



## Re-entering foster care: Trends, evidence, and implications<sup>☆</sup>

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### ABSTRACT

The child welfare system strives to balance protecting the safety and well-being of abused and neglected children with preserving families whenever possible. When children must be removed from their homes and placed in foster care, family reunification is the preferred child welfare strategy. Unfortunately, not all reunifications are successful, and a significant number of children re-enter foster care each year. Foster care re-entry represents a failure of permanency that has potentially serious negative effects on children. Thus the child welfare system must work to reduce and prevent re-entry to foster care. This literature review examines the research on foster care re-entry, including risk and correlates of foster care re-entry and resilience and correlates of successful reunification to understand factors related to re-entry that can be used to design assessment tools and interventions. The article then describes the effects of child welfare services and program models on reducing foster care re-entry, and concludes with a discussion of the implications of the findings for child welfare practice and future research.

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### 1. Introduction

The three primary objectives of the child welfare system are to ensure the safety, permanency, and well-being of children who have experienced or are at risk of abuse and neglect. While children's safety is the paramount concern of the child welfare system, permanency is also vitally important, and the preferred form of permanency is a safe and stable home with a child's family of origin. When children must be removed from their birth families to protect their safety and well-being, in most cases the child welfare system works to improve parents' abilities to provide an adequate home environment in order to achieve the goal of family reunification. Ideally, reunification represents returning children to live safely and permanently with their families of origin. However, not all reunifications are successful and children may re-enter foster care.

The preference for family reunification as the first choice for permanency is codified in federal child welfare statutes. The Adoption and Safe Families Act (ASFA) of 1997 requires states to demonstrate that they have made "reasonable efforts" to prevent children's removal from their homes and to reunify families when children have been removed and placed in foster care (U.S. Congress, 1997). Moreover, reunification is expected to take place quickly, in order to minimize the disruption of family relationships and living situations. Current federal law requires a permanency hearing within 12 months of a child's entry into care to

determine whether reunification or a different permanency plan is appropriate. Some state laws further accelerate the allowed timeframe for reunification for subgroups such as young children. In addition, reunification must take place before a child has been in care for 15 of the previous 22 months, at which point states are required to initiate proceedings to terminate parental rights. (U.S. Department of Health and Human Services (HHS), 1998). Furthermore, the U.S. Department of Health and Human Services holds states accountable for the percentage of children reunified within 12 months of entry into foster care (U.S. Department of Health and Human Services (HHS), 2005).

In fact, many children who are removed from their homes through child welfare intervention are reunified with their families of origin. Nationally, an examination of the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) shows that reunification is the most common permanency plan for children in foster care. Family reunification was listed as a case goal for 49% of the children in care nationally as of September 30, 2006, compared to other permanency goals of adoption or guardianship (27%), long-term foster care (9%), emancipation (6%), kinship care (4%), or undetermined (6%) (U.S. Department of Health and Human Services (HHS), 2008). The predominance of family reunification as a case goal is a multi-year trend, as reunification was the goal for 41% to 51% of children in fiscal years 1999 through 2005 (U.S. Department of Health and Human Services (HHS), 2006a,b,c,d). Moreover, many children achieve the case goal of reunification. National research based on long-term multi-state foster care administrative data indicated that family reunification was the most common exit from foster care (Wulczyn, 2004). AFCARS data also support this conclusion, as more than 53% of children exited to reunification in fiscal years 1999 through 2006 (HHS, 2006a,b,c,d, 2008).

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At the point of returning home, a child's reunification with his or her family cannot necessarily be declared a successful outcome. For success, a reunification must result in long-term safety and stability for the child. Family reunifications that result in subsequent child abuse and neglect are unsuccessful outcomes, particularly if the threat to the child is serious enough to require removal from the home and re-entry to foster care. Recognizing that foster care re-entry represents a serious negative outcome, federal child welfare outcome measures require reporting on re-entry rates, with states held accountable for the percent of children re-entering foster care within 12 months of reunification with their families of origin (California Health and Human Services Agency, 2003).

This literature review examines the research on these important topics related to foster care re-entry. A detailed description of the search strategy and search sources for the review is located in the Appendix. The report begins with a brief discussion of the role of re-entry into foster care in the context of the goals of the child welfare system. The introduction is followed by a presentation of the major findings on risk and correlates of foster care re-entry, resilience and correlates of successful reunification, and the impact of child welfare interventions and service models on reducing re-entry. The report concludes with a discussion of the implications of the findings for child welfare practice and future research.

### 1.1. Re-entry into foster care

Estimated rates of foster care re-entry vary, but most studies show them to be relatively high in the overall child welfare population, generally substantially exceeding the national goal set by the U.S. Department of Health and Human Services of a maximum 9.9% re-entry rate (within 12 months of reunification). Variations in methodology with respect to sample selection criteria and follow-up timeframe produce differing re-entry rates. Research from the 1970s and 1980s, based on various samples and timeframes, reported re-entry rates of 9 to 32% of reunified children (Rzepnicki, 1987). A 1991 U.S. General Accounting Office report, based on research from five states, cited overall re-entry rates of 3 to 27% of children reunified with their families after a first placement in foster care. Subsequent large-scale research using multi-state foster care data found that of children who entered foster care between 1988 and 1995 and were later discharged, 23% re-entered foster care within 5 to 11 years. Re-entry rates for individual states ranged from 21 to 38% (Wulczyn, Hislop, & Goerge, 2000). The U.S. Department of Health and Human Services tracks re-entry rates within 12 months of reunification for all states, and for FY 2005 reported a median state re-entry rate of 14.8%, with a range of 1.4 to 30%, and a median state re-entry rate within 12 months of reunification of 15.2% for FY 2004 (HHS, 2005).

Foster care re-entry is a serious problem for a number of reasons. For one, states that fail to meet specified goals for federal child welfare outcome objectives, including re-entry rates, are subject to funding sanctions. Foster care re-entry is also problematic because it can contribute to larger foster care caseloads that increase the workload and costs of the child welfare system. Foster care caseloads increase when the number of children exiting care is less than the number entering care over a specified time period. The number of foster care entries comprises children entering foster care for the first time plus children re-entering care. If a large portion of reunified children re-enter foster care, their re-entries can cause an increase in the overall foster care caseload even if first-time entries to care are stable or decreasing and exits from care are stable or increasing. A study of foster care caseload dynamics in New York State found that growing caseloads in the mid-1980s were attributable to a high number of re-entrants, while the number of new admissions to care remained basically flat (Wulczyn, 1991).

