in their home of origin once a week for 90 minutes (Berry et al., 2007). Children and their families receive support before, during, and after visits, and activities are planned before the visit. This helps to increase the likelihood for more positive interactions and opportunities to practice and internalize newly learned skills.

Effectiveness. The IRP is fairly new with limited evaluation results, but early evidence suggests that the model may have a positive impact on family reunification. For example, a pilot study that compared the outcomes of children and families who participated in IRP to those who received traditional child welfare services found that the IRP group had higher rates of reunification than the comparison group, especially among neglect cases (Berry et al., 2007). In addition, families in the IRP group remained in treatment for an average of nine months before being reunified, compared to an average of 19 months for the comparison group, with many of the comparison cases still open at the end of the study. Finally, by the end of the study, none of the families in the IRP group experienced a disruption after being reunited, whereas children from five of the families in the comparison group returned to foster care.

Implementation. The primary costs involved with implementing IRP relate to staff time, involving training and smaller caseloads due to the intensive time needed to facilitate the weekly group activity sessions and parent–child visits. Since the program is also time intensive for families, important supports include providing transportation assistance, cost-effective ways to have weekly meals together, and a comfortable and accessible location to hold group activity sessions. For more information, contact: Marianne Berry, PhD, andysmom@ku.edu and Kansas Children's Service League (Topeka), https://www.kcsl.org/index.aspx.

Missouri's Family Centered Out-of-Home Care (FCOHC)

Family Centered Out-of-Home Care (FCOHC) is a comprehensive program model developed by Missouri's Department of Family Services in 1995 to facilitate reunification of children and

families involved with child welfare services (Lewandowski & Pierce, 2002). FCOHC is based on the principles of family-centered care that emphasizes the involvement of the family in decision making related to assessment and treatment plans. The service model emphasizes a strengths-based perspective and timely service provision. The staff from the juvenile court system and child welfare system collaborate to facilitate timely exits from out-of-home care and divert children from foster care when possible. Child welfare services under the FCOHC model are slightly more intense than traditional child welfare services (e.g., caseloads of 12 families and more team meetings).

The FCOHC model recommends assigning a family social worker to each family within 24 hours of the child being placed in out-home-care (Lewandowski & Pierce, 2002). The family social worker then acts as the family's case manager for the duration of time that the child is in foster care. Responsibilities and activities of the family social worker include: (1) facilitating collaboration among the family's service providers; (2) conducting ongoing written assessments of the family's progress; and (3) ensuring the family's involvement at the center of the collaborative team process. Potential team members include: service providers, juvenile justice officers, CASA workers/Guardian ad litems, family attorneys, school personnel, family supports (such as friends or other family members), and any other relevant persons who provide support to the family. The first team meeting is held within 72 hours of the child's placement into out-of-home care, and subsequently at 30, 60, 90, and 180 days in out-of-home care. Team meetings are held in order to facilitate discussion, collaboration, and decision making about the family's plan and progress toward reunification, with the family at the center of the process.

Effectiveness.   There is limited empirical evidence on the effectiveness of the FCOHC model. One study that compared the outcomes of families who received FCOHC services to families who received "services-as-usual" found that families in the FCOHC group were no more likely to be reunified than the non-FCOHC group; in fact, the FCOHC group experienced lower reunification rates than the comparison group, though this difference was not statistically significant (Lewandowski & Pierce, 2002). In the study researchers also found that the children who received FCOHC services were 2.6 times more likely to re-enter care after reunifying with their families, compared to children who received traditional child welfare services. In an effort to better understand this surprising finding, the authors found that FCOHC appeared to be more effective in reuniting children and their families when provided to children who remained in care for at least seven days. In a follow-up study researchers confirmed the results of the first study, with children served by FCOHC experiencing lower reunification rates than the comparison group during the initial weeks of the study period, but then surpassing the comparison group as time progressed (Lewandowski & Pierce, 2004).

Implementation.   Costs or resources needed to implement FCOHC include time to train staff on the model; otherwise existing resources may be used. For more information, contact: Cathleen Lewandowski, PhD, clewandowski@uamail.albany.edu, and the Missouri Department of Social Services, Family Support Division, www.dss.mo.gov/fsd/.

