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**Factors Associated with
Family Reunification Outcomes:
Understanding Reentry to Care for Infants**

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EXECUTIVE SUMMARY

Factors Associated with Family Reunification Outcomes:

Understanding Reentry to Care for Infants

This report documents a two part study on the indicators associated with outcomes in family reunification for infants. Phase I draws upon literature on child welfare services and data collected from case record reviews of a randomly selected sample of reunification cases in Alameda County. Phase I also includes four in-depth case studies of the records reviewed. Phase II utilizes the findings from the first phase and gathers qualitative data from parents who have successfully reunified, and child welfare workers involved with the reunification process through focus group discussions. The purpose of this study is to outline the various characteristics associated with success or failure in family reunification. Specifically, successful reunification is defined by children who reunified with their parents or relatives and who did not reenter the foster care system within two years. Conversely, unsuccessful reunification involves those children who reentered care within two years of reunification. These definitions were derived from discussions with child welfare managers at Alameda County Social Services Agency and UCB research staff. The study aims to address the following questions:

- 1) What are the child, family, household, case and service characteristics associated with successful family reunification?
- 2) What are the child, family, household, case and service characteristics associated with reentry?

the point of the child's return home were correlated with later reentry.

Case characteristics:

- Families with more CPS reports prior to the child's initial placement (and the subsequent time periods) were more likely to reenter care.
- Neglect was the most common reason for the child's initial placement and subsequent reentry to care.
- Fewer placements and fewer days in foster care for the child were associated with reentry.
- Mothers who had other children in foster care during the child's initial spell were more likely to have their child reenter care.

Focus Group Findings

Perspectives of the Parents

General Experience with the system:

- Parents indicated that the trauma of the initial removal of their children, and the subsequent process of reunifying with their children were both painful and enlightening experiences. A few reported that having their children removed provided the necessary stimulus for them to begin making positive changes in their lives.

Social Worker Characteristics:

- The relationship with their social worker defined parents' overall experience with the agency. Parents who felt respected, listened to, and heard by their workers had generally positive experiences during the reunification process.
- Race, class, and parenting status were significant factors that influenced the

Black parenting classes.

Perspectives of the Workers

Defining Successful Reunification:

- Parents who took responsibility for their problems and made “real life changes” were the ones most likely to succeed in reunification. Workers reported that these changes were evident among parents who followed through on their case plans, enjoyed relationships with their children, and were willing to work with people involved in their case.

Social Worker Role:

- Workers reported that their personal relationship with the parents was the most important piece of the service delivery process. Mutual respect and honesty were identified as attributes of a good relationship with the parents.
- Racial matching between clients and workers was considered important, as was the provision of services in the client’s primary language. However, participants also emphasized the mediating ability of social workers with a great deal of cultural sensitivity.
- The current caseload levels and the complexity of cases coming into care made it difficult for workers to effectively serve families; this results in increased frustration and burnout from workers who feel disrespected by the agency.
- The larger socioeconomic issues of poverty and race were viewed as added obstacles that parents and workers must face.

Substance Abuse:

- The grave impact of parental substance abuse on family reunification was a common theme throughout all discussions. Workers reported that the complex

Discussion

This study provides a picture of the complex issues faced by families and workers trying to help families toward lasting reunifications with their children. As with all research, certain sampling limitations must be acknowledged, and some caution recommended in interpreting the findings.

The 120 case records that were reviewed for this study may be different from the other cases which were not located. The closed case records found in San Leandro and Oakland may describe family situations that were less complicated than other cases that were still open to child welfare services. Cases that were open (and less likely to be included in the sample) may represent families with more chronic and severe problems. In addition, measures of service and worker characteristics may be skewed since important pieces of information may have been missing from the files. The relatively small size of the sample of reentry case files places some limitations on drawing firm comparisons or conclusions generalizable beyond Alameda County. Similarly, the client and worker focus groups involved relatively small samples of 18 and 11 participants respectively, and in both cases the sample may be biased by a process of self-selection. The opinions of those clients and workers who did not participate may differ in an unknown fashion.

Nevertheless, the sample and the data obtained are representative of many cases receiving reunification services in Alameda County. This study supplements otherwise scant information about the case careers of infants returned home from care, and points to a variety of family characteristics that typify child welfare cases when young children are involved. Most alarming is the complexity of the cases coming to the attention of the child welfare services system. These are not families who need assistance with their parenting practices alone. Instead, the majority of these cases are deeply troubled by substance abuse, criminal histories, mental health challenges,

mothers in the sample, fathers' substance abuse problems, criminal history, and child abuse history were not associated with reentry. Other studies have documented the influence of both parents' characteristics on reunification, but little information is available pertaining to the fathers' role in reentry. The lack of comprehensive information on the fathers in this sample may have been the reason for the non-significant results. Also, this lack of information may reflect an unspoken emphasis placed on mothers during family reunification as opposed to fathers. While some workers spoke of cases of fathers successfully reunifying with their children, no fathers participated in the focus groups, and therefore we could not compare the experience of mothers and fathers.

Children who were younger at the age of removal were more likely to be among those who reentered care. This finding, taken in conjunction with other findings using administrative data, suggests surprisingly poor placement outcomes for many infants. An analysis of 1994 California data found that four years after placement, one quarter of those placed with non-kin remained in foster care. In Alameda county, the data indicate that 21% of infants entering non-kin care were still in care, four years later (Berrick, Needell, Barth, & Jonson-Reid, in press). Additionally, the current study found that children who had more birth problems (e.g. prenatal drug exposure, born with low birth weight, special care needs) were more likely to be found in the reentry group. A review of the subject child's attributes before reentry shows that certain developmental and behavioral problems may surface over time, particularly for children who were prenatally exposed to drugs.

The child's age and birth problems may suggest something about the degree to which substance abuse has compromised some mothers' parenting abilities. While a large proportion of the mothers in the sample had substance abuse problems, mothers who had attempted previous drug treatment were more likely to lose their child to reentry. This may reflect the chronicity of drug problems contributing to significant family dysfunction. Additionally, the finding may speak to the relative uncertainty about the effectiveness of drug treatment in general. A particularly strong message from both the client and worker focus groups involved the highly

It was not surprising to find that families with more CPS reports were more likely to re-enter care, suggesting something about the chronicity of family problems in reentry cases. The large majority of reports for neglect and abandonment is also related to the greater problem of parental substance abuse evident in the families in the sample. Needell (1996) found that referrals for neglect and abandonment were associated with decreased rates of family reunification and increased rates of reentry among infants. The persistence of neglect among families who reenter also suggests that available treatment for such problems may be ineffective in reducing the problem over the long term.

Fewer placements and fewer days in foster care was also associated with reentry to care for children in the study sample. Although this pattern runs counter to studies showing a relationship between increased placements and reentry, the results are consistent with the finding that families who are reunified quickly are more likely to re-enter care (Courtney, 1995; Wulczyn, 1991). Thus, the reentry cases may reflect family situations that are more unstable at the point of return home. Also, children whose last placements were with kin were among those who were less likely to re-enter care. This confirms work conducted by Berrick et al., (1996) and Courtney (1994) who found that kin placements are the most stable for many children in foster care.

Similar to statewide statistics, a fairly large proportion of Alameda county infants return home from non-kin foster care relatively rapidly. After 12 weeks of care, the probability of reunification for infants in Alameda county is .18; the comparative rate for the state is .19. The rate of reunification in Alameda county is not appreciably more rapid than it is for the remainder of the state, although the county reunifies more children more quickly than some of its neighbors (by 12 weeks, the probability of reunification in Santa Clara county is .10). Although the rate and pace of reunification for infants in Alameda county is similar to statewide data, the rate of reentry four years after returning home is somewhat higher. The probability of reentering care in Alameda county is .32, whereas the statewide probability of reentry is .27 (Berrick, Needell, Barth, & Jonson-Reid, M., 1996). This suggests that the somewhat higher rate of reentry in

correlated with increased likelihood of reunification (Fein & Staff, 1993, Rzepnicki, in press). These findings are consistent with the expressed wishes of clients and workers in this study, who repeatedly emphasized the importance of quality relationships between clients and social workers who are both physically and emotionally available during the reunification process. Comparing California counties of similar size, a 1994 survey found Alameda county to be among those with the highest caseloads, relative to the number of child welfare worker positions available (Moran, 1994). Unfortunately, large caseloads make time a short commodity for child welfare workers. In this sample, reentry families were found to have fewer worker contacts while the case was open than non-reentry families, although differences were not great.

Recommendations

The initial goal of this study was to examine the characteristics of families whose case careers in child welfare were most successful. It is arguable, however, whether the families who “succeed” in the child welfare system, by achieving the case plan goal of having their children returned home and remaining there for at least 2 years, would generally be labeled so by the public at large. Over one-third of the mothers were still using drugs when their children were returned to their care, 55% had continued mental health problems, 21% had engaged in more criminal behavior during their child’s absence, and 34% had new or continuing housing problems. Even if the mothers were viewed as successful by virtue of meeting sufficient case plan requirements, the likelihood that their newborn children would thrive under such circumstances and become a “succeeding generation” seem slim, since profound developmental obstacles are likely to be encountered. Nevertheless, this study found identifiable characteristics associated with reentry, evidence that could assist the child welfare system in obtaining better outcomes with families. At the very least, if the child welfare system can keep children from being subsequently harmed by their parents, it will have accomplished one of the minimum goals of success. Currently, 30% of the infants returned to their parents from foster care are not guaranteed this outcome.

disrupted attachment process can be encouraged by the social worker and the foster parent, and supported through arrangements such as county-provided transportation and supervision. Procedures should be in place which prevent long delays in the arrangement of visitation following a child's removal. The use of alternative arrangements such as residential treatment facilities that allow mothers to keep their infants under supervised conditions, should be encouraged.

- **Develop a peer mentoring program for parents in the reunification process.** Former clients who have successfully reunified, and maintained ongoing stability free of child maltreatment, can be trained to provide peer support and education. These parents can act as role models and support new clients by helping explain a sometimes confusing system. This program could establish a tradition of visibly celebrating success stories at the county.
- **Provide ongoing support and encouragement for existing positive influences in the family.** Reinforce the father's participation in services whenever possible. Since there may be an unspoken emphasis on reunification with mothers, fathers may inadvertently assume little to no responsibility towards the upbringing of their children. More information about workers' attitudes towards fathers and training and education to include them in the reunification process may be warranted. Child welfare workers can also be encouraged to actively consider the role of clients' support systems and engage them wherever possible.
- **Tailor existing parent education and training classes to consider the unique needs of families with substance abuse problems.** Although most parents in this study were required to attend parenting classes, it was not clear from the data whether special emphases are placed on substance abuse issues and how they interact with parenting capacity. These specific topics may need to be incorporated into existing educational services. For instance, classes may focus on how to function as a parent while also working towards successful recovery.

greater stability before the case was formally closed.

- **Channel more resources into providing and maintaining safe, stable and affordable housing for families.** Financial assistance for obtaining adequate housing for families is essential if we expect reunification to last. Close collaboration with the local housing authority is essential; developing creative approaches to housing (such as shared housing with other families in care) may also be necessary. Other resources could include relocation services to move families out of unstable environments (e.g. presence of drug-related activities in neighborhoods).
- **Encourage the provision of parenting skills training and support for families post-reunification.** The period of transition home is difficult for many parents and children, and assistance managing inevitable conflicts may help to prevent foster care reentry.