Most importantly, though, re-entry to foster care is a problem because it can be damaging to children. Children re-enter the foster

care system because of the recurrence of abuse or neglect. In addition to the direct consequences of this repeat maltreatment, a disrupted reunification means that a child must move to a new home and form a relationship with a new caregiver. Ideally, the child would return to a familiar former kin or non-kin foster placement, but in many cases he or she will enter an entirely new household. Like any unplanned change in placement and loss of permanency, such disruption is likely to be detrimental to children's psychosocial well-being (Rzepnicki, 1987). Re-entry into foster care may be particularly damaging to very young children who are in a key developmental stage requiring attachment to a consistent and responsive primary caregiver. Repeated changes in caregiver relationships during a young child's first few years of life can result in long-term impairment in forming meaningful interpersonal relationships (Berrick, Needell, Barth, & Jonson-Reid, 1998).

The need for a child to re-enter foster care may arise for any of several reasons. Failed reunification may indicate that a child was returned to his or her family too soon or without enough support; with more resources and/or time, the caregiver(s) could have been prepared to provide a safe and stable home environment. Alternatively, reunification may fail because even with support, the caregiver(s) would not have been able to provide an adequate home for the child. In this case, reunification was an inappropriate goal from the beginning. Finally, reunification may fail due to unforeseeable changes in family circumstances, family composition, or the health or mental health of caregivers after the point of reunification.

This last cause of foster care re-entry is beyond the control of the child welfare system. Moreover, predicting family outcomes is always somewhat imprecise. However, the child welfare system is mandated to minimize predictable foster care re-entries. Preventing predictable foster care re-entry requires the child welfare system both to provide the type, intensity, and duration of services and support required to enable birth families to create and sustain safe homes for their children, as well as to correctly identify cases where reunification is an inappropriate goal.

Accomplishing these two tasks requires an understanding of the characteristics of children and families who experience failed and successful reunifications. It is also important to know how child welfare practices and services can prevent, or inadvertently promote, re-entry to foster care. Given the special importance of timely and permanent reunification for very young children because of their vulnerability and developmental stage, special attention to the factors associated with re-entry of young children is needed.

## 2. Major findings

### 2.1. Risk and correlates of foster care re-entry

Though a variety of studies have examined the issue of re-entry to foster care, different researchers have examined differing samples of children and families and used a variety of definitions of re-entry, making it difficult to generalize across studies. Nonetheless, certain child, family, and child welfare service characteristics have been found to be associated with an increased risk of re-entry in multiple studies. These characteristics are summarized in Table 1.

Studies on the risk factors and correlates of foster care re-entry are summarized in Table 2. In terms of child characteristics, several researchers found that children with problems related to health, behavior, or mental health were more likely to re-enter foster care after reunification (Courtney, 1995; Courtney, Piliavin, & Wright, 1997; Jones, 1998; Koh, 2007; Wells, Ford, & Griesgraber, 2007; Barth, Weigensberg, Fisher, Fetrow, & Green, 2008). Multiple studies examined race or ethnicity as a possible predictor of foster care re-entry and found that African American children had a higher re-entry risk (Courtney, 1995; Koh, 2007; Shaw, 2006; Wells & Guo, 1999). With respect to children's age, research findings are mixed as far as which

**Table 1**  
Summary of risk factors and correlates of re-entry

|  |
|--|
| Child characteristics  |
| Health problems  |
| Mental health problems   |
| Behavior problems  |
| African American race  |
| Infant or pre-teen/teenage                                       |
| Family characteristics   |
| Poverty  |
| Parental substance abuse   |
| Maltreatment type of neglect or dependency                       |
| Parental ambivalence about the parenting role                    |
| Lack of parenting skills   |
| Lack of social support   |
| Number of parent problems  |
| Child welfare service attributes                                 |
| Short initial stays in foster care                               |
| More foster care placements                                      |
| Placement in group care  |
| Unmet needs or unresolved problems at the point of reunification |
| Prior child welfare involvement                                  |
| Prior unsuccessful attempts at reunification                     |

specific age groups have the greatest risk of re-entry. Most studies, however, found that infants have high re-entry rates, and some found that pre-teens and teenagers also have high risk of re-entry (Courtney, 1995; Jones, 1998; Koh, 2007; Shaw, 2006; Wells et al., 2007; Wells & Guo, 1999; Wulczyn, 1991). High re-entry for infants may reflect their extreme vulnerability and intensive parenting requirements, while high re-entry for pre-teens and teenagers could be a result of increased parent-child conflict in that age range.

Interestingly, Courtney et al. (1997) reported evidence that African American race and infant age are not directly related to the risk of re-entry, but rather are mediated by some other unknown factor. Because the sample of children reunified with their families is not a random sample of children in foster care, there may be unmeasured characteristics which distinguish children who return to their families from children who remain in care, creating selection bias in analysis of foster care re-entry data. Analyzing reunification and re-entry data for the same sample, and using probit equations to correct for selectivity bias, results suggested that unmeasured factors that influence reunification of African Americans and infants affect re-entry in the same way. One possible mediating factor suggested was parental substance abuse, which affects African American parents disproportionately and which impacts parenting ability and health and behavior of substance-exposed infants. However, a complex array of mediating factors may be most likely.

In terms of family-level risk factors, several studies found correlations between measures of family poverty and risk of foster care re-entry (Courtney, 1995; Courtney et al., 1997; Jones, 1998; Jonson-Reid, 2003; Shaw, 2006). A few studies reported associations between parental substance abuse and higher re-entry rates to foster care (MacMahon, 1997; Shaw, 2006; Terling, 1999; Wilson, 2000). Some studies also found a relationship between type of maltreatment and re-entry rates, with neglect or dependency presenting the highest risk of re-entry (Barth, Guo, & Caplick, 2007; Terling, 1999; Wells & Guo, 1999). Parental ambivalence about the parenting role was also reported as a risk factor for re-entry to foster care, though most studies reporting this finding were small since ambivalence measures are typically not recorded in large administrative data sets (Festinger, 1996; Hess & Folaron, 1991; Turner, 1984, 1986). Other family-level risk factors for foster care re-entry identified in some studies included lack of parenting skills and lack of social support (Festinger, 1996; Terling, 1999) and total number of parent problems (Festinger, 1996; Turner, 1986). One recent study by Barth et al. (2008) found that re-entry for elementary-aged children was associated with a higher number of children living in the home of origin, while Shaw (2006) found increased re-entry risk for children with siblings in foster care.

With respect to child welfare case characteristics, one of the most consistent findings was that high foster care re-entry rates are associated with extremely short initial stays in foster care (typically less than three months) (Courtney, 1995; Courtney et al., 1997; Jonson-Reid, 2003; Koh, 2007; McDonald, Bryson, & Poertner, 2006; Shaw, 2006; Wells & Guo, 1999; Wulczyn, 1991; Wulczyn et al., 2000). The number of placements in foster care was associated with increased re-entry to care in several studies (Courtney, 1995; Courtney, Piliavin, & Wright, 1997; Jonson-Reid, 2003; Koh, 2007; Wells & Guo, 1999) and two studies found increased likelihood of re-entry for children placed in group foster care (Wells & Guo, 1999; Wulczyn et al., 2000). Evidence of unmet service needs or unresolved family problems at the time of reunification, as well as need for and/or receipt of follow-up services after reunification, were also associated with increased re-entry (Festinger, 1996; Turner, 1986). A final child welfare service characteristic associated with an increased risk of foster care re-entry was prior involvement with the child welfare system, particularly prior unsuccessful reunifications (Barth et al., 2007; Farmer, 1996; Terling, 1999; Wulczyn et al., 2000).