Neighbor to Neighbor

Neighbor to Neighbor is designed to keep sibling groups of four or more children together in the foster care system while working intensively on a reunification or alternative permanency plan (California Evidence-Based Clearinghouse, 2009). The program utilizes a community-based, team approach that is child centered, family focused, and involves both foster and birth parents on the permanency planning team. Neighbor to Neighbor "professionalizes" the foster parent role

by providing training, support, salaries, and benefits to foster families. In addition, the program provides the birth families and children with comprehensive case management and clinical services on a weekly basis as needed. The program includes the following components (CEBC, 2009):

- Licensing representatives responsible for recruiting and educating foster parents,
- Foster caregivers as salaried employees,
- A strength-based team approach involving both family and community members (foster caregiver, birth parent, and association employee),
- One case manager and advocate per family,
- One sibling group placed per foster family,
- Case management services for both the foster and birth families,
- Comprehensive in-house clinical services for birth families, including evaluations and medication management by a contracted pediatric psychiatrist, and services by a substance abuse treatment provider,
- "Phases of Sibling Foster Care" approach that provides a clear description of interventions utilized from intake through aftercare,
- 24-hour staff availability and support,
- Respite care for foster caregivers,
- Reunification and alternate permanency planning for sibling groups,
- Provides aftercare for up to one year following reunification, and
- Education liaison provides support and advocacy for staff and foster parents.

Effectiveness.   An evaluation of Neighbor to Neighbor identified positive outcomes in terms of higher rates of family reunification (Testa & Rolock, 1999). However, permanency planning was more difficult for children involved with Neighbor to Neighbor whose plans did not include returning home to their families (Testa & Rolock, 1999).

Implementation.   The staff resources that are needed involve many collaborators, such as foster caregivers, family advocates, licensing representatives, educational liaison, psychiatrist, and substance abuse treatment provider (CEBC, 2009). In addition, other tools and materials may also be needed, including: assessment tools, therapeutic games, educational toys, informational books, video tapes, DVDs, CDs, DVD player, video camera, digital camera, art supplies, and office space. More information is located at: California Evidence-Based Clearinghouse, http://www.ca childwelfareclearinghouse.org/program/64/detailed#relevant-research

Utah Experimental Intensive Family Reunification Service

In the mid-1990s, Utah developed an experimental Family Reunification Service (FRS) program to increase the number of children reuniting with their families from out-of-home care (Fraser, Walton, Lewis, Pecora, & Walton, 1996). It was designed to offer services for 90 days while the child is placed in foster care, drawing on the framework of the Homebuilders family preservation and family support program (Lewis, 1994). During this 90-day period, children and parents maintain regular contact with each other via home visits, and parents work to improve skills and attend treatment services such as counseling and/or substance abuse treatment (Fraser et al., 1996). Workers provide services that seek to: (1) build partnerships with parents via client-centered casework; (2) strengthen family members' communication, problem solving, and parenting skills; (3) address concrete needs such as food, housing, employment, or health care; and (4) provide time-limited in-home support after the child is returned home (Fraser et al., 1996; Walton, 1998; Walton, Fraser, Lewis, Pecora, & Walton, 1993). Workers carry an average of six cases at a time and spend an average of three hours per week with each family (Lewis, 1994).

Effectiveness.   There have been a few evaluations of Utah's FRS program that document a positive impact on outcomes related to reunification. In one study researchers compared the outcomes of families that received FRS to those that received traditional child welfare services and found that the FRS group not only achieved a greater number of reunifications, but also reunited at faster rates than the non-FRS group (Fraser et al., 1996). In two other studies researchers also found that more children who received FRS were reunited with their families than the non-FRS group, both at 90-day and 12-month follow ups (Walton, 1998; Walton et al., 1993). However, results regarding the maintenance of reunification status were mixed; while two studies found no significant differences between children in the two groups in time maintained at home during the study periods (Fraser et al., 1996; Walton, 1998), researchers in a third study found that a significantly greater number of children who received FRS still lived at home, compared to children in the non-FRS group (Walton et al., 1993).

Implementation.   Resources associated with implementing Utah's FRS include time to train and inform staff, and the use of existing resources for casework and documentation. Due to the time-limited nature of the program (90 days), FRS may be more cost-effective than traditional child welfare services in the long-term (Fraser et al., 1996). For more information, contact: Utah Division of Child and Family Services, http://www.hs.utah.gov/education/contact_info.html.

CONCLUSION

This literature review provides an overview of the federal measurement of child welfare agency performance pertaining to family reunification, the current research on system, family, and child level factors associated with reunification, and the promising practices for promoting successful reunification efforts in child welfare agencies.

Given the challenges that child welfare practitioners face in accessing and applying evidence to inform their work with families, it is critical that such research promote critical reflection regarding application to practice and the improvement of client outcomes. The following questions can be used to begin a dialogue on the reunification research:

- Are reunification plans for children in kinship care being pursued as assiduously as those for children in foster care?
- Is the agency maximizing opportunities to collaborate and coordinate with outside service providers, such as substance abuse treatment providers or mental health practitioners?
- What role does the cultural competence of a worker play in shaping the reunification process?
- Are there additional ways in which the fathers can be engaged in the reunification and permanency planning process?

These questions are intended as a starting point to spur further conversation about the use of evidence to support the reunification process within child welfare agencies. Given the lack of clarity about the causal mechanisms underlying correlations between various factors and reunification, as well as the lack of robust evidence about many of the potential practices that may promote reunification, a dialogue around such questions is an essential first step toward evidence-informed practice.

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