County Level Recommendations:

- **Re-consider and revise policy and guidelines for practice with families affected by substance abuse.** The presence of chronic drug problems may signal decreased likelihood for successful reunifications and necessitate more expedient permanent plans for infants in care. Conversely, parents without substance abuse problems may be more amenable to services provided during reunification. Special provisions should be considered for parents who are actively participating in their recovery and yet are not able to take on full responsibility for the care of their children.
- **Clearly communicate the county's vision of best child welfare practice to workers, clients, and the public.** The county administration, in partnership with workers from all units, could put forth a clear vision statement which outlines the agency's core values and practice goals. Such a vision would provide the foundation for a coherent framework of decision-making standards, and promote

Research Recommendations:

- **Investigate service technologies that work for drug-involved families.**
Evaluation should be conducted on the effectiveness of services that are mandated in the case plans. Residential and out-patient drug programs, as well as individual and family counseling should be examined. Programs which prove to be the most cost effective should be utilized more often, while programs that do not demonstrate clear results should be avoided.
- **Conduct more research on the worker's impact on the family and reunification.** Information on the various worker characteristics or methods of service delivery that promote successful and long-lasting reunification is needed. Such research could be conducted in partnership with other counties so that sample sizes would be sufficient to answer those questions empirically.

Education Recommendations:

- **Students who plan to work in social services should be taught about the etiology and consequences of child neglect.** A curriculum could be created to include an extensive review of the relationship between parental substance abuse and child neglect. In addition, students should be exposed to models of best practice for work with drug-involved and neglecting families.
- **Inform the public about child welfare services, its clientele, and its role in the community.** Since the many people have negative perceptions of government social services and the clients that they serve, concerted efforts should be made to educate the larger public about the true nature of child welfare. This education campaign can be used to advocate for expanding funding for services that can help families stay together.

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Factors Associated with Family Reunification Outcomes: Understanding Reentry to Care for Infants

Introduction

This two-part study was requested by Alameda County Social Services Agency Administrative staff to provide information on the characteristics of the most successful families served by the child welfare services system in the county. In order to understand success, we compare families who reunified with their children with those who reunified, but shortly reentered care. This study examines current child welfare research and includes original research in order to shed light on the various child, family, and service characteristics which may influence outcomes for families. The goal of this research is to provide Alameda County and other social service agencies with information to guide more effective and appropriate services for families in their care. Phase I involved a literature review on factors associated with reunification and reentry, a record review of randomly selected reunification cases in the county, and four in-depth case studies that were representative of cases reviewed. In Phase II of the project, researchers conducted a series of focus group interviews with a random sample of families who reunified to learn more about what “worked” for them. In addition, researchers conducted a series of focus group interviews with child welfare staff (family reunification, family preservation, family maintenance, and permanency planning) to determine the range of factors that are associated with reunification and reentry to care for very young children. The study was sponsored by the Alameda County Social Services Agency and conducted by the Research Response Team of the Bay Area Social Services Consortium (BASSC) under the auspices of the Center for Social Services Research in the University of California at Berkeley, School of Social Welfare.

Although many children reunify, a large proportion of children eventually return to foster care. This form of recidivism is increasingly viewed with a considerable degree of concern. If child welfare service providers can not guarantee children safety when they return home, then the initial success of reunification is significantly tarnished. Three years after returning home, about 23 percent of California children ages 0-5 reenter care. In Alameda county, which has one of the highest rates of reentry in the state, the probability of reentry is closer to one-third. (Berrick, et al., 1996). Reentry is greatest among African American infants. One year after returning home, the cumulative probability of an African American infant returning to care is 0.16, whereas it is 0.12 for Caucasian infants, and 0.10 for Hispanic infants. Confirming findings by Courtney (1994), Berrick and associates also found that the probability of reentry is highest among infants who are returned home quickly.

Research on Family Reunification

Research on the effectiveness of family centered, home based services in supporting family reunification has raised a considerable degree of attention in recent years although it has often raised more questions than answers. Inadequate descriptions of the programs and service activities and lack of control groups often make it difficult to determine effects of the various programs (Frankel, 1988). Nonetheless, certain types of programs appear to demonstrate positive effects on the probability of family reunification. Nugent et al., (1993) has found that comprehensive services, case management and the provision of a continuum of services are positively related to the success of family reunification and family preservation programs for status offenders. Carlo and Shennum (1989) have also indicated that families who receive a combination of experiential and didactic involvement programs are reunified at a significantly higher rate than those receiving either program separately. In addition, Lewis (1994) suggests that successful reunification services include those which often provide concrete assistance (e.g. the provision of food, clothing, furniture, day care, housing assistance) combined with fostering client skills and changing behaviors.

severely, and whose children have school problems, are the least likely to reunify (Barth et al; 1987). Moreover, children from AFDC eligible homes were found to go home at slower rates than children from non-AFDC eligible homes (Courtney , 1994).

Research on the child characteristics that affect reunification has produced some varying results. According to a study on foster care, neither the child's age, gender, mother's age or family composition were associated with reunification (Davis, 1993). On the other hand, Courtney (1994) pointed to the slower rates of reunification for very young children and older youth in the system. Child characteristics that did result in negative outcomes across several studies were developmental disabilities, behavioral or mental health problems (Courtney, 1994; Davis, 1993). Racial and ethnic differences have also been associated with family reunification rates. White and Hispanic children tend to have the most positive outcomes compared to African American and Native American children. More specifically, African American children return home at the slowest rates when compared to other racial groups (Courtney, 1994).

Fein & Staff (1991) and Hess & Folaron (1991) noted the presence of ambivalence of the worker and primary caregiver in the majority of cases in which children are not returned home. Feelings of parental ambivalence were found to be most salient among families with substance abuse problems. Fein & Staff (1991) reported that failures in family reunification often occurred due to relapses of the parent to drug and alcohol abuse. Finally, Rzepnicki et al., (in press) discovered that families whose problems were primarily child focused (e.g. problems with peers, school problems, and parent-child conflicts) were more likely to be reunified. On the other hand, families whose problems were primarily parent focused (e.g. parental substance abuse, mental illness, adult criminal offence) were less likely to be reunified.

Factors that increase the likelihood of reunification include: coming from intact parent families and receiving pre-placement prevention services (Courtney, 1994). Additionally, Simms & Bolden (1991) report a positive correlation between continued contact with the parent during placement and the adjustment of the child to the foster home with the increased

relative paucity of research, the problem of reentry is not insubstantial. Below we offer a review of the child, family, case and service characteristics that appear to play a role in children's ultimate reentry to care.

Child and Family Characteristics

Some research had shown that for the most part, the child's gender, age, and race are unrelated to reentry (Festinger, 1994). However, the combination of the child's age and caregiver problems may signal a risk factor for the child's return to care. Other research has shown that the child's age does make a difference. Children ages 10 to 12 may have higher reentry rates than children of other ages (Wulczyn, 1991). Courtney (1995) found that the child's age at discharge from care, race, child's health problems, and family eligibility for AFDC were all associated with higher rates of reentry. Specifically, younger children and African American children tended to re-enter care in greater numbers when compared to other groups.

In her research on foster care reentry, Festinger (1994) found that caregivers whose children re-entered tended to have more personal problems which included limited parenting skills and limited social support mechanisms. Johnson & L'Esperance (1984) offered data on parent characteristics such as unemployment, previous experience of child abuse, substance abuse and psychopathology that predicted the potential for some parents to re-abuse their children. Additionally, families who re-entered care reported more service needs six months prior to discharge than were actually provided to them. Also, a higher proportion of the reentrant caregivers were past patients in a mental hospital. Children who reenter were more likely served by less experienced workers during their initial stay in care.

Rzepnicki (1987) found that children returning to biological families may return to a situation with greater environmental stress than in adoptive settings. Children with behavioral or mental health problems are also more frequently found among recidivists. Hess, Folaron & Jefferson (1992) cited parents' problems, service delivery, and agency resources as the major reasons for a child's reentry into foster care. More specifically, they found that unresolved

Table 1
Literature Review Synthesis

Major Domain	Characteristics Significant for Family Reunification	Characteristics Significant for Reentry to Care
Child	<ul style="list-style-type: none"> - More likely for younger children - Least likely for African Americans - Less likely with the presence of behavioral/ mental health problems - Less likely with the presence of developmental disabilities 	<ul style="list-style-type: none"> - More likely for younger children - More likely for African Americans - More likely with the presence of behavioral/ mental health problems
Parent	<p>Less likely when the following are present:</p> <ul style="list-style-type: none"> - substance abuse - prior CPS intervention - experience of abuse as a child - mental illness/ developmental disability - unemployment - domestic violence - criminal history - ambivalence 	<p>More likely when the following are present:</p> <ul style="list-style-type: none"> - lack of parenting skills - previous mental health hospitalization
CPS Reports	<p>Less likely when the following are present:</p> <ul style="list-style-type: none"> - reports based on neglect, parental absence/ incapacity - chronic abuse pattern - reports on severe abuse 	
Household	<ul style="list-style-type: none"> - More likely with the presence of social support systems - More likely with stable living environments - Slower rates of reunification with AFDC eligible homes 	<ul style="list-style-type: none"> - More likely when there is a lack of social support system
Foster Care Placements	<ul style="list-style-type: none"> - More likely with shorter length of time in care - More likely with less placements - Less likely with kin placements - More likely with regular visits from the parents 	<ul style="list-style-type: none"> - More likely with shorter length of time in care - More likely with more placements - Less likely with kin placements
Worker	<ul style="list-style-type: none"> - More likely with smaller caseload sizes - More likely with timely case plans 	<ul style="list-style-type: none"> - More likely with less child welfare experience
Services	<p>More likely when the following are present:</p> <ul style="list-style-type: none"> - comprehensive services and case management - concrete assistance to families - greater number and intensity of services - prevention and after care services 	

child, and eleven cases were not available (missing) at the location specified by SSA.

Seventy-one non-reentry (70.3%) and thirty re-reentry (29.7%) cases were read and included in this study. Over three-fourths (76%) of the cases read were located in the closed case files at San Leandro. The rest of the cases reviewed were either in the active files or closed files at the Oakland offices. Many of the reentry cases were open to SSA services at the time of the data collection. The final sample is highly representative of case files in Northern Alameda County.

Case Studies

Case studies were used as part of this study not to answer questions concerning causal relationships between variables--indeed, case studies can not accomplish such a research task--but rather to provide context to the information provided primarily through administrative data sources. The case studies included are descriptive in nature and are designed to capture, in some detail, various family circumstances and events.

Each case was selected through a structured process. Each case was selected to illustrate common characteristics found in typical cases brought before child welfare authorities. In order to select each case, descriptive statistics were run on the variable of interest from our data set described above. All case files possessing such characteristics were carefully reviewed. A single case was selected that included the majority of characteristics found among the selected cases. The following provides a description of the case studies that are interspersed throughout this report:

Case 1: Reentry to Care. Thirty percent of the case files reviewed included children who re-entered care. This compares favorably with the overall re-entry rate for the state of California. The characteristics found in a large proportion of the re-entry cases included the following: Re-entry cases had large families (mean number of children = 4.9); the mother was likely to be drug involved with crack-cocaine (97%); the mother had a criminal record (89%); the child had other

cases involved infants whose first reports were investigated (or had attempted investigations that were never complete) and were then closed due to insufficient evidence.

Instrumentation

In order to develop the instrument for this study, several meetings were held with SSA staff. The child welfare staff were interested in examining the complex child, family, and household characteristics evident in successful and unsuccessful reunifications. Based upon County staff's recommendations and comments, an outline for the data extraction form was completed.

The majority of the data extraction form was developed based upon a review of the major variables determined to be relevant to reunification and reentry in the literature. The form was organized to capture the various domains of child, parent, household, and service characteristics present in cases that reunify and cases that reenter.