To summarize the general findings regarding risk factors and foster care re-entry: child characteristics associated with higher rates of re-entry included child health, mental health, and behavior problems; African American race; and infant or pre-teen/teenager age. Family characteristics related to increased re-entry included poverty; parental substance abuse; maltreatment type of neglect or dependency; parental ambivalence about the parenting role; and other parent characteristics such as lack of parenting skills, lack of social support, and other problems. Child welfare service attributes associated with higher rates of re-entry included very short initial stays in foster care; more foster care placements; placement in group care; presence of unmet needs, unresolved problems, or continuing need for services at the point of reunification; and prior involvement with child welfare services, particularly prior unsuccessful attempts at reunification.

Successful reunification and avoidance of foster care re-entry is particularly important for very young children, as "issues of safety and stability may be especially crucial for infants and toddlers, given their extreme vulnerability and the rapid pace of their physical, affective, and cognitive development" (Frame, Berrick, & Brodowski, 2000, p. 340). Thus special attention to re-entry risk factors for this population is needed. A few studies specifically examined re-entry to foster care for very young children, and largely found that correlates of foster care re-entry were similar to those for the general foster care population.

Frame et al. (2000) analyzed the characteristics of a cohort of 88 reunified infants, of whom 32% re-entered foster care within four to six years. Risk factors for re-entry that were significant in multivariate models included maternal substance abuse and/or criminal activity (usually associated with substance abuse), non-kin foster care placement, and being placed in care before age 30 days. Re-entry was not significantly correlated with type of maltreatment, total number of placements, time in out-of-home care, or length of aftercare services, but the small sample size might have masked the effects of some of these factors. In a larger study by Frame (2002) of 630 reunified infants, of whom 23% returned to care within three years, significant risk factors in a multivariate model included prenatal substance exposure, type of maltreatment (neglect), multiple referrals before entry to care (prior child welfare system involvement), and shorter length of stay in care (with more re-entry for children in care less than one month as compared to those in care for greater than one month).

In another study of reunified young children, Berrick et al. (1998) found that: 1) infants and toddlers were slightly more likely to re-enter foster care than children aged three to five, 2) African American children were also slightly more likely to re-enter than white children, 3) neglected children were more likely to re-enter, and 4) children whose first stay in foster care was less than six months were more likely to re-enter care. Other significant correlates of re-entry for

**Table 2**  
Summary of studies on risk and correlates of foster care re-entry

| Author                 | Type of characteristic               | Study location and time period   | Sample   | Major outcomes   |
|------------------------|--------------------------------------|--|--|--|
| Barth et al. (2008)    | Child; Family                        | National study; data from National Survey of Child & Adolescent Well-Being (NSCAW)             | 273 reunified children ages 5 to 12  | Re-entry associated with higher score on the Child Behavior Checklist (CBCL) and with higher number of children living in the household of origin  |
| Barth et al. (2007)    | Child; Family; Child welfare service | Multistate study (36 states); over a period of 36 months                                       | 5501 children investigated by CWS, of which 710 reunified with a parent or relative after an out-of-home care placement (22% re-entered)                 | Maltreatment type predicted re-entry in children age 0–6 (lowest hazard ratio for physical abuse, then sexual abuse and neglect); increase in time in out-of-home care marginally associated with lower re-entry; for children 11+, prior CWS placement strongly associated with re-entry; child problems (including developmental, educational, or mental health) marginally associated with re-entry   |
| Berrick et al. (1998)  | Child; Family; Child welfare service | California; 1989–1995  | 37,455 reunified children ages 0 to 5 (7,125 re-entry events)  | Greater likelihood of re-entry found for: children ages 0–2 compared to ages 3–5; African American children compared to white children; maltreatment type of neglect; children with shorter first stay in foster care (<6 months); placement in non-kin foster care.   |
| Courtney (1995)        | Child; Family; Child welfare service | California; January to June 1988 and followed through June 1991                                | 6831 children age 16 or younger who were discharged from first episode of foster care  | Children with health problems, African American children and infants had a higher hazard of re-entry; children in the 7–12 age range had comparatively lower re-entry hazard; higher hazard of re-entry for AFDC-eligible families; very short stays (<3 months) associated with higher probability of re-entry but time beyond 3 months had no effect   |
| Courtney et al. (1997) | Child; Family; Child welfare service | California; 1988   | 11,534 children who entered out-of-home care in 1988 and reunified within 4 years, of whom 2169 re-entered foster care within two years of reunification | Effects of race and age on re-entry are mediated by other, unidentified factors (perhaps parental substance abuse or social support from extended family); children with health problems more likely to re-enter care; children in kinship care less likely to re-enter; placement instability and shorter stays in care associated with increased risk of re-entry; children from urban counties (excluding Los Angeles) less likely to re-enter care |
| Festinger (1996)       | Family; Child welfare service        | 20 agencies in New York City; 1991   | 210 reunified children who had been in care for at least 60 months, of whom 41 re-entered  | No significant association between re-entry and the number of child problems; however, lower parenting skills, less organizational participation, less social support and more unmet service needs at the time of reunification were the strongest predictors of re-entry  |
| Frame et al. (2000)    | Child; Family; Child welfare service | One California county; entered care 1990–1992 and followed through 1996                        | 88 reunified infants, random sample (32% re-entered)   | Factors significantly associated with re-entry in multivariate models included maternal criminal activity and/or substance abuse, being placed in care before age 30 days, and being placed in non-kin foster care. Re-entry was not significantly influenced by parental visiting pattern, length of aftercare services, or other factors, though effects might be masked by small sample size.   |
| Frame (2002)           | Family; Child welfare service        | Several California counties; July 1, 1991–June 30, 1992 and followed through December 31, 1995 | 1,357 children ages 0 to 2 1/2 who entered foster care, of whom 630 reunified (23% re-entered)   | No significant association between re-entry and gender, age at entry, and ethnicity; however, prenatal substance exposure and removal reason of neglect associated with increased re-entry risk; length of stay negatively associated with re-entry  |
| Jones (1998)           | Child; Family                        | San Diego County, California; April 1990–October 1991 and followed 9 months post-reunification | 445 reunified children up to age 12  | Number of child problems (e.g., medical, school, mental health, behavioral, learning disability, and substance abuse problems) positively correlated with re-entry and re-report of maltreatment; receipt of welfare payments, dangerous environments, inadequate housing associated with re-entry to foster care  |
| Jonson-Reid (2003)     | Family; Child welfare service        | Missouri; 1993/1994 and followed for 4.5 years   | 1915 children ages birth – 16 years  | Factors associated with higher re-entry risk: AFDC-eligible, shorter length of time in care (<3 months), four or more placements during first spell; decreased risk of re-entry for children with final placement with kin   |
| Koh (2007)             | Child; Child welfare service         | Illinois; 1998–2004  | 73,972 children discharged from care   | Disabled children (especially mental health disorder) more likely to re-enter foster care; African American children more likely to re-enter out-of-home care; Likelihood of re-entry increased for children who entered foster care at a young age or who left the system at an older age; shorter stays in care and greater number of placements associated with increased probability of re-entry   |
| MacMahon (1997)        | Family                               | 1 county in California; 2-year period  | Subsample of 26 infants with a positive drug screen at birth who reunified with mothers within first month of life                                       | 27% eventually re-entered care due to continuing substance abuse of the mothers  |
| McDonald et al. (2006) | Child welfare service                | 33 Oklahoma counties; 1999 to 2003   | 20,291 children who entered foster care  | Children reunified within 6 months of entering were more likely to re-enter foster care; however, lower re-entry rates for very early reunification (<30 days after removal)   |
| Shaw (2006)            | Child; Family; Child welfare service | California; 1998 to 2002   | 45,154 children who first entered foster care in 1998 to 2002 and reunified within 12 months,  | African American children most likely to re-enter care, when compared to all other racial/ethnic groups; race effect remained after controlling for poverty and for re-entry rate  |



