A Systematic Review of Strategies to Promote Successful Reunification and to Reduce Re-entry to Care for Abused, Neglected, and Unruly Children

Final Report
Presented to the Ohio Department of Job and Family Services

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A Systematic Review of Strategies to Promote Successful Family Reunification and to Reduce Re-entry to Care for Abused, Neglected, and Unruly Children

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Executive Summary

In 2003 the Children’s Bureau (U.S. Department of Health and Human Services) completed the first Child and Family Services Reviews (CFSRs) to assess each state’s outcomes for children and families served by their child welfare system and to monitor the state’s ability to deliver services to families. During that review, Ohio was judged to be out of compliance on six outcome measures. Two of these are the focus of this report. The first focuses on the percentage of children who were successfully reunified with their parents within 12 months of out-of-home placement and the second measure addresses the percentage of children who re-entered out-of-home care within 12 months of reunification. Too few children were being reunified in a timely manner and too many were returning to placement after reunification.

This systematic review was completed to provide an analysis of the available empirical evidence on services to increase successful family reunification and on strategies to reduce re-entry to care. The search questions guiding the retrieval of relevant literature can be summarized as follows.

1. What interventions or “promising practices” appear to result in a) increasing successful family reunification and b) reducing re-entry to out-of-home care for abused, neglected, or unruly youth/children?

2. What factors are associated with successful family reunification and what factors are associated with re-entry to care?

3. What research is needed to develop more effective interventions for successful family reunification and to reduce re-entry to care following reunification?

The search of published and unpublished materials satisfying the inclusion criteria produced 800 articles for the initial review. Ultimately, 71 empirical articles (6 were of experimental or quasi-experimental studies) met all the inclusion criteria and were included in the review. To supplement the systematic review of the experimental and quasi-experimental studies, empirical literature such as correlational and qualitative research, and non-empirical, conceptual articles were also reviewed for relevant themes and variables for future research.

The limited number of rigorous research studies (experimental or quasi-experimental research) on reunification and re-entry to care made it impossible to draw
definitive conclusions on the effectiveness of existing reunification programs. However, an analysis of the entirety of the available empirical research identified numerous program models and factors that are associated with successful family reunification.

Some of the critical components of services to support successful reunification and to reduce re-entry include:

1. Pre-reunification Services
   - Assess parental ambivalence about the reunification and reunification readiness similar to that included in the North Carolina Family Assessment Scale for Reunification (NCFAS-R) and address issues that are identified.
   - Prepare a detailed service plan for families.
   - Actively engage parents and involve parents in case planning; arrange regular contact between the parents and the child.
   - Schedule regular home visits for the child.
   - Identify family needs and match them with available community services prior to reunification.
   - Provide parenting skills training to prepare parents to deal with behavioral difficulties exhibited by their child.
   - Develop training programs for workers on how to engage parents.
   - Work collaboratively with parents, children, kinship caregivers, and foster parents to prepare for reunification.

2. Reunification Services
   - Offer intensive, in-home services (described earlier) with low worker to family ratios.
   - Match services to client-identified needs for individualized programming.
   - Offer multi-component services to address the complex issues presented by family reunification. These would include mental health services for the parents and children, stress management support, concrete services (housing, financial, job, transportation), substance abuse programs, counseling, and homemaker assistance.
   - Anticipate family issues and provide preventive services based on pre-reunification assessments of family strengths and needs. Services should be in place at the time of reunification to prevent the need for re-entry to care.
   - Provide special health care services for children with health needs such as respite care, nurses and aides, and social supports.
   - Provide concrete services in an effort to minimize family stresses.
• Offer different services for families with children in care due to neglect than for families with children in care due to other types of abuse or dependency.

3. Reducing Re-entry to Care
   • Use assessment tools, such as NCFAS-R, to determine the appropriateness of reunification and the best timing for reunification.
   • Identify family factors that have been correlated with re-entry and provide specialized services. For example, develop programs for older youth who are reunifying as well as for parents with infants and young children.
   • Introduce cognitive-behavior programs to deal with child behavior problems and train parents in the use of behavioral parenting methods.
   • Maintain reunification services for at least 12 months after reunification.

4. Special Considerations for Unruly Children
   • Work with courts to create expedited review processes.
   • Deal with parental ambivalence about reunification with an unruly child. Assist them in increasing ability to effectively manage the child's disruptive behaviors.
   • Provide services similar to the Multi-dimensional Treatment Foster Care program in Oregon and work with parents and foster parents to implement a consistent behavior management program.

The review of existing research revealed a number of important gaps in the research. Some of the areas needing further research include:

• The role of fathers and methods to engage them in the reunification process

• Strategies to address the special needs of families dealing with unruly children and youth

• Rigorous evaluative research on reunification programs to establish causal links between program participation and successful reunification

The report concludes with suggestions for ways to use the best available evidence on reunification and re-entry to address these issues in Ohio.
A Systematic Review of Strategies to Promote Successful Family Reunification and to Reduce Re-entry to Care for Abused, Neglected, and Unruly Children

I. Background

A. Accountability in Child Welfare Practice

In order to promote accountability in the child welfare system, the Children’s Bureau and the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services instituted the Child and Family Services Review (CFSR) in January 2000. The purpose of the CFSR is to “determine the nature and extent of strengths and weaknesses in the state’s efforts to assure the outcomes of safety, permanence and well being for children and families” (Cohen, 2003, p.5). The CFSR gathers information from each of the 50 states to assess 1) outcomes for children and families served by the child welfare systems, and 2) the state’s ability to deliver services.