Once a draft of the data extraction form was developed, another meeting was held with SSA staff to review the appropriateness of the questions, as well as the feasibility of extracting the desired information from the case records. The instrument was pilot tested with three case records from the closed case files to insure that the information on the various child, family, and service domains could be extracted. In order to minimize the time spent in data collection and to reduce the volume of information available in the case records, the research team collected data from court reports and other formal reports (i.e. CPS reports, foster care placement records, psychological evaluations and assessments on the child and parents, parents' arrest records) found in the case files. Case notes and social worker dictation were not reviewed.

The case extraction form was designed to be used by a trained graduate student researcher from the School of Social Welfare. The completed data extraction form was designed to measure the following domains:

number of workers assigned to a case, and whether post reunification services were offered to the family.

In addition to the domains listed above, the instrument called for a written summary of the case to be included.

Administration

This study involved researchers reading and reviewing case records at SSA offices. The researcher traveled to the Alameda County office in which the case records were stored, read the case records, and recorded the data and corresponding summaries on the data extraction form. The researchers were graduate students studying for an M.S.W. degree at UC Berkeley. A total of four researchers read all of the case records. Researchers met after the pilot test to discuss how information would be collected in order to insure consistency with the data extraction. All researchers were trained in how to read the case records. Fifty-nine percent of the cases in the study were read by one researcher. Case record reviews took an average of one and a half to two hours to complete.

Two researchers conducted an inter-rater reliability test by selecting two random case files to review. Results show that information collected by the two researchers were fairly consistent across the majority (87.5%) of the variables. All of the data entry was conducted by one researcher to insure consistency.

Phase II: Focus Groups

Sample

Child Welfare Clients

The sample of former child welfare clients were identified through the Foster Care Information System (FCIS) by the case numbers of all children ages 0-2 years, who entered

A total of 21 former clients responded to the recruitment efforts by telephone or letter, with 18 fully participating in the focus groups. The final sample represents 7.05% of the original population of cases (n=255), and 23% of the clients who could be contacted for participation in the study. The demographic characteristics of the focus group participants were obtained via a brief questionnaire. All participants were female; 14 were African-American, 4 were Caucasian. Subjects ranged in age from 22 to 47 years, with the mean age at 34 years.

Participants were not explicitly asked to identify the reason for their children's removal, however this topic was discussed over the course of each focus group. The stated reasons for removal covered a range of maltreatment including infant drug exposure, abandonment, neglect, physical abuse, and sexual abuse, and one incident involving a mother's psychiatric hospitalization. One woman's infant was removed while she herself was a foster child: she placed him there herself, she said, because she could not care for him at the time. A few women were vague or minimizing in their description of the precipitating incident, such as: "they asked me questions while I was high, then took my baby from me in the hospital because of course I couldn't answer them," "they took my kids because my water got cut off," "CPS took my baby saying it was abandoned in a hotel room -- I was only getting a soda out of a machine," and "my baby had TB (tuberculosis) so they took him out of the home to get good care."

Child Welfare Workers

All of the child welfare workers who worked in Family Reunification, Family Maintenance, Family Preservation, Long-term Foster Care, and Group Home Care at Alameda County were invited to participate in our focus groups. UCB researchers were provided a list of the names and phone numbers of the child welfare workers at the County. A total of 123 letters were sent to workers in the aforementioned units inviting them to participate in one of our three scheduled focus groups at the Oakland offices. Follow-up phone calls were made to all invited workers to remind them about the dates and times of the focus groups. Fourteen workers indicated that they would be attending, and 11 workers actually participated in the groups (9%).

who reunify. Nonetheless, the data does provide an alternative glimpse into the process of reunification for very young children.



Case 1: Reentry to Care

Angela Brooks¹ was born in 1965 to a teenage mother. In elementary school Angela began to have trouble, was fighting with other students, and regularly argued with her mother. In the fifth grade, Angela stopped attending school altogether, started spending time on the streets, and eventually found herself living in foster care. Early adolescence included drug abuse and many brushes with the law. At the age of 14, Angela gave birth to her first child, Alex.

When Alex was one year old, Angela's mother reported the child to Child Protective Services (CPS). Her mother told CPS workers that Angela was pregnant with her second child, that she was involved with drugs, and that Angela and her baby could not live in her home. Angela's case file provides few details about the next ten years of her life, but shows that she gave birth to her second child, Lisa, in 1980, to Daniel, Mark, and Francis two years apart, and to Gina in 1987. All of her children were removed from her home for "general neglect," "parental incapacity," and "drug abuse." Alex and Lisa were placed in guardianship with a relative; Daniel, Mark, and Francis were placed for adoption; and Gina was in foster care with a plan for reunification with her mother. In 1990, Stacie was born, also drug exposed, and she was immediately reported to CPS by medical personnel.

Stacie was placed in her maternal aunt's home six days after her birth and remained there for the next six months. During her stay at her aunt's home, the child welfare agency received an anonymous phone call alerting them to the dangerous conditions of the aunt's home. The complaints were investigated, but they did not appear so bad as to warrant the child's removal. In the sixth month, Stacie's aunt was evicted from her home. She called the child welfare agency and asked that Stacie be moved since she could not handle the added burden of a young baby while coping with her personal circumstances. Stacie was then placed in an Emergency Foster Home where she stayed for the next two months. Later, a foster family home

¹All of the names used for the case studies have been changed to protect the identity of persons involved with each case.

relationships with a fifth family in her 32nd month of life. Why she was placed in legal guardianship rather than adoption--particularly at such a young age, is likely due to her identified developmental disabilities and the foster caregiver's need for assurance that she would continue to receive support from the county. Nevertheless, there is no adoption assessment in Stacie's case file, which may also suggest that adoption was not vigorously pursued for this child.



Phase I: Findings²

Subject Child Characteristics

The average age of the infants at removal was 3 months (s.d.=4.0), with 50 percent of the children removed before they were one month old. There was a significant difference between the mean age at removal for non-reentry and reentry children. Children who later reentered care were younger, on average, when they were removed from their homes, than children who did not later reenter care (3.7 months versus 1.9 months, $t=2.39$, $df=79.03$, $p<0.05$). There were slightly more girls (55%) than boys (46%) in the sample. African American children made up more than two-thirds (69%) of the cases reviewed while children from other races made up the other 30%. African American children were over-represented in the sample among reentry cases (82%). (See Table 2 for a review of various child characteristics).

Of the children for whom we had some birth information ($n=80$), 69% were prenatally exposed to drugs. Eighty-six percent of these were exposed to cocaine in utero. Although there

²Despite the overall sample size of 70 non-reentry and 31 reentry cases, the sample size for each characteristic reported varies from the overall sample size. In such cases, the different "n" reported reflects missing data. (i.e. In Table 2, for non-reentry children during the initial removal, 73% of 51 children for whom we found data on their physical ability were within the normal range. The rest of the 20 non-reentry children had missing data for this characteristic.) It is important to note that results reflected in the Tables are data for various characteristics by non-reentry and reentry status. Results discussed in this section include data for the total sample and data by non-reentry and reentry status.

In 1992, Nell gave birth to Patrick, who was also drug exposed and who was also reported to the child welfare agency. When this report was received, a social worker investigating the case removed Patrick from his mother's home. Beth and Crystal remained with their mother; Joyce had been taken in by her maternal grandmother two years earlier through an informal arrangement with her daughter.

Three days after Patrick was born he was placed with his paternal grandmother, Ms. Aiken, and remained there for the next 210 days. While he remained in care, Patrick's mother and father worked on their reunification plans. Nell was required to enroll in a substance abuse treatment program and submit to drug testing. She was also required not to commit any legal violations in order to reunify with her son. Prior to Patrick's birth, Nell had been arrested eleven times for theft, petty theft, receiving stolen property, and fighting. Two months after his placement, Nell had a clean drug test, but the following month she was arrested for petty theft. Nell was incarcerated for the next three months where she attended parent education classes and a drug treatment program. When she was released from jail she enrolled in a treatment program in her local neighborhood, but five months later, Nell was again arrested for a drug-related charge and was again incarcerated. Beth and Crystal were sent to live with Patrick's father, Gregory, until Nell was released.

Gregory's reunification plan also listed drug treatment, drug testing, attending parenting classes, attending counseling, acquiring stable housing, visiting with the child, and maintaining a clean record. Gregory rarely visited Patrick while he was in care, claiming that he had revoked his parole and therefore feared being caught by public officials. His criminal record included sale of narcotics, receiving stolen property, and carrying a loaded firearm. One year following Patrick's placement, Gregory was tested for drugs which showed positive for alcohol and morphine. Nevertheless, the case file indicates that if Gregory were to test negative for drugs, Patrick would be returned to his care.

Although Patrick's placement with his paternal grandmother seemed initially beneficial, Patrick's social worker received a call after about seven months requesting that he be removed from her home. Ms. Aiken described how she worried about her own mental health and feared that she was suffering from a "mental breakdown." At Ms. Aikens' request, Patrick was moved to his paternal aunt's home where he remained for two months. After that time, his aunt contacted the social worker and requested that he be moved. This time, at the age of nine months, Patrick had to be moved because his aunt "couldn't care for him anymore," so he was sent to live in a foster family home. He remained there until he was 14 months old. Then, Ms. Aiken contacted the social worker and indicated that she was well again; she requested that he be sent to live with her. Almost a year later, when Patrick was two years old, he left his grandmother's home and was reunified with his father and mother. The case remained open while a social worker checked on their progress; several months later the case was closed.

characteristics. These numbers seemed to improve somewhat as the children aged in placement. At the point of return home, the number of children with medical and physical problems dropped to less than half (47%). About one-fourth (23%) of the children still had below normal range physical abilities. From 85-95% of the children were in normal range for their mental, developmental, and behavioral measures during placement.

Table 2
Subject Child Characteristics

Subject Child Characteristics	NON REENTRY (n)		REENTRY (n)	
	Mean Age at removal	3.7 months (s.d. 4.3)	71	1.9 months * (s.d. 2.9)
Gender		71		30
Female	52%		60%	
Male	48%		40%	
Race		69		28
African American	64%		82%	
All others	36%		18%	
Prenatal drug exposure	62%	53	82%	27
Positive for cocaine	85%	33	86%	22
Mean number of problems at birth	1.7	41	2.4	18
	Initial Removal	(n)	During Placement	(n)
Physical ability		51		65
Normal	73%		82%	
Below normal	28%		19%	
Mental ability		45		59
Normal	84%		88%	
Below normal	16%		12%	
Developmental problems	11%	44	14%	59
Behavioral problems	4%	46	5%	59
	Initial Removal	(n)	During Placement	(n)
Physical ability		17		26
Normal	65%		65%	
Below normal	35%		35%	
Mental ability		12		20
Normal	92%		90%	
Below normal	8%		10%	
Developmental problems	33%	15	27%	22
Behavioral problems	7%	15	5%	22

*p<0.05

cases (97%) had mothers with substance abuse problems prior to the initial removal, while three-quarters (78%) of the non-reentry mothers had drug problems ($\chi^2=5.23$, $df=1$, $p<0.05$). More than two-thirds (68%) of the mothers in the reentry group had undergone drug treatment before the subject child's removal while only 39% ($n=56$) of the non-reentry moms had participated in drug treatment ($\chi^2=4.84$, $df=1$, $p<0.05$).

More than two-thirds (68%) of the mothers in the sample had documented criminal activity before the child's removal from home. Criminal history most commonly included arrests and convictions for drug related charges, theft, prostitution, assault, or forgery. Several distinctions emerged when we compared the reentry mothers versus the non-reentry mothers. Eighty-nine percent of the reentry group had documented criminal records while only 59% of the non-reentry group had such records ($\chi^2=7.79$, $df=1$, $p<0.01$). This disparity continued when we compared records of criminal behavior at the point of the subject child's return home. Forty-two percent of the reentry mothers had another transgression with the law since removal, while only 23% of the non-reentry cases were found in the same situation.