Table 2 (continued)

| Author  | Type of characteristic               | Study location and time period                         | Sample   | Major outcomes   |
|---|--------------------------------------|--|--|--|
| Shaw (2006)                                       |                                      |  | of whom 6,021 subsequently re-entered care within 12 months  | at the census-tract level; age trends — infants had highest percent of re-entering, re-entry rates generally decline with age up to ages 11–13 but then start to climb again after age 13; entering care because of neglect; single parent households; lower likelihood of re-entry for children speaking language other than English at home; Title IV-E eligible families twice as likely to experience re-entry compared to those with higher incomes; cases where drug or alcohol treatment services were recommended as part of the case plan had more than twice the likelihood of re-entry to care; children in care for <6 months had higher probability of re-entry than those in care for 7–12 months; lower odds of re-entry for children in relative homes compared to other placement types |
| Terling (1999)                                    | Child; Family; Child welfare service | Houston, Texas; 1992 to 1996                           | 1515 reunified children in statistical analysis and case file review of 59 children                  | Hispanics less likely to re-enter; No difference between re-entry rates of black and white children; SES measures of income and racial/ethnic community composition not statistically related to re-entry; greatest risk of re-entry in the first 6 months and then declines over time; other factors associated with increased risk of re-entry: prior referrals, physical abuse, substance abuse, caregiver criminal history, caregiver competency problems, social support (isolation and negative relationships)   |
| Turner (1984, 1986)                               | Family; Child welfare service        | 43 counties in Virginia                                | 50 children who re-entered care and 50 who did not re-enter care                                     | Parent request for foster care placement significantly associated with foster care re-entry; re-entry significantly associated with little or no improvement in family problems that led to placement; greater number of parental problems at time of placement associated with greater likelihood of re-entering  |
| Wells & Guo (1999)                                | Child; Family; Child welfare service | 1 county in Ohio; 1992–1993 and followed for 24 months | 487 children who entered foster care and subsequently reunified with their families within 12 months | No significant relationship between child health problems and re-entry; African American children re-entered care nearly twice as often as white children; increased age associated with small increase in the rate of re-entry; children removed for reason of dependency re-entered foster care faster than those removed for physical abuse; re-entry rates decrease with length of time in care; increase in the number of placements led to a 30.5% increase in the hazard of re-entry; children whose last placement was in non-relative foster care or a group home re-entered foster care at a faster rate than those placed in kinship care   |
| Wells et al. (2007)                               | Child                                | Multistate study (10 states)                           | Administrative data  | Children with behavior problems/emotionally disturbed age 11+ from all race groups most likely to re-enter care (compared to children <1); children age 11+ of all race/ethnicities and emotionally disturbed children of all ages had high rates of re-entry compared to younger children   |
| Westat and Chapin Hall Center for Children (2001) | Child; Child welfare service         | Multistate study (9 states); 1990–1993                 | 19,500 children (age 0–14 at reunification); reunified within 36 months of initial placement         | Higher rates of re-entry within 12 months of reunification for younger children (<1 year of age), children 12–14, Black children, more than one placement while in foster care, short stays in care, and placement in congregate care; Hispanic children less likely to re-enter   |
| Wulczyn et al. (2000)                             | Child welfare service                | Multistate study (12 states); 1990–1998                | 572,148 children discharged from care, of whom 124,828 re-entered                                    | Re-entry rates generally decrease with length of time in care; congregate care associated with highest overall re-entry rates; kinship foster care associated with lowest re-entry level (and lowest discharge levels); non-relative foster care associated with moderate re-entry rates; runaway children had highest re-entry rate; previous episode of failed reunification associated with re-entry  |

infants included the mother's total number of children, maternal criminal behavior, housing problems at the point of reunification, and the number of previous maltreatment reports for the family. The re-entry risk factors identified for very young children, therefore, echo many of the findings for the general foster care population.

## 2.2. Resilience and correlates of successful reunification

Unfortunately, most of the research on correlates of foster care re-entry has been framed by a risk perspective, in contrast to a strengths-based approach focusing on assets and protective factors. Very little research has been conducted on resilience and success in family reunification or identification of factors that are associated with avoiding foster care re-entry; a likely reason is that strengths-based

characteristics are rarely systematically included in child welfare administrative data sets. The limited findings related to correlates of successful family reunification (or non-re-entry to foster care) are discussed below.

In terms of child characteristics, a number of studies found that older latency-age children are less likely to re-enter foster care than very young children (Courtney, 1995; Frame et al., 2000; Jonson-Reid, 2003; Koh, 2007; Shaw, 2006). This finding may reflect older children's increased capacity for self-protection and self-care and reduced requirement for intensive adult supervision, as compared to very young children. Findings regarding the relationship between age and re-entry are not consistent, however.