The CFSR review is completed in three steps. The first step is an assessment of the state’s ability to achieve its outcome objectives for children and families based on an analysis of state data. The second step consists of an intensive, on-site review that includes case reviews and interviews with key stakeholders. After completing these first two steps, the Children’s Bureau issues a report outlining the state’s strengths and weaknesses on 1) six general national standards, 2) seven outcome indicators, and 3) seven systemic indicators. The specific measures for each of the report areas are presented in Table 1. The report from the Children’s Bureau notes the areas in which the state has met or exceeded the general national standards, and indicates where improvements are needed on the outcome and systemic indicators. The six national standard categories provide quantitative criteria against which states can assess their
progress towards program improvement. The third step in the CFSR review process requires each state to develop a program improvement plan (PIP) which describes the steps that will be taken to address the areas in which the state needs improvements to achieve the general national standards.

The first CFSR was completed for all the states in 2003. According to the ACF website, “All 50 States, the District of Columbia, and Puerto Rico completed their first review by 2004. No State was found to be in substantial conformity in all of the outcome areas or seven systemic factors. Since that time, States have been implementing their PIPs [Program Improvement Plans] to correct those outcome areas not found in substantial conformity. The second round of reviews began in the spring of 2007” (http://www.acf.hhs.gov). States that do not meet their improvement goals face substantial financial penalties. The second review is currently underway.
Table 1. CFSR Assessment Areas and Indicators.
(adapted from http://www.acf.hhs.gov/programs/cb/cwmonitoring/index.htm#cfsr)

<table>
<thead>
<tr>
<th>Assessment Area</th>
<th>Indicators</th>
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<tbody>
<tr>
<td>General National Standards</td>
<td>• Repeat Maltreatment</td>
</tr>
<tr>
<td></td>
<td>• Maltreatment of Children in Foster Care</td>
</tr>
<tr>
<td></td>
<td>• Foster Care Re-Entries</td>
</tr>
<tr>
<td></td>
<td>• Length of Time To Achieve Reunification</td>
</tr>
<tr>
<td></td>
<td>• Length of Time To Achieve Adoption</td>
</tr>
<tr>
<td></td>
<td>• Stability of Foster Care Placements</td>
</tr>
<tr>
<td>Outcome Indicators</td>
<td>• Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.</td>
</tr>
<tr>
<td></td>
<td>• Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.</td>
</tr>
<tr>
<td></td>
<td>• Permanency Outcome 1: Children have permanency and stability in their living situations.</td>
</tr>
<tr>
<td></td>
<td>• Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.</td>
</tr>
<tr>
<td></td>
<td>• Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.</td>
</tr>
<tr>
<td></td>
<td>• Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.</td>
</tr>
<tr>
<td></td>
<td>• Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.</td>
</tr>
</tbody>
</table>
The national standards were set using data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). AFCARS is a federally mandated data system established for the collection of foster care and adoption data. NCANDS is a voluntary data collection system that is the primary source of national information on abused and neglected children who are known to State agencies providing child protective services (Federal Register: November 7, 2005, Volume 70, Number 214). Several authors have noted problems with the procedures used to set the national standards. The criticisms have argued that 1) the standards focus too much on outcomes rather than process, 2) rely too heavily on subjective evaluations, 3) review only a small sample of 50 cases, and 4) that the measures favor states which quickly remove and return children rather than those that use out-of-home placement as a last resort for more difficult cases (National Coalition for Child Protection Reform, 2003; Cohen, 2003; Courtney et al., 2004). Despite the concerns with the CFSR, the process continues and states are working to comply with the federal requirements.
B. **Ohio CFSR Results**

Ohio has completed the first CFSR review and is scheduled for the second review in 2008. The “Key Findings Report” issued by the Children’s Bureau in 2003 indicated that the state was compliant on six of the seven systemic factors but needed improvement in meeting the national standards and on the service outcomes measures. Ohio officials have submitted the required Program Improvement Plan and are preparing for the second review. Table 2 summarizes Ohio’s performance in 2003 on the six national standards set by the Children’s Bureau.