Based on the documented child abuse history of the mother from the case files, two-fifths (40%, $n=50$) of the mothers in the sample had been involved with CPS as a child. About half (52%, $n=52$) of the mothers in the sample were victims of domestic violence before removal.

Although limited information on mental health problems were in the case files, almost two-thirds (63%, $n=32$) of the mothers were described as having some type of mental health problem before the subject child was removed from home. Common mental health problems noted were depression and learning disabilities. The number of mothers with mental health problems was reduced to one half (55%, $n=29$) at the point of the child's return home. Almost half (47%, $n=70$) of the mothers had undergone some form of mental health treatment before their child was removed from home. At the time of the child's return home, more than three-quarters (80%, $n=69$) of the mothers in both groups had received some type of mental health treatment such as individual and/or family counseling or therapy.

Father's Characteristics

Approximately three fourths (75%) of the fathers were known to SSA during the course of family reunification services. The mean age of fathers in the sample was 32 years (s.d.= 10.6). There was not a significant difference between the ages of the fathers in the reentry group and the non-reentry group. About two-thirds (67%) of the father's whose whereabouts were known were either current husbands or boyfriends of the mother. Almost the same percentage (60%) were documented as maintaining some sort of relationship with the subject child. The presence of a relationship was defined broadly, and coded as present if either the father took an active role in caring for the child or at least visited the subject child once while s/he was in foster care.

Children were often returned to their father after placement in care. Sometimes the father was known to the child, but in many instances, the father's role expanded once he was made aware of his child's plight.



Case 3: Fathers' Involvement

Billie Simmons is a high school graduate who, at the age of 28, gave birth to her first and only child. Billie's case file suggests that she was physically abused and neglected in her own home as a child, although she was never placed in foster care. She has a criminal record that lists prostitution and drug possession, and has admitted to heavy drug use including cocaine, amphetamines, and alcohol.

When Shaquille was born, medical personnel noted traces of cocaine in his body. There were no other special circumstances surrounding his birth; his records indicate that he was healthy and that no medical or physical problems were evident. The day following Shaquille's birth, medical personnel made a report to the local child welfare agency. Shaquille's case file indicates that child welfare workers attempted to follow up on the report but were unable to locate him and his mother. It is unclear why the CPS agency could not locate Shaquille and his mother Billie. Perhaps they were released from the hospital before social workers could attend to the case. Nevertheless, as the case file indicates, Shaquille's original report for child maltreatment was closed without an investigation.

One month later, the CPS agency received a phone call from one of Billie's relatives, reporting that Shaquille was being physically abused by his mother. A child welfare worker from the local public agency was assigned to the case and two days later investigated the allegation. She interviewed Billie and examined Shaquille. Shaquille's temperament was described as "very easy" and "cherubic" in the case file. Notes in the case file show that the

report is listed as so critical that it requires immediate action) so the worker may not have had an opportunity to interview Billie in the hospital. Unless Billie gave an accurate address on discharge, it would be easy to "lose" such a family. After Shaquille's first report, which could not be investigated, however, why weren't the second and third reports taken more seriously by child welfare workers? Prior reports, even if unsubstantiated, are likely to point to difficulties for the child--especially a child as young as Shaquille. Finally, this case highlights the potential role of fathers in primary caretaker roles. Once in care, Shaquille's father stepped forward to care for him, even though prior to the child's placement, he was unaware that he had fathered a child.

African American fathers comprised almost three fourths (74%) of the sample. Of the cases with available information regarding level of education, more than half (59%, n=27) of the fathers possessed a high school degree or higher. Slightly more than one-fifth (22%) of the fathers were incarcerated at the time that the subject child was removed from the home. Another 41% were unemployed and 11% were unable to work due to disability or student status. Finally, about one-fifth (22%) were gainfully employed either full-time or part-time at the time of removal. (See Table 4 for a review of various father characteristics).

A majority (83%) of the fathers in the sample already had lengthy criminal histories before the child was removed from home. The most common criminal violations included arrests and convictions for grand theft, drug related charges (possession and sale of illegal substances), aggravated assault, and possession of illegal firearms. At return home, 54% of the fathers in the sample experienced new incidents of criminal activity.

Substance abuse affected more than three-quarters of all fathers (78%) prior to the subject child's removal. As with the subsequent reduction in criminal activity, substance abuse problems affected 40% of the fathers at the point of the child's return home. Somewhat more than half of the fathers had problems with alcohol (58%, n=38) and/or crack cocaine (55%, n=40) before the child's removal from home. Less than one quarter of the fathers (22%, n=36) had undergone drug treatment before the child was removed from the home.

Household Characteristics

For purposes of data collection, household characteristics pertain to the mother's home prior to the subject child's removal (this would include the father if they were living together at the time). Often, the household was comprised of the mothers who were living on their own before the subject child was born. Data collected required separate coding of the summary notes regarding household characteristics for information regarding the head of the household and the child's primary caregiver.

The average household size at removal was 3.0 people (s.d.=1.7), and increased to 3.8 people (s.d.= 1.7) at the point of the child's return home. The size of the household had an influence on whether families reentered care. That is to say, smaller households at removal were correlated with a child's subsequent reentry to care ($t=2.11$, $df=92$, $p<0.05$). The same pattern held true for the number of children ($t=2.11$, $df=94$, $p<0.05$) and the number of the subject child's siblings ($t=2.07$, $df=74.19$, $p<0.05$) before removal from the home. In both cases, smaller numbers were associated with reentry to care. The number of adults in the home was similar for reentry and non-reentry cases before removal and at return home. (See Table 5 for a review of various household characteristics).

For purposes of this study, we coded the head of the household and the primary caregiver as distinct entities. A head of the household was defined as the person(s) who provided the financial support for the residence in which the subject child was living at the time. This allowed us to distinguish between situations in which the parents were living with other relatives or had other living arrangements (e.g. residential program, shelters). The primary caregiver was defined as the person(s) who was responsible for the direct care and upbringing of the subject child.

Mothers were the heads of the households for more than half (55%) of the cases before removal. Both the mother and father together headed another 23%, and kin relatives comprised 11% of this category. About one fifth (11%) of the cases had mothers who were living in drug residential programs, shelters, or jails at the time of the child's removal. At the subject child's

Drug use of others was a problem documented in 53% (n=64) of the households before removal of the subject child. Drug use of others in the home was reduced to 10% (n=74) at the child's return home.

Housing problems (defined as lack of stable housing, impending eviction, living in a shelter) were predominant among 73% of the sample before removal. Housing problems were reduced to 36% at the point of return home. Families who did not have any type of housing problems at the point of return home were more likely to avoid reentry to care ($\chi^2=6.82$, $df=1$, $p<0.01$).

Table 5
Household Characteristics

Household Characteristics	NON REENTRY		REENTRY					
	Initial Removal (n)	Reunification (n)	Initial Removal (n)	Reunification (n)				
Household size								
Mean Total number of people	3.2** ⁴	3.8	2.4*	3.8				
Mean Total children	1.6*	2.2	1.0*	2.0				
Mean Total adults	1.6	1.7	1.5	1.8				
Head of household	70	71	29	30				
Mother	51%	38%	62%	40%				
Father	0%	17%	0%	7%				
Mother & Father	21%	14%	28%	17%				
Kin	13%	24%	7%	27%				
Other	14%	7%	3%	10%				
Child's Primary Caregiver	71	71	30	30				
Mother	73%	55%	73%	60%				
Father	0%	23%	0%	20%				
Mother & Father	24%	16%	27%	17%				
Kin	3%	7%	0%	3%				
Personal/ social support	55%	56	92%	60	32%	22	77%	26
Housing Problems	69%	68	27%** ⁵	66	83%	29	55%	29

*p<0.05

**p<0.01

⁴Significant difference between initial removal of non-reentry cases and initial removal of reentry cases for the two characteristics: "mean total number of people" and "mean total number of children."

⁵Significant difference between the point of reunification of non-reentry cases and the point of reunification of reentry cases for the characteristic "housing problems."



Case 4: Multiple Reports

In 1987 a baby girl named Leslie was born in Santa Clara County general hospital testing positive for cocaine. A CPS report was filed, the case was investigated and was closed. Shortly thereafter the baby was sent to live with her father and her mother moved to San Mateo County.

In the fall of 1989 a baby boy named Richard was born at San Mateo County General Hospital testing positive for cocaine. He was reported to the child welfare agency and a social worker investigated the case. Before any action could be taken Richard and his mother, Stella, moved to Alameda County and the investigation was closed.

A year later, in the fall of 1990, Stella gave birth to Andrew at Alameda County General Hospital, also testing positive for cocaine. He had no other special circumstances associated with his birth; he was born within the normal range for weight, although his mother did not receive any prenatal care prior to delivery. Andrew was reported to CPS and a social worker visited the hospital to investigate the case.

Andrew's mother, Stella, was 22 years old when he was born. She had finished high school and had taken a few vocational education courses, but two years ago, when she discovered she was pregnant with her first child, had left school. She had a fairly lengthy criminal record, mostly related to her drug problem. Stella had been arrested for drug possession on a few occasions, theft, petty theft, and receiving stolen property. She collected AFDC and had a history of significant housing instability, with several spells of homelessness in recent years.

Andrew's father, Mike, was 28 years old, had completed high school, and was working part-time at a gas station when Andrew was born. He too used crack-cocaine and also had a lengthy criminal record including drug possession and selling. When the social worker initially investigated the report, Mike asked that Andrew be taken from his mother and placed in his care. But because Mike and Stella weren't married, the social worker denied his request, first suggesting that a paternity test be given to verify his relationship to the child.

The social worker and the courts determined that Andrew could be sent home with his mother, as long as she participated in the Family Maintenance program where she would receive in-home supportive services. She agreed and Andrew was sent home. At this time, Mike moved in with Stella and the two of them received visits from their social worker once a month. Four

County. Nevertheless, Mike attempted to call Andrew weekly and visited every other week. In addition to calling Andrew, Mike also began to call Andrew's social worker regularly, angry that his child remained in care and asserting that he should have never been placed in care at all. When Andrew had been in out-of-home care for about a year, Mike was reported to CPS for physically abusing his eight year old daughter. The case was investigated and closed due to "insufficient evidence." Two months later, Andrew was allowed to spend unsupervised weekends with his father. Although Mike never completed any of the requirements of his case plan, Andrew was reunified with him, three months shy of his second birthday. The judge in Alameda county recommended in-home Family Maintenance services for the family, but since Mike lived in San Francisco county, the judge had no jurisdiction to enforce his ruling. Mike angrily refused services when a San Francisco County social worker visited his home, and his case file was closed.

Although one of the goals of the child welfare system is to attain permanence for children, it is unclear from this case whether the fundamental goal of child welfare -- child safety -- was first considered. Unless there is evidence that was not captured in this child's case file, there is nothing to suggest from the record that he was reunified with a caregiver who was any more safe than the caregiver from whom he was initially removed. Because Mike was not mandated to receive Family Maintenance services, he refused the voluntary services offered to him and Andrew's safety was no longer monitored by the continued surveillance of the child welfare agency. In fact, jurisdictional boundaries, artificially created by county lines, result in families who can easily escape the services, supports, and scrutiny of the child welfare agency simply by moving to an adjoining county where a different child welfare bureaucracy is unlikely to pick up their case.