With respect to family characteristics, one series of studies found that coming from a home where English was not the primary language

was associated with reduced foster care re-entry rates. Administrative records were examined for all children entering foster care in California from 1998 to 2002 who reunified with their families within twelve months (45,154 children) (Shaw, 2006). Children from primarily non-English-speaking homes were significantly less likely to re-enter foster care within twelve months, with 0.56 times the odds of re-entry in the bivariate analysis and 0.72 times the odds in two multivariate models, as compared to children from homes where English was the primary language spoken (Shaw, 2006). A related study examined children entering foster care in California from 1998 to 1999 who reunified within twelve months (18,203 children) and found that children from non-English-speaking homes were less likely to re-enter foster care within 12 months and between 12 and 24 months of reunification (Shaw & Webster, 2006). Separately, several studies found Hispanic ethnicity to be associated with reduced rates of re-entry, a possibly related finding (Berrick et al., 1998; Courtney et al., 1997; Terling, 1999).

Some studies identified factors associated with reduced re-entry related to case characteristics or child welfare services. A number of studies found that children reunifying from kinship foster care placements were less likely to re-enter foster care than children who had been in non-kin placements prior to reunification. A large-scale study using a multi-state archive of administrative data examined the probability of the type of re-entry by placement for over 450,000 reunified children from four states who had entered foster care from 1988 to 1995 (Wulczyn et al., 2000). The children who had been in kinship care had the lowest rate of reunification as well as the lowest rate of re-entry for those who had been reunified, compared to children in other types of placements, leading to the lowest overall rate of re-entry to foster care.

Shaw (2006), in the large administrative data study cited above, found that children whose predominant out-of-home placement was kinship foster care had a significantly lower probability of re-entry compared to children predominantly placed with non-kin or in shelter care. In a study of 11,634 children age 12 or younger who entered out-of-home care in California for the first time in 1988 and reunified within four years, Courtney et al. (1997) found that those whose last placement before reunification was kinship care were significantly less likely to re-enter foster care within two years of reunification. A similar study of 6831 children age 16 or younger discharged from a first episode of foster care in California in the first half of 1988 and followed through June 1991 also found that children in kinship placements had significantly lower re-entry rates (Courtney, 1995). Several smaller studies found a similar protective relationship between kinship care and foster care re-entry (Jonson-Reid, 2003; Wells & Guo, 1999; Wilson, 2000).

In one large-scale administrative data study of 37,455 young children in foster care in California, the protective effect of kinship care in relation to re-entry was only found for kinship placements not eligible to receive federal foster care funds. Kinship caregivers for non-federally eligible children (children from families with incomes higher than the 1996 AFDC eligibility cut-off) receive a much lower foster care payment rate in California. This finding may indicate that the families of non-federally eligible children have more resources to facilitate successful reunification, or that for federally-eligible children, there is a greater financial incentive within the child's extended family for kin to resume substitute care (Berrick et al., 1998).

In general, substantial research has demonstrated a significant relationship between out-of-home placement in kinship foster care and subsequent reduced re-entry to care. This association of kinship care with lower foster care re-entry rates reflects the general finding that kinship placements tend to be extremely stable foster care placements that are associated with fewer placement changes and slower family reunification (Berrick et al., 1998).

One of the few studies to approach reunification from a resilience perspective was a United Kingdom study of a random sample of 321

children at least two years post-reunification (Farmer, 1996). Case files were examined to identify factors associated with "successful reunification," defined as "beneficial to the child." Despite the relatively small sample size and somewhat subjective criteria for "successful reunification," the study identified several potentially useful service-related correlates of family reunification success. For adolescents who had entered care due to behavioral problems or parent-child conflict, regular home visits before reunification was associated with successful returns home. Also, adolescents who received special education services (in cases where special education services were needed) were more likely to successfully reunify with their families. The same study found different correlates of success for younger children who had entered care due to parental abuse or neglect. Factors for young abused and neglected children included having no more than one out-of-home foster care placement, returning home with siblings (though other studies report conflicting results), an exit from care initiated by child welfare staff (versus an unplanned exit due to court order or runaway), continuous child welfare staffing (versus an interruption in service or period without an assigned case worker), parental involvement in six-month progress meetings, and effective enforcement of conditions that had been set for reunification (Farmer, 1996).

In terms of length of stay, as described above in terms of risk factors, many studies have shown that children with very short first stays in foster care are more likely to re-enter care. Conversely, longer stays in care are associated with lower rates of re-entry. Some researchers have interpreted these findings to suggest that shorter stays increase re-entry risk because families do not have enough time or support to make the changes necessary for a safe and stable reunification. Wulczyn (2004), however, suggests an alternative interpretation – that achievement of reunification after a longer stay in foster care may be associated with a mediating family-level protective factor. Specifically, "the ability to sustain a parent-child relationship during a long separation is probably linked to lower re-entry rates" (Wulczyn, 2004, p. 105).

Given the limited research on protective factors associated with successful family reunification, Thomas, Chenot, and Reifel (2005) propose a resilience-based model that incorporates the wealth of knowledge from non-child-welfare resilience research to identify characteristics and assets that might be associated with avoiding re-entry to foster care. None of the factors identified in these studies have been specifically linked to preventing foster care re-entry, but future research on successful reunification should investigate them as possible protective factors.

Individual-level protective characteristics identified in resilience research included high self-esteem and self-efficacy, effective coping skills, intelligence, spirituality, optimism, easygoing and likable temperament, positive African American racial identity, and intact Hispanic cultural ties. General protective characteristics at the family level included attachment to a primary caregiver and highly supportive sibling relationships, as well as cohesiveness, adaptability, effective communication, and formation of meanings within a family. At the community level, protective factors included early education programs; orderly, caring, and demanding school environments; schools that promote high self-esteem and scholastic success; and positive relationships with teachers (Thomas et al., 2005). More research is needed to determine whether these or other individual, family, and community characteristics, as well as child welfare service or case characteristics, are correlated with successful reunification and preventing re-entry to foster care.

### 2.3. Impact of child welfare interventions on reducing re-entry

The body of knowledge regarding child, family, and service characteristics impacting foster care re-entry and the beginning literature on resilience and correlates of successful reunification suggests

the need for interventions and prevention efforts to target such factors in an effort to reduce re-entry into foster care for vulnerable children and youth. A number of interventions that occur within the context of child welfare service delivery, in addition to other system factors impacting foster care re-entry, are reviewed below.

### 2.3.1. Parental contact and foster care re-entry

One aspect of child welfare services that might be expected to influence re-entry to foster care is parental contact and visitation. According to attachment theory, the formation of a stable bond with a consistent and responsive caregiver during a child's first few years of life is important for long-term emotional well-being and development of the capacity to form successful interpersonal relationships (Ainsworth, 1985; Bowlby, 1982). Placement into out-of-home foster care disrupts a child's relationship with his or her parent, but parental contact is proposed as a way to maintain the attachment bond during this separation (Haight, Kagle, & Black, 2003; Poulin, 1992). Parents and children who are able to maintain strong attachments during the separation of foster care might be expected to have stronger post-reunification attachments, which might promote healthy child emotional development and positive parent-child relationships as a way to protect against re-entry to foster care. Moreover, several studies have found that higher levels of parental contact are correlated with an increased probability of reunification (Davis, Landsverk, Newton, & Ganger, 1996; Delfabbro, Barber, & Cooper, 2002; Leathers, 2002). The judicial and social services systems may frequently use compliance with visiting recommendations as a proxy for parental commitment and attachment and an indicator for reunification.

However, research to date has not demonstrated any positive link between parental contact and the long-term success and permanency of reunification, including preventing re-entry to foster care. A small number of studies specifically examined the relationship between parental visitation and foster care re-entry. Davis et al. (1996) examined case files of 925 children aged 12 or younger who entered foster care in San Diego from May 1990 through February 1991 and stayed at least 3 days. The correlation between court-recommended frequency of parental visitation and re-entry to foster care was examined for a subsample of 465 children who had been reunified with their families within 18 months of entering foster care. No statistically significant association was found between visiting frequency of either mothers or fathers and rates of re-entry to foster care or re-report of maltreatment. The authors note, however, that significant subgroup variations might exist, and that post-reunification services or other unmeasured confounding variables might contribute to the lack of significant results. Festinger (1996) analyzed the correlates of re-entry for a sample of 210 reunified children who had been in care for a relatively long period of time (a minimum of 60 months). She found no significant relationship between visitation and re-entry. Frame (2002), in a study of a small random sample of 88 reunified infants, found that re-entry to foster care was not significantly influenced by parental visiting patterns. Overall, these studies suggest that there is no strong correlation between the frequency of parental visiting during out-of-home placement and the subsequent stability of reunification.

Some researchers have noted that the visitation experiences of children and parents and visitation support needs may vary greatly depending on prior child-parent attachment quality, the relationships with foster caregivers, and the location and supervision of the visitation (Haight et al., 2003; Leathers, 2002). Thus, it is possible that visitation in thoughtfully designed contexts accompanied by appropriately targeted support could help promote healthy attachment and prevent foster care re-entry among reunified families. To date, however, targeted visitation interventions have not been specifically investigated with respect to impact on foster care re-entry.

### 2.3.2. Family group decision making and foster care re-entry

Another child welfare practice that one might expect to influence foster care re-entry is Family Group Decision Making (FGDM), also known as Team Decision Making, Family Group Conferencing, or Family Unity Meetings. FGDM has been promoted as a more inclusive practice than traditional child welfare services because it promotes "respecting the integrity of the family unit, focusing on strengthening family and community supports, and creating opportunities for parents and other adults, including extended family members, to feel responsible for their children" (Burford & Hudson, 2000, p. xx).

By empowering extended families to play an active role in decisions affecting children, FGDM aims to improve the outcomes of children and families involved in the child welfare system. These improved outcomes could be expected to include enhanced stability of family reunification and reduced re-entry to foster care. Many child welfare systems throughout California, the United States, and internationally have adopted FGDM as a central child welfare service strategy (Burford & Hudson, 2000).

As a fairly new child welfare practice, FGDM has not yet been extensively studied and critics note that existing research has frequently relied on small sample sizes and/or problematic comparison groups (Berzin, 2006; Caplick, 2007). Some studies found positive results of FGDM in terms of engagement and participation of extended family members, as well as satisfaction of family, community, and professional participants (Burford & Hudson, 2000; County of Santa Clara, 1998; Lupton & Stevens, 2003). Few researchers, however, have carefully examined the relationship between FGDM and child welfare outcomes related to child safety, well-being, or permanency.

Unfortunately, no studies could be identified for this literature review that explicitly examined the relationship between participation in FGDM and re-entry to foster care. However, a few studies investigated the relationship between FGDM participation and subsequent re-report of abuse or neglect, a related phenomenon. In general, these studies found that families participating in FGDM were as or more likely to be re-reported for maltreatment as families receiving traditional child welfare services.

Berzin (2006) compared outcomes of children from 197 families randomly assigned to receive FGDM with those of children from 126 families assigned to traditional child welfare services in the California Title IV-E Waiver Demonstration Project Evaluation in Fresno and Riverside Counties. After controlling for sibling clustering effects, the study found no significant differences between the groups with respect to subsequent substantiated reports of child maltreatment or removal from the home for children in voluntary family maintenance. Caplick (2007) used propensity score matching (PSM) to create a matched comparison group of 333 children for a group of 333 children receiving FGDM services. Analysis demonstrated that outcomes of children receiving FGDM were not significantly different from those in the comparison group who received traditional child welfare services with respect to re-reports or substantiated re-reports of maltreatment within 36 months.

Two studies actually found higher rates of maltreatment re-reports among families receiving FGDM. A Santa Clara County, California, evaluation compared a small sample of 64 children who received FGDM to a comparison group of 497 children who received traditional child welfare services, and found that FGDM children were more likely to be re-reported for abuse or neglect during a 20-month follow-up period (County of Santa Clara, 1998). Note, however, that the study used a small sample of children receiving FGDM, and that prior differences between the two groups were not controlled for in measuring differences in group outcomes. Sundell and Vinnerljung (2004) followed the outcomes of 97 children receiving FGDM and 142 children receiving traditional services in Sweden for a period of three years. After controlling for the child's age, gender, family background, and type and severity of maltreatment, children receiving FGDM were more likely to be re-reported for maltreatment than those receiving

traditional child welfare services. Specifically, FGDM children were more likely to be re-reported for abuse, and were more likely to be re-reported by extended family members. However, the differences between the groups were very small, with FGDM accounting for less than 8% of the variance in the outcomes. No differences between FGDM and non-FGDM children were found for re-reports of neglect. Furthermore, the international nature of this study may limit its applicability to child welfare practices in the United States.

One possible explanation for higher maltreatment re-reports for FGDM families is that the FGDM practice might create a surveillance effect (County of Santa Clara, 1998). By successfully engaging extended family members in the situations of maltreated children, the FGDM process may increase the number of individuals vigilantly watching for signs of repeat maltreatment, thus increasing the likelihood of someone noticing and reporting subsequent abuse or neglect. The finding by Sundell and Vinnerljung (2004) that FGDM children were more likely than non-FGDM children to be re-reported by extended family members supports this hypothesis. From this point of view, increased rates of maltreatment re-reports may actually represent a positive effect of the FGDM practice.

### 2.3.3. Other child welfare system factors and foster care re-entry

As part of a federal demonstration project, an intensive qualitative review of sixty-two cases of foster care re-entry was conducted in Indiana between February 1989 and February 1991. The study focused on identifying child welfare system factors that might have contributed to foster care re-entry. Unfortunately, the study used a subjective determination of whether identified factors contributed specifically to re-entry, with no comparison group of cases without re-entry. Consequently, it is not possible to determine whether the factors identified affect re-entry cases particularly or affect all cases, including those that do not result in re-entry to foster care. Keeping this limitation in mind, the study reported that the following factors contributed to re-entry: large caseload sizes for front line workers and supervisors resulted in 1) inadequate time for contact with parents and children, 2) inadequate time to read case information, 3) inadequate time for discussion and supervision of cases, 4) inadequate time to prepare families for reunification, and 5) an informal triaging system for cases. Extremely high staff turnover rates were reported to further contribute to re-entry through frequent case transfers and the assignment of complex cases to inexperienced and untrained staff (Hess, Folaron, Jefferson, & Kinnear, 1991).