In addition to compromising Andrew's safety, this case illustrates the ways in which children's permanency may sometimes be compromised. That is, at one year of age, a door to legal permanence was closed. The child had little or no relationship with either parent and he had no other known relatives in his life. He was not living with a foster family who might have considered adoption but was still living in an emergency foster home where caregivers are trained to consider their services temporary. At the age of about one year, this child was relegated to long term foster care if he did not reunify with his family. In fact, the closed adoption opportunity may have forced the system to pursue reunification when it otherwise might not have done so. Cases like Andrew's help to illustrate how a few wrong turns and simple phrases in a case file may add up to lost opportunities for children.



Table 6
Reporting and Placement Characteristics

CPS Reports and Foster Care Placements	NON REENTRY		REENTRY	
		n		n
Mean CPS reports for family***	2.7		5.2	
Mean reports prior to subject child's first placement	1.3		1.3	
Mean total days in placement	296		426	
Mean total days in placement for initial spell	296		163	
Mean total number placements for initial spell*	1.8		1.4	
Other siblings in foster care for initial spell*	55%	64	76%	29
Last placement with kin for initial spell*	37%	71	13%	30

*p<0.05

***p<0.001

Reason for Reentry to Care

Similar to the abuse reason which precipitated the subject child's initial removal from the home, reports for neglect (68%) was also the predominant reason for children's reentry to care. We defined neglect to include the following categories: abandonment, drug/ alcohol abuse, incapacity, and incarceration. Physical abuse of the subject child was the reason for reentry for 10% of the cases and non-compliance with the service plan accounted for 7% of the cases. Non-compliance included incidents when the parent would not report major changes in her/his life (e.g. moving out of the county, going AWOL from drug residential programs) to the SSA.

Reunification Plans and Parental Involvement in Services

Aside from regular contact with the social worker and visitation with the subject child, mothers were most often required to attend individual and family counseling or therapy (59%).

Table 7
Parents' Reunification Plan

		MOTHER (n)		FATHER (n)	
<u>Requirements from the case plan:</u>		101		95	
Attend individual/ family counseling	59%			36%	
Drug testing	58%			32%	
Acquire stable housing	55%			42%	
Enroll in substance abuse treatment	52%			24%	
Attend parenting classes	47%			32%	
		Non-reentry (n)		Reentry (n)	
<u>Visitation Pattern</u>		59		26	
Frequently/ Always	71%	50%		56%	
Seldom/ Never	29%	50%		44%	
<u>Participation in Services</u>		70		30	
Frequently/ Always	67%*	40%		48%	
Seldom/ Never	33%	60%		52%	

*p<0.05

Services provided to the family

There were a wide variety of services offered to the family throughout the reunification process for the initial spell. The average number of services offered to the families before the subject child was initially removed from the home during the initial spell was 2.4 (s.d. 1.8). Of these services, Emergency Response (95%), case management (27%), counseling (20%), drug and alcohol treatment (19%), and transportation (17%) were most often provided to the families. During the time that the subject child was in placement, the average number of services provided to the family increased to 5.6 (s.d.=2.8). The five most commonly provided services during placement included case management (89%), counseling (68%), drug and alcohol services (60%), transportation (55%), and Family Reunification/ Family Maintenance services (44%). A large percentage of families received an average of 4.6 (s.d.=3.4) services after reunification. Again, the most common services provided were case management (72%), Family Maintenance

Phase II: Focus Groups

In order to obtain a better informed picture of the family reunification process in Alameda County, a qualitative component of the study was completed through a series of focus groups with child welfare workers and former clients. Qualitative data such as the kind obtained in focus groups can enhance a study, raise questions that are not readily apparent through an examination of administrative data, and provide a useful method of verifying data already collected.

Focus groups can be valuable methods for qualitative research not only because of their efficiency, but also for their distinctive quality of stimulating participants' thinking through interaction and discussion. In a topic area such as child welfare, the focus group setting can also provide an atmosphere of support and comfort that aids participants in communicating their difficult experiences. While the results of this qualitative study are not in themselves generalizable due to sampling limitations, important themes did emerge from the focus groups which add depth to the information gained in Phase I.

Findings

Child Welfare Clients

In setting the context for the discussion, participants were encouraged to differentiate between their experience at the initial point of removal (in the Emergency Response Unit), and their later experience with an ongoing caseworker (in the Family Reunification Unit), with an intended focus on the process of reunification. This distinction proved important, as most mothers found the two experiences to be vastly different in tone and substance. For many, the experience of having their children removed was an emotionally traumatic one, and the fear and frustration involved was exacerbated, they felt, by insensitive social workers and rigid policies. Thus it proved challenging for the facilitators to direct the discussion away from the initial ER process. Some participants continued to feel that their children were unjustly removed from their

Social Worker Characteristics

Participants were asked to discuss the characteristics of the social worker who was involved at the point of reunification, and about what she/he did that was helpful or unhelpful. A number of the women were very complimentary of their workers. Fundamental to these women's experience was the presence or absence of a sense of *respect*. If any theme repeatedly emerged, it was that clients who felt genuinely respected by their social workers, who felt they were listened to and heard, experienced the reunification process most positively. Similarly, those who felt they were given a chance to prove themselves (given "the benefit of the doubt") found this approach extremely encouraging. Clients also valued the worker who was direct and honest about her/his expectations and the steps involved in reunification.

Beyond the issue of basic respect and honest communication, the women disagreed about whether the most helpful social worker was directive and "in my business," or simply supportive, encouraging, and remaining in the background. This seemed to be an issue of individual preference. Some felt they needed ongoing contact, a close relationship with their social worker and a nudge to get things moving, while others felt intruded upon and simply wanted to be trusted to make changes themselves, and to call upon the worker when needed. The women's feelings about their social workers were mixed, but a positive experience with the social worker tended to equate with a more positive overall feeling about the system. Examples of statements about social workers include:

My social worker made sure I had transportation, the bus passes to get places, and generally made everything happen.

My worker was wonderful. I was honest with him and he went to bat for me. I was cheating with one of my drug tests and I told him...he supported me, and even defended me to the judge because I was honest with him.

She became my friend. She explained that she was there to help me 'get my shit together' and get my family back.

Nothing the social worker did really helped. He just made me keep doing more. They tell you what to do, rather than help you.

arose in all three groups, which had different racial compositions (the East Oakland group had seven African-American participants, the Hayward group had four African-American and three Caucasian women, and the West Oakland group had four African-American and one Caucasian woman).

Secondary to the question of race, several women (including Caucasian women) raised the issue of a worker's class background, questioning whether a worker from an upper-middle class family could understand their life experience. Similarly, a few women felt that non-parents ought not be social workers, as they felt it offensive to be "told how to raise their children" by someone who themselves had no children. Two women felt uncomfortable with their male social workers (one said, "he talked to my breasts all the time"), while another felt that it was useful for her to have a male social worker, because he was uniquely able to encourage her to leave her abusive partner.

Following these discussions, however, some of the participants identified personal characteristics and communication skills that could effectively mediate differences of race, class, or life experience between themselves and their social worker. The final message was twofold: cultural differences cannot be ignored, but the best social workers are able to bridge them effectively. Thus it was the manner, approach, and genuineness of the social worker that largely defined a parent's experience with the child welfare agency.

Substance Abuse

After discussing the child welfare system in general, and social workers in particular, participants were asked to talk about specific problems they were having at the time of their children's removal. In answering this question, some participants were more open than others, and some were more willing than others to express a sense of personal responsibility for the conditions leading to their children's removal. The question of responsibility became most apparent in the context of substance abuse, and in one group a participant's minimization of her drug use led two others to confront her about this. After asking the participants to discuss their

children). Which one are you going to choose? It's up to you. They can't make that decision for you." One woman said, "without recovery, I wouldn't be here today ... it was the determination to get my kids back. I knew my children needed me." Another described her motivations in this way:

I was in a foster home at the time. My mom gave us all up, she didn't come back to get us. She chose the drugs and she didn't come back. I never got to know her. My sister also turned her back on me. I didn't want my kid to face what I experienced.

Several of the women *not* in recovery from drug abuse spoke of the importance of their religious beliefs, as well, as a source of strength in their lives. When asked what signifies a person ready to change, the women responded that there is no external determinant, but that it requires an internal shift, one for which "you just have to be ready." Again, however, for some women their social worker played a key role in supporting their recovery.

I was in a program with AA meetings two hours a day, five days a week.
I was in a shelter. As soon as I stopped complaining, things started going my way.
The social worker didn't think I was going to make it. She talked down to me.
I proved her wrong and then we got friendly and she started trusting me. She helped me get furniture and first and last rent.

This woman spoke with pride of receiving a certificate from her worker, at the point of reunification.

Relationship Issues

A common theme for many participants involved the role of men in their lives. Most who were not single at the time of their children's removal found that "getting the man out" was essential to successful change and reunification. This was frequently expressed in terms of developing a healthy mistrust of partners who might either harm their children, encourage drug use, or otherwise complicate their efforts to stabilize their lifestyle. As one woman said, "I tell

of “watchdog” function, reporting them to CPS on occasion. Several in recovery spoke of the need to attend meetings and support groups: “I don’t want to get loaded anymore, and I must have a support system around everything.” Two spoke about the need to cut off from unhealthy family relationships in order to get clean and get their lives together; another two talked of having no family at all to help them, and the difficulties of going it alone.

Attachment Issues

Issues surrounding attachment were raised by many of the women, and it was noted that “everyone goes through abandonment issues.” One woman’s infant was placed at two months, and she did not visit until he was about six months old: “I didn’t like the fact that my son didn’t know who I was.” “My baby was traumatized by being removed ... it affects them when they’re taken away from you, even if they’re babies. My daughter didn’t know me when she came back home.” A common theme involved the difficulties of developing and sustaining a relationship with their child while in foster care, and the post-reunification struggles they went through (and for some, still go through) in adjusting to life together as a family. Thus, in supporting the growth of a relationship between birth parent and child, the foster parent played a significant role.

In one group, many of the mothers agreed that foster parents who were more open, personable, and less rigid about rules and boundaries were the most supportive of their reunification. A couple of mothers said their foster parents “cheated and gave us permission to see the kids” (more often than stipulated in the court order), and would allow the parents to visit as long as the foster parent was present. This was highly valued by the women, who felt that “foster parents should be willing to have an extended family and let mom’s have access to their kids as much as possible.” One participant’s foster mother said to her, “it’s not my job to keep your children from you -- it’s our job to reunite you.” This contrasted with the experience of some who found foster parents extremely difficult. Actions that might be perceived by foster parents as very simple were perceived by some mothers as a significant affront. For example, two mothers were extremely upset that while in foster care their children’s hair was cut without

Preservation program raved over the help they received. Topping the list of valued services was assistance securing housing, since this was vital to the women's reunification process and overall sense of stability.

CPS paid for my P.G.&E, deposit, furnished my apartment through the 558 program. They paid for toiletries, put me back on AFDC a month before my child came back.

I went to Family Stress before the kids were taken by CPS. They got me child care.

The 558 program gave me child care, dental work, first and last deposit, car repairs, therapy, and paid for college in cosmetology.

Few women mentioned therapy or other psychological assistance as being vital to their change process; one who did, however, felt that her therapist listened and supported her in a way that her social worker could not. Parenting classes received mixed, but generally positive reviews. Each group strongly argued for more culturally appropriate parenting training, taught by someone of the same racial/ethnic background as themselves. While there was minor disagreement over the appropriateness of corporal punishment, there was wide agreement that in general, African-American parents raise their children differently than do Caucasian parents, and that classes should be adjusted accordingly. These issues notwithstanding, many of the participants found parenting classes useful. They may have complained initially, a few said, but ultimately learned from them, and found them particularly helpful *after* children were returned. "I've been raising myself since I was 13 Parenting classes are useful, even if you go several times. Black parenting is different; we need more Black parenting classes." One woman was sent to a group about raising teenagers even though she had only toddlers, but said she found it useful anyway. In one group, participants felt strongly that parenting classes should be taught only by parents, and another said, "you can't learn it from a book."