### 2.4. Specific service models for reducing re-entry

Family preservation has historically been the focus of most child welfare program initiatives. However, certain programs were specifically designed to improve reunification and reduce re-entry. While evaluations of some reunification programs demonstrate that families reunify more quickly as a result of the interventions, many studies fail to use an experimental design and do not examine program impact on subsequent re-entry to foster care (Littell & Schuerman, 1995). As this review indicates, quicker reunification does not meet the objective of a safe and permanent placement for children unless the issues that caused the placement are addressed and re-entry is prevented. The next section reviews two child welfare program models for improving reunification and reducing foster care re-entry. Both programs require further evaluation of their impact on foster care re-entry.

#### 2.4.1. Homebuilders

The Homebuilders program strives to provide families with the skills they need to successfully reunify with their children or to prevent placement (Kinney, Haapala, & Booth, 2004). Homebuilders is a home and community-based intensive family preservation and reunification treatment program. The program involves intensive in-home services provided by a practitioner who works with a caseload

of approximately two families in order to provide the counseling, resource development, and practical support the families need. Skills are taught through education, modeling, and role play and practitioners rely on cognitive strategies such as motivational interviewing and skill building (Strengthening Families, 2002).

A modified version of the Homebuilders model, Utah's Family Reunification Services (FRS) involved: "(1) building with parents collaborative relationships that were supportive and motivational; (2) strengthening family members' skills in communication, problem-solving, and parenting; (3) addressing concrete needs for food, housing, employment, health and mental health care; and (4) providing in-home support after initial reunification and during the reconnecting process" (Fraser, Walton, Lewis, Pecora, & Walton, 1996; Walton, Fraser, Lewis, Pecora, & Walton, 1993, p. 341). In an evaluation of FRS using random assignment, services were provided to 110 children (57 experimental and 53 control; mean age 10.8 years) by state welfare agencies and the children were followed for six years. When identified initially, all of the children were in out-of-home placements.

In a 90-day service period, 93% of children receiving reunification services returned home compared to 28% of the control group (Walton et al., 1993). Looking at outcomes past the 90-day service period, 75.4% of children receiving reunification services remained in their homes at the end of a 12-month follow-up compared with 49% of the control group. Over six years using state computer databases, it was determined that the children in the experimental group required less supervision time, lived at home longer, and were in less-restrictive placements than those in the control group. At the time all public agency involvement was terminated, two-thirds of the experimental families were classified as "stabilized," compared with approximately one-third of the control group. The experimental treatment had a substantial effect on families that continued throughout the six-year follow-up period.

An evaluation of family preservation and reunification programs conducted for the Department of Health and Human Services included Homebuilders and a broader, home-based service model (Westat, Inc., Chapin Hall, & James Bell Associates, 2002). Families were randomly assigned to Homebuilders services and family functioning was assessed prior to and at the close of services, as well as a one-year follow-up. Study sites included Kentucky, Tennessee, New Jersey, and Philadelphia. In addition to data collected from parents, administrative data was collected on children's placements, re-entries, and subsequent abuse/neglect allegations up to 18 months after receiving services. Case workers also completed questionnaires.

The evaluation found no significant differences between the experimental and control groups on family-level rates of placement, case closings, or subsequent maltreatment. Better outcomes in a few areas of child and family functioning were found for the experimental group in comparison to the control group in at least one of the states but were not represented across all four states. Study results did not indicate significant differences between the experimental and control group on family-level rates of placement or case closings or on levels of subsequent maltreatment (with the exception of one subgroup in Tennessee). Study results indicate that the family preservation services that were evaluated may have small and apparently short-term effects on certain areas of functioning (Westat et al., 2002).

In summary, some program evaluation data indicates that Homebuilders and related service models may promote greater reunification stability and reduced recurrence of maltreatment, but other research has found no significant impact. Thus evidence of effectiveness is inconclusive to date.

#### 2.4.2. Shared family care

An alternative to typical case management or skills training, the Shared Family Care (SFC) program places a parent (typically the mother) and at least one child with another family who provides



mentorship, skills, and resources to meet treatment goals. With the goal of achieving permanency for the child and moving the family toward self-sufficiency, SFC offers parents intensive services provided by a professional team (i.e., drug abuse counselor, case manager, housing specialist) while providing intensive 24-hour support via the trained mentoring family.

SFC relies on the notion that families have the capability of becoming self-sufficient and are more likely to do so if given concrete and practical supports to meet basic needs. SFC assumes that mentors are a critical component to service delivery and, further, that most individuals raise children in the way they were raised and may thus require re-training on appropriate family practices and skills. Finally, by keeping the family together and providing a safe environment, SFC minimizes the damaging impact of child removal (Price & Wichterman, 2003).

Based on an in-depth case trial of 87 families in Contra Costa County, California, Barth and Price (2005) suggest that SFC, while not appropriate for every family, is effective with certain groups, such as individuals engaged in treatment, those who are motivated to change, and individuals with housing issues. Specifically, successful completion of the program was consistent with improvement across a range of indicators such as income, housing, employment, and family stability. Children in families who successfully completed SFC between 1998 and 2001 re-entered foster care at a lower rate than children in families who did not complete the program and at a lower rate than state estimates of re-entry, although the small sample (20 families; 33 children) limits these findings. A more recent study of 21 SFC graduates also found improvement in parenting skills including child care and development, child safety, health, nurturing, and nutrition (A. Price, personal communication, April 2, 2008). Preliminary results suggest that the considerable costs associated with such an intensive and time-consuming intervention may be offset by the improvements noted, particularly when taking into consideration the stability (including housing) offered by the program. However, to date insufficient evidence has demonstrated that this program model significantly reduces re-entry to foster care after reunification; more thorough evaluation is needed.

### 3. Discussion and future directions

Efforts to reduce foster care re-entry for child welfare's most vulnerable children and youth require considerable attention to the risk factors and correlates of re-entry, in addition to the burgeoning literature on successful reunification and factors that may protect against re-entry. Findings related to risk factors and foster care re-entry suggest that a number of child characteristics are associated with higher rates of re-entry (e.g., health, mental health, and behavior problems; African American race; and infant or pre-teen/teenager age). Further, family characteristics (including poverty; parental substance abuse; maltreatment type of neglect; parental ambivalence; and other parent characteristics) as well as child welfare service attributes (such as very short initial stays in foster care; more foster care placements; placement in group care; presence of unmet needs at the point of reunification; and prior child welfare involvement) are also associated with higher rates of re-entry. It is important to consider known correlates of foster care re-entry when developing assessment tools and interventions.