Success Stories

In addition to raising the children with whom they had reunified, several of the women exhibited evidence of broader success in their lives. One woman resided in a homeless shelter early in her reunification process, and was later employed by the shelter as a counselor.

suggestion grew directly out of the most commonly repeated theme: social workers need to be as empathic, respectful, positive, resourceful and available as possible. One woman clearly articulated the macro-level issues in the child welfare system, an awareness that the system is overburdened and the shortage of social workers makes the ideal service delivery impossible. “The workers should be for you, looking for the positive, not just the negative. They (the agency) need to be more realistic. They need more workers, so people would get more individual attention.” Other suggestions included “day facilities to wash our kids and our clothes” (for homeless families), and increased availability of flexible funds (such as through AB558) for concrete assistance.

Perhaps the core messages from these focus groups are not unexpected, but they are nonetheless strong reminders of what we already know: the essence of child welfare services is human relationships between clients and their social workers, combined with the imperative to meet the glaring, concrete needs of people in poverty.

“parents recognize their own needs... and get what they need” in order to put their family back together. A few of the workers spoke anecdotally about some of their success stories over the past few years, and again, the discussions tended to focus on those parents who took the initiative to change their previous negative behavior.

Social Worker Role

Because it was difficult to ascertain the effect of the worker-client relationship from reading the case files, both the parent and the worker focus groups provided an opportunity to explore the impact of those interactions. All of the workers who participated shared that the relationship with their clients was one of the most important pieces in the service delivery process. One worker stated that “it’s the personal connection between us and the client that is vital.” Again and again, social worker qualities deemed essential were “respect” and “honesty.”

The racial disparity between the workers and the clients was a topic of which all workers were acutely aware. Workers at the Oakland offices estimated that their clientele was probably about 80-90% African American, a distribution that was not matched by the current child welfare staff which they described as 80-90% Caucasian. Some of the workers expressed that race became an issue for some clients, who saw a white worker and felt a lot of anger and rage. In general, workers felt that racial matching was important, but at this point impossible, given the current ethnic makeup of the staff. A few of the workers felt that having a diverse staff was very important, but that the workers who were culturally sensitive were able to work with the clients very well. One worker stated that, “When race becomes irrelevant in a relationship, then there is a social worker-client relationship.” Another worker shared that racial matching does not always work. Nonetheless, it is important to stress that there was only one African-American worker at all three sessions. Discussions about the impact of race and ethnicity may be different if other workers of color had also participated in the sessions.

Two workers expressed the need to provide a language match for the clients, even when a racial match is not possible. One worker said that she had to work with a Spanish speaking

Despite the influence of the individual parent's characteristics, workers also commented on the various socioeconomic issues (i.e. poverty and race) that parents must face everyday. One worker asserted that the most common obstacles parents came up against were "race and class, poverty, poverty, poverty." The worker went on to say, "Societal problems are sifted down to these families...we have in the system." Workers declared that parents who came into the system were often put in impossible situations while trying to reunify with their children. A common example involved a mother who lost her AFDC when her children were removed, and yet her case plan specified that she must acquire stable housing before her children could be returned. As one worker said, "If a child gets removed and isn't immediately reunified, they (the parents) lose their AFDC, they lose their housing...and can't reunify if they're on the streets...it's a set up."

Substance Abuse

Substance abuse was a common theme that ran throughout all three discussion sessions, with workers keenly aware of the grave impact that substance abuse plays upon the outcome of family reunification. One worker described substance abuse as the "wild card" in all reunification cases. Another worker explained, "I separate cases between drug and non-drug cases and have different ways to perceive and deal with the two." Most of the discussion about the parents' level of motivation and level of responsibility simultaneously alluded to the parent's level of recovery from drug abuse. The complex nature of drug addiction makes it difficult for workers to effectively help parents. One worker said, "I do not know what makes them (the parents) do recovery -- 10 out of 1000 recover -- but I could not predict which ten these would be." It was generally agreed that many workers are not adequately trained in how to effectively deal with the intricacies of substance abusing parents.

When we asked workers how they make decisions about the parents' level of recovery and drug abuse, one worker stated that the maturity of the parent was evident if they were able to admit when they had relapsed to drug use. Most workers agreed that they have to "expect relapse most times, but not every time." Another worker believed that "relapse is part of

Attachment Issues

Several workers described the importance of the relationship between a mother and her child for promoting successful reunification. Workers felt that the attachments that occur between a mother and her child immediately after birth are vital. Workers stated that adhering to mandates to protect the child resulted in severing opportunities for building relationships, especially during the crucial period immediately following birth. Workers reported that it may take up to one month after the child's birth and initial removal before the mother was assigned a worker and have scheduled visits with the child. One worker communicated that removing infants at birth pushes mothers further into their drug abuse by providing another reason for them to use drugs (i.e. to ease the pain of their loss).

Although the importance of developing a close attachment immediately after birth was undeniable, the parents' relationship with their children beyond the birth stage was equally influential. Workers described that they have seen different types of parent-child relationships. Some parents depended on their children to fulfill other emotional needs. One of the workers said that having several children removed consecutively becomes very difficult for mothers because "when we take the children, we create an ache that they want to replace with another child." Parents who were able to have healthy relationships with their children were those who "like" their children, have a "true desire to have their children," and try to look beyond their own needs and to focus on the needs of their child. Workers thus viewed a parent's ability to individuate from their child as an indicator of success, along with an inherent desire to care for them and take responsibility for them on a permanent basis.

Type of Maltreatment

Workers generally agreed that neglect was more often associated with unsuccessful reunification. Workers described neglect cases as being especially difficult because it was usually associated with substance abuse of the parent. Another worker said that there have been some physical abuse cases that have been just as complex, because the parent's level of comprehension of the severity of the abuse was low. Workers shared that responsible parents

stating, “The agency is sometimes knocking heads with Emergency Response, Dependency Investigations, and Family Maintenance and Family Reunification...There is not enough consistency within the agency in terms of goals and working with clients...Clients are going from one unit to another and receiving different messages at every stop.” This becomes exceedingly frustrating for workers and clients as different units may operate on a different philosophy or set of priorities. For example, “more thought is given by a Family Maintenance worker regarding the decisions to reunify than is made by the Dependency Investigations worker...Dependency Investigations are up against time frames.” While some of these issues may result from a necessary difference in function, workers also raised the problem of structural obstacles that can impede visitation and service provision, such as clients waiting a month after their child’s placement to have a worker assigned to them. Since Emergency Response and Dependency Investigation workers were not included in the sample, it is unknown whether workers from those units would have similar sentiments.

Foster Care

Although the topic of foster care was not formally addressed in the sessions due to time limitations, a few workers noted that some foster parents can play a significant role in family reunification. These workers stated that cases in which the foster parents were willing to provide support to the parents and became a kind of “extended family” were the ones with better chances at reunification. Workers felt that foster parents who facilitated regular parent-child visitations and envisioned their role as being helpers were beneficial for the process of reunification. Unfortunately, problems would arise as some foster parents saw their role as “fixing the kid and not the family” and did not feel that they had to work with the parents at all during the reunification process.

Participants’ Recommendations

At the end of every session we solicited ideas and recommendations from the workers in order to improve reunification services. The following recommendations were put forth by the participants:

Discussion

This study provides a picture of the complex issues faced by families and workers trying to help families toward lasting reunifications with their children. As with all research, certain sampling limitations must be acknowledged, and some caution recommended in interpreting the findings.

The 120 case records that were reviewed for this study may be different from the other cases which were not located. The closed case records found in San Leandro and Oakland may describe family situations that were less complicated than other cases that were still open to child welfare services. Cases that were open (and less likely to be included in the sample) may represent families with more chronic and severe problems. In addition, measures of service and worker characteristics may be skewed since important pieces of information may have been missing from the files. The relatively small size of the sample of reentry case files places some limitations on drawing firm comparisons or conclusions generalizable beyond Alameda County. Similarly, the client and worker focus groups involved relatively small samples of 18 and 11 participants respectively, and in both cases the sample may be biased by a process of self-selection. The opinions of those clients and workers who did not participate may differ in an unknown fashion.

Nevertheless, the sample and the data obtained are representative of many cases receiving reunification services in Alameda County. This study supplements otherwise scant information about the case careers of infants returned home from care, and points to a variety of family characteristics that typify child welfare cases when young children are involved. Most alarming is the complexity of the cases coming to the attention of the child welfare services system. These are not families who need assistance with their parenting practices alone. Instead, the majority of these cases are deeply troubled by substance abuse, criminal histories, mental health challenges, and housing problems. Child welfare clients are more likely to have given birth as adolescents than most American women, and they are more likely to have larger family sizes (U.S.

parents' characteristics on reunification, but little information is available pertaining to the fathers' role in reentry. The lack of comprehensive information on the fathers in this sample may have been the reason for the non-significant results. Also, this lack of information may reflect an unspoken emphasis placed on mothers during family reunification as opposed to fathers. While some workers spoke of cases of fathers successfully reunifying with their children, no fathers participated in the focus groups, and therefore we could not compare the experience of mothers and fathers.

Children who were younger at the age of removal were more likely to be among those who reentered care. This finding, taken in conjunction with other findings using administrative data, suggests surprisingly poor placement outcomes for many infants. An analysis of 1994 California data found that four years after placement, one quarter of those placed with non-kin remained in foster care. In Alameda county, the data indicate that 21% of infants entering non-kin care were still in care, four years later (Berrick, Needell, Barth, & Jonson-Reid, in press). Additionally, the current study found that children who had more birth problems (e.g. prenatal drug exposure, born with low birth weight, special care needs) were more likely to be found in the reentry group. A review of the subject child's attributes before reentry shows that certain developmental and behavioral problems may surface over time, particularly for children who were prenatally exposed to drugs.

The child's age and birth problems may suggest something about the degree to which substance abuse has compromised some mothers' parenting abilities. While a large proportion of the mothers in the sample had substance abuse problems, mothers who had attempted previous drug treatment were more likely to lose their child to reentry. This may reflect the chronicity of drug problems contributing to significant family dysfunction. Additionally, the finding may speak to the relative uncertainty about the effectiveness of drug treatment in general. A particularly strong message from both the client and worker focus groups involved the highly personalistic and unpredictable nature of recovery from drug addiction. This finding is somewhat vexing, if one is seeking a formula predictive of successful recovery and reunification.

enter care, suggesting something about the chronicity of family problems in reentry cases. The large majority of reports for neglect and abandonment is also related to the greater problem of parental substance abuse evident in the families in the sample. Needell (1996) found that referrals for neglect and abandonment were associated with decreased rates of family reunification and increased rates of reentry among infants. The persistence of neglect among families who reenter also suggests that available treatment for such problems may be ineffective in reducing the problem over the long term.

Fewer placements and fewer days in foster care was also associated with reentry to care for children in the study sample. Although this pattern runs counter to studies showing a relationship between increased placements and reentry, the results are consistent with the finding that families who are reunified quickly are more likely to re-enter care (Courtney, 1995; Wulczyn, 1991). Thus, the reentry cases may reflect family situations that are more unstable at the point of return home. Also, children whose last placements were with kin were among those who were less likely to re-enter care. This confirms work conducted by Berrick et al., (1996) and Courtney (1994) who found that kin placements are the most stable for many children in foster care.

Similar to statewide statistics, a fairly large proportion of Alameda county infants return home from non-kin foster care relatively rapidly. After 12 weeks of care, the probability of reunification for infants in Alameda county is .18; the comparative rate for the state is .19. The rate of reunification in Alameda county is not appreciably more rapid than it is for the remainder of the state, although the county reunifies more children more quickly than some of its neighbors (by 12 weeks, the probability of reunification in Santa Clara county is .10). Although the rate and pace of reunification for infants in Alameda county is similar to statewide data, the rate of reentry four years after returning home is somewhat higher. The probability of reentering care in Alameda county is .32, whereas the statewide probability of reentry is .27 (Berrick, Needell, Barth, & Jonson-Reid, M., 1996). This suggests that the somewhat higher rate of reentry in Alameda county is probably not due solely to a much more rapid pace of reunification, but may

These findings are consistent with the expressed wishes of clients and workers in this study, who repeatedly emphasized the importance of quality relationships between clients and social workers who are both physically and emotionally available during the reunification process. Comparing California counties of similar size, a 1994 survey found Alameda county to be among those with the highest caseloads, relative to the number of child welfare worker positions available (Moran, 1994). Unfortunately, large caseloads make time a short commodity for child welfare workers. In this sample, reentry families were found to have fewer worker contacts while the case was open than non-reentry families, although differences were not great.

Recommendations

The initial goal of this study was to examine the characteristics of families whose case careers in child welfare were most successful. It is arguable, however, whether the families who “succeed” in the child welfare system, by achieving the case plan goal of having their children returned home and remaining there for at least 2 years, would generally be labeled so by the public at large. Over one-third of the mothers were still using drugs when their children were returned to their care, 55% had continued mental health problems, 21% had engaged in more criminal behavior during their child’s absence, and 34% had new or continuing housing problems. Even if the mothers were viewed as successful by virtue of meeting sufficient case plan requirements, the likelihood that their newborn children would thrive under such circumstances and become a “succeeding generation” seem slim, since profound developmental obstacles are likely to be encountered. Nevertheless, this study found identifiable characteristics associated with reentry, evidence that could assist the child welfare system in obtaining better outcomes with families. At the very least, if the child welfare system can keep children from being subsequently harmed by their parents, it will have accomplished one of the minimum goals of success. Currently, 30% of the infants returned to their parents from foster care are not guaranteed this outcome.

disrupted attachment process can be encouraged by the social worker and the foster parent, and supported through arrangements such as county-provided transportation and supervision. Procedures should be in place which prevent long delays in the arrangement of visitation following a child's removal. The use of alternative arrangements such as residential treatment facilities that allow mothers to keep their infants under supervised conditions, should be encouraged.

- **Develop a peer mentoring program for parents in the reunification process.** Former clients who have successfully reunified, and maintained ongoing stability free of child maltreatment, can be trained to provide peer support and education. These parents can act as role models and support new clients by helping explain a sometimes confusing system. This program could establish a tradition of visibly celebrating success stories at the county.
- **Provide ongoing support and encouragement for existing positive influences in the family.** Reinforce the father's participation in services whenever possible. Since there may be an unspoken emphasis on reunification with mothers, fathers may inadvertently assume little to no responsibility towards the upbringing of their children. More information about workers' attitudes towards fathers and training and education to include them in the reunification process may be warranted. Child welfare workers can also be encouraged to actively consider the role of clients' support systems and engage them wherever possible.
- **Tailor existing parent education and training classes to consider the unique needs of families with substance abuse problems.** Although most parents in this study were required to attend parenting classes, it was not clear from the data whether special emphases are placed on substance abuse issues and how they interact with parenting capacity. These specific topics may need to be incorporated into existing educational services. For instance, classes may focus on how to function as a parent while also working towards successful recovery.

greater stability before the case was formally closed.

- **Channel more resources into providing and maintaining safe, stable and affordable housing for families.** Financial assistance for obtaining adequate housing for families is essential if we expect reunification to last. Close collaboration with the local housing authority is essential; developing creative approaches to housing (such as shared housing with other families in care) may also be necessary. Other resources could include relocation services to move families out of unstable environments (e.g. presence of drug-related activities in neighborhoods).
- **Encourage the provision of parenting skills training and support for families post-reunification.** The period of transition home is difficult for many parents and children, and assistance managing inevitable conflicts may help to prevent foster care reentry.

County Level Recommendations:

- **Re-consider and revise policy and guidelines for practice with families affected by substance abuse.** The presence of chronic drug problems may signal decreased likelihood for successful reunifications and necessitate more expedient permanent plans for infants in care. Conversely, parents without substance abuse problems may be more amenable to services provided during reunification. Special provisions should be considered for parents who are actively participating in their recovery and yet are not able to take on full responsibility for the care of their children.
- **Clearly communicate the county's vision of best child welfare practice to workers, clients, and the public.** The county administration, in partnership with workers from all units, could put forth a clear vision statement which outlines the agency's core values and practice goals. Such a vision would provide the foundation for a coherent framework of decision-making standards, and promote

Research Recommendations:

- **Investigate service technologies that work for drug-involved families.**
Evaluation should be conducted on the effectiveness of services that are mandated in the case plans. Residential and out-patient drug programs, as well as individual and family counseling should be examined. Programs which prove to be the most cost effective should be utilized more often, while programs that do not demonstrate clear results should be avoided.
- **Conduct more research on the worker's impact on the family and reunification.** Information on the various worker characteristics or methods of service delivery that promote successful and long-lasting reunification is needed. Such research could be conducted in partnership with other counties so that sample sizes would be sufficient to answer those questions empirically.

Education Recommendations:

- **Students who plan to work in social services should be taught about the etiology and consequences of child neglect.** A curriculum could be created to include an extensive review of the relationship between parental substance abuse and child neglect. In addition, students should be exposed to models of best practice for work with drug-involved and neglecting families.
- **Inform the public about child welfare services, its clientele, and its role in the community.** Since the many people have negative perceptions of government social services and the clients that they serve, concerted efforts should be made to educate the larger public about the true nature of child welfare. This education campaign can be used to advocate for expanding funding for services that can help families stay together.

Type of case:

Non Re-entry Re-Entry

Reports available for review:

Place a check mark next to reports available and indicate the number of each on the line provided.

Detention Reports _____
 Disposition Reports _____
 Jurisdiction Reports _____
 Progress Reports _____
 Other reports (specify) _____

 None

Subject Child Characteristics:

1. Child's Date of Birth (must be between 8/1/89 to 12/31/92):

____/____/____ (enter MM/DD/YR)

2. Child's gender:

Female
 Male

3. Child's race/ ethnicity:

<input type="checkbox"/> African American	<input type="checkbox"/> Native American
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White, not Hispanic
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Mixed (specify) _____	<input type="checkbox"/> Missing/ Unable to ascertain

4. Was the child prenatally exposed to drugs, as indicated by drug test?

No
 Yes
 Missing/ unable to ascertain

If yes, toxicology results positive or other evidence of the following: (Check all that apply.)

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Heroin	<input type="checkbox"/> Valium
<input type="checkbox"/> Meth/Amphetamines	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Missing/ unable to ascertain
<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Methadone	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Cocaine	<input type="checkbox"/> PCP	

Physical Abilities	Normal _____ Below normal _____ Delayed _____ Retarded _____ MI/U _____	Normal _____ Below normal _____ Delayed _____ Retarded _____ MI/U _____	Normal _____ Below normal _____ Delayed _____ Retarded _____ MI/U _____
Mental Abilities	Normal _____ Below normal _____ Delayed _____ Retarded _____ MI/U _____	Normal _____ Below normal _____ Delayed _____ Retarded _____ MI/U _____	Normal _____ Below normal _____ Delayed _____ Retarded _____ MI/U _____
Sub. Child Charac.	Upon Removal from home	During Out-of-home Placement	Before Re-entry Soc Serv.(if applicable)
HIV Status	Negative _____ Positive _____ MI/U _____	Negative _____ Positive _____ MI/U _____	Negative _____ Positive _____ MI/U _____
Develop. Problems	No ___ Yes ___ MI/U _____	No ___ Yes ___ MI/U _____	No ___ Yes ___ MI/U _____
Behavioral Problems	No ___ Yes ___ MI/U _____ If yes, what type: Hyperactivity _____ Depression _____ Anxious _____ Learn. prob. _____ Other _____	No ___ Yes ___ MI/U _____ If yes, what type: Hyperactivity _____ Depression _____ Anxious _____ Learn. prob. _____ Other _____	No ___ Yes ___ MI/U _____ If yes, what type: Hyperactivity _____ Depression _____ Anxious _____ Learn. prob. _____ Other _____
Medication	No ___ Yes ___ MI/U _____ If yes, what type: _____ _____	No ___ Yes ___ MI/U _____ If yes, what type: _____ _____	No ___ Yes ___ MI/U _____ If yes, what type: _____ _____

Subject Child characteristics - Summary/ other notes:

14. Mother's characteristics.

Directions: Indicate whether any of the following problems apply by entering the following codes in the correct space:

[0] No [1] Yes [2] Missing/ Unable to ascertain from file [3] Not Applicable

Mother's Characteristics	Before REMOVAL from home	Point of RETURN home	Before RE-ENTRY Soc. Serv.
Substance abuse:			
Alcohol			
Amphetamines/ speed			
Cocaine/ Crack			
Heroin			
Marijuana			
Prescription drugs			
Other			
Drug/Alcohol Treatment			
Criminal history			
Hx of childhood abuse			
Hx of CPS involvement			
Hx of Physical/Sexual Abuse			
Victim of Dom. Violence			
Mental Health Problems			
Depression			
Personality Disorder			
Schizophrenia			
Other			

16. What is the Father's relationship to the Mother?

- Husband Ex-husband
 Boyfriend/ partner Ex-boyfriend/ partner
 Friend Other (specify)
 Missing/ unable to ascertain

17. Does Father have a relationship with the Subject child?

- No
 Yes

Describe extent of Father's involvement in Subject child's life:

18. Father's date of birth: ____/____/____ (enter MM/DD/YR)

19. Has Father ever abused or been violent towards Subject child?

- No
 Yes
 Missing/ unable to ascertain

20. What is the Father's race/ ethnicity?

- African American Native American
 Asian/Pacific Islander White, not Hispanic
 Hispanic Other (specify) _____
 Mixed (specify) _____ Missing/ unable to ascertain

21. What was the highest level of education completed by the Father?

- Less than high school Undergraduate degree
 High school graduate/ GED Graduate degree
 Vocational training Missing/ unable to ascertain

22. What was the Father's employment status upon removal of Subject child? (Check all that apply.)

- Unemployed. Looking for work.
 Unemployed, homemaker. Student
 Employed, part-time. Military.
 Employed, full-time. Incarcerated
 Cannot work, disabled. Other (specify) _____
 Missing/ unable to ascertain

23. (contd.) Father's characteristics.

Directions: Indicate whether any of the following problems apply by entering the following codes in the correct space:

[0] No [1] Yes [2] Missing/ Unable to ascertain from file [3] Not Applicable

Father's Characteristics	Before REMOVAL from home	Point of RETURN home	Before RE-ENTRY Soc. Serv.
Is Father on psychoactive medication?	_____	_____	_____
Mental Health Treatment	_____	_____	_____
Mental Health hospitalization	_____	_____	_____
Physical Health Problems	_____	_____	_____
HIV status	_____	_____	_____
Positive	_____	_____	_____
Negative	_____	_____	_____

Father's characteristics - Summary/ other notes:

Household characteristics - Summary/ other notes:

Service Characteristics

25. Child Abuse Reporting history for family. (Include reports for Subject child and his/her siblings)

Directions: Enter the appropriate number code(s) for each in the space provided in the following table. Enter "MI/U" for any missing/ unable to ascertain data.