In contrast to the relatively well-studied area of risk and correlates of re-entry, studies investigating factors associated with successful reunification are limited. Placement in kinship foster care, as well as coming from a home where English is not the primary language, is associated with reduced re-entry to foster care. Other factors such as no more than one out-of-home placement and planned exit from foster care were identified as correlates of successful reunification in one study (Farmer, 1996). However, further research is needed to identify individual, family, and system-level correlates of successful

reunification and to encourage practitioner recognition and assessment of protective factors alongside risk factors for re-entry.

Understanding the factors that lead to re-entry and those that can help prevent it is challenging. As Festinger & Botsko (1994) suggest, "all of this leads... to the unhelpful generalization that the situations that resulted in re-entry were more problematic in one way or another than those that did not, whether because of factors concerning the children, their families, or the services provided. The picture is inconsistent, and therefore cloudy... Perhaps [this situation] reflects the difficulty of attempting to capture the reasons for an outcome that is the product of complex forces interrelated in very complex ways" (pp. 6–7). The myriad factors influencing re-entry require innovative services and programs to address the diverse situations of children in the child welfare system.

Interventions and specific service models designed to reduce foster care re-entry are limited and demonstrate somewhat mixed results. For example, there is no definitive evidence to suggest that an increase in parental visiting during out-of-home placement results in subsequent stability of reunification. Similarly, participation in Family Group Decision Making (FGDM) was not associated with reduced recurrence of maltreatment in research conducted to date. Specific service models designed to promote stability of reunification and prevent re-entry to foster care require further experimental evaluation to determine their effectiveness. Even Homebuilders, the most frequently evaluated program model reviewed in this report, requires further experimental evaluation to determine the long-term effectiveness of the program in reducing foster care re-entry and promoting successful reunification.

Effective programs need to be developed and evaluated given mixed evidence of the effectiveness of existing practices and programs. Further, program models need to be assessed for cultural relevance and tested with diverse populations. Measures of effectiveness should include outcomes such as subsequent maltreatment rates for children returned home and indicators of child and family functioning, in addition to re-entry rates (Littell & Schuerman, 1995). Similarly, follow-up services to help families maintain a healthy and safe home environment are limited and require further development to reach the goal of reunification that is stable and successful over the long-term.

Lastly, the interrelationship between reunification and re-entry requires further consideration. Many of the populations that experience high re-entry rates also experience low reunification rates, and thus represent extremely vulnerable populations (Shaw, 2006). Such populations are a service priority for the child welfare system. Infants exemplify the long-term consequences of the interrelationship between reunification and re-entry; their low exit rate from foster care combined with a high re-entry rate results in "an increasingly large group of children being raised for most of their childhoods in substitute care" (Courtney, 1995, p. 237). Evidence from Courtney et al. (1997) suggests that some of the factors associated with greater risk of re-entry are actually mediated by unmeasured factors that affect reunification in the same way. More research is needed to untangle these factors. Better assessment of reunification readiness may help to distinguish compliance with court-ordered plans from lasting change in parenting behavior. Frame (2002) suggests a need for empirically-tested models of reunification prognosis.

Overall, re-entry must always be accounted for in any consideration of reunification, since a reunification that results in re-entry to foster care is an unsuccessful outcome. Supports for permanence should be a primary consideration in the reunification process, particularly because of the documented negative impacts of multiple moves and family instability on children, particularly very young children. In general, reducing and preventing re-entry to foster care must be recognized as a fundamental responsibility of the child welfare system.

## Appendix A

### Search protocol

#### Search terms

foster AND reent\*  
 foster AND reunif\* AND fail\*  
 foster AND reunif\* AND succe\*  
 foster AND reunif\* AND visit\*  
 “family group decision making” AND reent\*  
 FGDM and reent\*  
 “family group conferenc\*” AND reent\*  
 FGC and reent\*  
 “team decision making” AND reent\*  
 TDM and reent\*  
 “family unity meeting” AND reent\*

#### Sources

##### Academic and research literature databases

Family and Society Studies Worldwide  
 Social Services Abstracts (CSA/Illumina)  
 Social Work Abstracts  
 JSTOR  
 CSA/Illumina – other databases:  
 Criminology: A SAGE Full-Text Collection  
 Education: A SAGE Full-Text Collection  
 ERIC  
 IBSS: International Bibliography of the Social Sciences  
 LISA: Library and Information Science Abstracts  
 Management & Organization Studies: A SAGE Full-Text Collection  
 NTIS  
 PAIS International  
 Political Science: A SAGE Full-Text Collection  
 PsycARTICLES  
 Psychology: A SAGE Full-Text Collection  
 PsycINFO  
 Sociological Abstracts  
 Sociology: A SAGE Full-Text Collection  
 Urban Studies & Planning: A SAGE Full-Text Collection  
 Worldwide Political Science Abstracts

##### General Internet search tools

GoogleScholar  
 Melvyl (collections of the University of California)

##### Conference proceedings

PapersFirst  
 Proceedings  
 Society for Social Work and Research (SSWR) – 2007 Conference Proceedings

##### Child welfare research and policy organizations

American Humane Association ([www.americanhumane.org](http://www.americanhumane.org))  
 Annie E. Casey Foundation ([www.aecf.org](http://www.aecf.org))  
 Bay Area Social Services Consortium (BASSC), Center for Social Services Research (CSSR), School of Social Welfare, University of California, Berkeley (<http://cssr.berkeley.edu>)  
 California Evidence-Based Clearinghouse for Child Welfare ([www.cachildwelfareclearinghouse.org](http://www.cachildwelfareclearinghouse.org))  
 Chapin Hall Center for Children, University of Chicago ([www.chapinhall.org](http://www.chapinhall.org))  
 Child Welfare Information Gateway ([www.childwelfare.gov](http://www.childwelfare.gov))  
 Child Welfare Research Center (CWRC), Center for Social Services Research (CSSR), School of Social Welfare, University of California, Berkeley (<http://cssr.berkeley.edu>)

##### Systematic review collections

Campbell Collaboration ([www.campbellcollaboration.org](http://www.campbellcollaboration.org))  
 Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign (<http://cfrcwww.social.uiuc.edu>)  
 ESRC Evidence Network, University of York ([www.york.ac.uk/inst/chp/srspsc](http://www.york.ac.uk/inst/chp/srspsc))  
 Nordic Campbell Center ([www.sfi.dk/sw22406.asp](http://www.sfi.dk/sw22406.asp))  
 Social Care Institute for Excellence (SCIE) ([www.scie.org.uk](http://www.scie.org.uk))

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