Date of report: Record dates of each Child Abuse Report found in file.

Abuse reason: Choose all that apply.

- | | |
|---|------------------------------------|
| [1] Physical abuse | [7] Child's disability |
| [2] General neglect | [8] Birth of drug exposed infant. |
| [3] Severe neglect | [9] Birth of drug exposed sibling. |
| [4] Sexual abuse | [10] Other (specify) |
| [5] Exploitation | |
| [6] Caretaker absence/ incapacity (includes drug/alcohol related incidents) | |

Date case opened: Record dates.

Date case closed: Record dates.

Victim:

- | | |
|-----------------------------|--------------------------|
| [1] Subject child | [3] Other relative child |
| [2] Subject child's sibling | [4] Other (specify) |

Perpetrator: Choose all that apply.

- | | |
|------------|---------------------|
| [1] Mother | [3] Other Relative |
| [2] Father | [4] Other (specify) |

Reporting Party:

- | | |
|-----------------------|--------------------------------------|
| [1] Relative | [6] SSA |
| [2] Partner/ spouse | [7] Other social service agency/ CBO |
| [3] Neighbor/ Friend | [8] Police |
| [4] School | [9] Anonymous |
| [5] Medical/ Hospital | [10] Other (specify) |

Action Taken:

- | | |
|-----------------------|--|
| [1] No action taken. | [4] Referred family to other agencies. |
| [2] ER investigation. | [5] Child removed from home. |
| [3] DI investigation. | |

Service Termination Reason:

- | | |
|------------------------|-----------------------------------|
| [1] Returned to family | [4] Minor deceased |
| [2] Unable to locate | [5] No further services needed |
| [3] Petition dismissed | [6] Transferred to another county |

25. (contd.) Child Abuse reporting history for family.

Date of Report	Abuse Reason	Date Open	Date Closed	Victim	Vtm. age	Perpt.	Reporting Party	Service Plan	Termination Reason

26. (contd.) Foster care placements for Subject Child. (DO NOT COMPLETE IF CHILD WAS PLACED IN KINSHIP CARE.)

INITIAL SPELL				RE-ENTRY SPELL			
Dates in Placement	Placement Type	With siblings?	Reason for Change	Dates in Placement	Placement Type	With siblings?	Reason for Change
From _____ to _____				From _____ to _____			
From _____ to _____				From _____ to _____			
From _____ to _____				From _____ to _____			
From _____ to _____				From _____ to _____			
From _____ to _____				From _____ to _____			
From _____ to _____				From _____ to _____			

For Re-Entry cases only:

27. Reason for Subject Child's re-entry to care:

- | | |
|---|---|
| <input type="checkbox"/> Physical abuse by parent | <input type="checkbox"/> Child behavior problems |
| <input type="checkbox"/> Neglect by parent. | <input type="checkbox"/> Incarceration of parent |
| <input type="checkbox"/> Drug/ Alcohol abuse. | <input type="checkbox"/> Non-compliance with service plan |
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Other (specify) _____ |

30. What did the Father need to do in order to be reunified with Subject child? i.e. Terms specified in the case plan. Choose all that apply.

- [1] Visitation with subject child.
- [2] Acquire stable housing.
- [3] Attend individual/ family counseling.
- [4] Meet with social worker regularly.
- [5] Enroll in substance abuse treatment.
- [6] Attend parenting classes.
- [7] Other. Please specify: _____
- [8] Missing/ unable to ascertain

Document specific terms of the case plan: _____

31. Did the Mother visit Subject child?

- [1] Always.
- [2] Frequently/ often.
- [3] Seldom.
- [4] Never.
- [5] Missing/ unable to ascertain.

Describe Mother's visitation pattern: _____

32. Did the Father visit Subject child?

- [1] Always.
- [2] Frequently/ often.
- [3] Seldom.
- [4] Never.
- [5] Not applicable.
- [6] Missing/ unable to ascertain.

Describe Father's visitation pattern: _____

35. Services provided to the family.

Directions: Enter appropriate code on lines provided.

Key: [0] No [1] Yes [2] Missing/ unable to ascertain [3] Not applicable

Services Received	Pre-Placement	During Placement	After Reunification
None	_____	_____	_____
Counseling/ Therapy	_____	_____	_____
Parenting classes/ training	_____	_____	_____
In-home/ homemaker services	_____	_____	_____
Family Maintenance	_____	_____	_____
Family Preservation	_____	_____	_____
Emergency Response	_____	_____	_____
Crisis intervention	_____	_____	_____
Drug/Alcohol treatment	_____	_____	_____
Case management	_____	_____	_____
Financial assistance	_____	_____	_____
Housing/ rent assistance	_____	_____	_____
Emergency shelter	_____	_____	_____
Food	_____	_____	_____
Medical/dental	_____	_____	_____
Respite care	_____	_____	_____
Child care	_____	_____	_____
Transportation	_____	_____	_____
Education/ schooling/ GED	_____	_____	_____
Employment/ Job training/ Vocational	_____	_____	_____

Introductions:

Now we would like to go around the room and ask everyone to introduce themselves. We'd like to have you briefly tell us three things:

- (a) your first name (and only your first name),
- (b) how long your child was placed out of your care
- (c) whether your child was in foster care or a relative's home
- (d) whether you had a reunification plan in order for your child to come home.

Ground Rules

During the discussion ___ & I will be asking most of the questions, and _____ will be taking notes. We're not tape-recording this, which is why somebody is taking notes. This is so we can remember, later, as much as possible about what you told us.

Please feel free to **ask us questions at any time.**

The group will last about 2 hours. At the end of the group, we will ask you to write on a slip of paper your name and address, so that we may send you a check for \$40.00.

Help yourself to pizza and drinks at any time during the meeting, if you'd like.
(Point out location of **restrooms**).

Let me remind you, **your participation is entirely voluntary.** If you do not want to answer any question, just say so. Also, you can stop participating at any time if you wish.

What questions do you have about these ground rules, or anything else, before we get started?

Questions for Discussion

Opening

All of you have at least a few things in common: you have all been clients of the Alameda County child welfare agency/CPS, and have worked with the social workers there. And all of you have had the experience of your child (or children) being removed and placed in **foster care (or with a relative - out of your home)**, and then later returned to you. This is an experience that people have a lot of strong feelings, thoughts and opinions about. We want to let you know that **you don't have to talk about anything you aren't comfortable sharing**, but we hope you'll be as honest and open as possible about your experience with CPS.

2. **What did your social worker do that was helpful? *******

Prompts: Did your social worker:

...stick up for you, or fight for something you needed with agencies or other people?

...listen to you and seem to understand your opinions, even if they didn't agree with you?

...help you talk about things that were hard to talk about?

ASK FOR ELABORATION FOR EACH POINT

3. **What did your social worker do that wasn't helpful?** (If necessary, remind the group that we're focusing on the last social worker they had when their children were returned home)

Prompts: For example, if your social worker

...didn't return phone calls

...wasn't available when you needed them

...seemed uninterested in what you had to say?

4. **What things about the social worker's sex/gender, race, age, or experience made a difference to you -- positively or negatively?**

C. Perceptions about Personal/Family Needs

Now, we want to talk about what was going on in your family when your kids were removed. In terms of helping other families in the future, we would like to talk about this so that we can understand the different things in people's lives that make it harder or easier to get their kids back.

5. **Everyone here has had a lot to deal with around raising their children. Can you identify what specific problem you were having at the time your children were removed?**

Prompts: for example...

a) What kinds of problems were you having around money/ income?

e.g. housing, food, work

b) What kinds of problems were you having with your children/ husband/ family?

e.g. child behavior, sickness, drug use by loved one

c) What kinds of personal problems were you having?

e.g. drug abuse, jail, emotional problems

6. **Now, thinking about the point when your kids were returned home... What kinds of things changed in your family or your circumstances that made it so that your kids could come home?**

9. **Was there anything about foster care that was helpful for you and your family?** What was not helpful about foster care?
10. **In what ways do you think visits with your children helped the process of them being returned to you?**

Perceptions of Service Provision, cont.

11. **Did the foster parent make a difference** in speeding up or slowing down your child's return to you? How?
12. **After** your child was returned, **did you receive any services that helped your children stay with you?**
13. **After** your child was returned, **were there any services that you needed and didn't get?**

14. **What has made it possible for you to keep your children at home with you?**

Prompt: Have there been any times since your child came home that you've been concerned they might be removed again? What did you do?

E. Summary Questions

15. In your opinion, **what can social workers and CPS do better, to help families get their children returned home?**
16. Once families have their children returned, **what can social workers and CPS do better, to help families stay together?**

CONCLUSION

(**Thank** people, ask them to stay long enough to **verify their address** with us, so that we can mail them their check.

Pass out sheets so people can write down things that they didn't get a chance to say during the meeting but wanted to talk about. Let them know you will stay to talk with them.

Ask them if they might be willing to be contacted in the future, to verify the notes that we took (if we have further questions) and also if we decide to do a **follow-up study**.)

Ground Rules

During the discussion _____ will be asking most of the questions, and _____ will be taking notes. This is so we can remember, later, as much as possible about what you told us.

Please feel free to ask us questions at any time.

The group will last about 1 1/2 hours.

Help yourself to snacks and drinks at any time during the meeting, if you'd like.

Your participation is entirely voluntary. If you prefer not to answer any question, just say so. Also, you can stop participating at any time if you wish.

Just to let you know we will be emphasizing the positive end of the spectrum in family reunification?

What questions do you have before we get started?

Questions for Discussion

A. General Perceptions regarding Reunification

1. First, it would be useful to hear how each of you **define successful reunification**. What comes to mind?
2. How would you **define unsuccessful reunification**?

We will be talking about the factors which influence reunification at two main stages: families who successfully reunify with the children at any point in time after removal, and **families who are then able to maintain their children at home, without experiencing a subsequent removal and placement into foster care**. For this study we want to focus on the issues that pertain to **infants in family reunification**. In these discussions we generally do not consider very short stays in foster care with immediate returns home.

3. Given your experience as a social worker, are there certain factors which tend to give you an **initial "hunch" or sense that a family is likely to reunify**, and/or to maintain a successfully stable reunification.

10. In what ways does the **Emergency Response process** impact upon the **later FR process**?
11. In what ways are **case plans** important to the reunification process?
What does an effective case plan look like? How are they used?
12. What are some of the **services** that are most helpful to families for **reunification**?
Which services are needed by families the most?
[prompts only if no discussion =
(concrete)
...cash
...housing (security deposit, rent, materials)
...food
...clothing, furniture, appliances
...utility bills paid
...diapers, other baby needs
...medical/dental
...respite and/or child care (referrals or provided)
...help with living skills/household management (cleaning, budgeting)
...job training
(clinical)
...crisis intervention, counseling, therapy
...case management, advocacy
...parenting classes, individual parent training, educational materials
...drug and/or alcohol treatment
...anger management/violence control
...support/self-esteem building]
13. What **services** are most important to **prevent later re-entry** to out-of-home care?
[Prompts if needed =
What are some of the services most important to families' maintenance of stable reunification? - or - After a child is returned, what services are most necessary to maintain a stable reunification?]
Are clients able to get all the services they need? If not, why?

Social Worker Role

14. You know and we know that **the clients relationship with the social worker is KEY**. We want to hear from you **two things**: What **qualities and skills of social workers** can best assist families in reunifying?
[prompts if discussion is quiet =>
a social worker who:
...offers clear explanations & expectations about the process
...asks for clients' opinions & listens to the answers

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