**Table 2. Ohio’s Compliance with National Outcome Indicator Standards in 1st CFSR.** (adapted from [http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm))

<table>
<thead>
<tr>
<th>Data Indicator</th>
<th>National Standard (Percentage)</th>
<th>Ohio Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases with repeat maltreatment</td>
<td>6.1 or less</td>
<td>8.6</td>
</tr>
<tr>
<td>Cases with maltreatment for children in foster care</td>
<td>0.57 or less</td>
<td>0.59</td>
</tr>
<tr>
<td>Cases with foster care re-entries</td>
<td>8.6 or less</td>
<td>13.7</td>
</tr>
<tr>
<td>Cases achieving reunification in less than 12 months</td>
<td>76.2 or more</td>
<td>74.0</td>
</tr>
<tr>
<td>Cases achieving adoption in less than 24 months</td>
<td>32 or more</td>
<td>29.2</td>
</tr>
<tr>
<td>Cases with stability in the foster care placement</td>
<td>86.7 or more</td>
<td>85.9</td>
</tr>
</tbody>
</table>

The Ohio Department of Job and Family Services (ODJFS) is working to meet each of these standards. This systematic review, however, focuses exclusively on strategies for addressing two of these six national standards, i.e., length of time to achieve reunification and foster care re-entries following reunification. These two measures are
closely linked both conceptually and in practice. Successful reunifications are those that return the child to his or her family in a timely manner (in less than 12 months) and that do not result in re-entry to care within 12 months after reunification. This systematic review was undertaken to examine research and promising practices to help Ohio reach compliance on these two related national standards.

C. **CFSR Definitions of Reunification and Re-Entry**

The definitions of reunification and re-entry in the CFSRs are very precise. Based on a careful examination of the 1st round CFSR reports and early criticisms of the CFSR process (National Coalition for Child Protection Reform, 2003; Courtney, Needell, & Wulczyn, 2004), the Children’s Bureau modified the definition slightly and revised the criteria used to determine compliance with the national standards. This was done to better reflect the complexity in evaluating a state’s performance in providing permanency for the children served by child welfare agencies. In the second round of the CFSRs, three measures are combined into a single score to assess reunification and the definition of re-entry to foster care was clarified. Table 3 highlights the changes in how the concepts “timeliness of reunification” and “re-entry into foster care” were re-defined from the first to the second CFSR evaluations (National Resource Center for Child Welfare Data and Technology [http://www.nrccwdt.org/cfsr/resources.cfsr.html](http://www.nrccwdt.org/cfsr/resources.cfsr.html)). Prior to the CFSR evaluation, definitions of “successful” reunification changed over the years following revisions to federal legislation and variations in state practices. The new CFSR definitions attempt to standardize the definitions for all state child welfare agencies. In summary, successful reunification can be defined by the length of time children spend in out-of-home care, whether they are reunited within 12 months, and whether the reunification with their family lasts at least 12 months without re-entry to out-of-home care. In 2008, Ohio will be assessed using the redefined measures.
Table 3. Definitions for Reunification and Re-Entry in 1st and 2nd CFSR.

<table>
<thead>
<tr>
<th></th>
<th>1st CFSR</th>
<th>2nd CFSR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reunification</td>
<td>Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, 76.2 percent or more were reunified in less than 12 months from the time of the latest removal from home.</td>
<td>Measure 1: Of all children discharged from foster care to reunification in the year shown, and who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the most recent entry into foster care? Measure 2: Of all children discharged from foster care (FC) to reunification in the year shown, and who had been in care for 8 days or longer, what was the median length of stay (in months) from the date of the most recent entry into FC until the date of reunification? Measure 3: Of all children entering foster care (FC) in the second 6 months of the year prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of first entry into FC?</td>
</tr>
<tr>
<td>Re-entry to foster care</td>
<td>Of all children who entered foster care during the reporting period, 8.6 percent or less was re-entering foster care in less than 12 months of a prior foster care episode.</td>
<td>Of all children discharged from foster care (FC) to reunification in the year prior to the one shown, what percent re-entered FC in less than 12 months from the date of discharge?</td>
</tr>
</tbody>
</table>

D. **Systematic Review on Reunification and Re-Entry**

To begin to address these issues, Ohio needs to be guided by the best available evidence on how to increase successful reunification and reduce the number of children who return to out-of-home care. This project utilized a systematic review and followed the
guidelines developed by the Campbell Collaboration for identifying and evaluating relevant research. The Campbell Collaboration (C2) is, “a non-profit organization that aims to help people make well-informed decisions about the effects of interventions in the social, behavioral and educational arenas” (http://www.campbellcollaboration.org/index.asp). The Campbell Collaboration has developed methods for systematically identifying and evaluating the available research. The most rigorous method, Systematic Review, is based on a comprehensive review and analysis of the existing research, both published and unpublished, and was the method employed in this project. The objectives of a systematic review are to 1) conduct a comprehensive, unbiased review of the research literature, 2) describe the review process with enough specificity that it can be replicated or updated by others interested in the topic, 3) appraise the available research for quality and credibility, 4) identify “best practices” based on the best available evidence, and 5) to disseminate the results of the review for use by practitioners and policy-makers.

Every effort is made to minimize any bias that may influence the conclusions that are drawn from a review of the available research. This is done by emphasizing the transparency of the review process, reducing publication bias by systematically collecting all relevant research (not just research that has been published in professional journals), evaluating the quality and rigor of the research, and attempting to determine if the researchers had any direct interest in the outcomes of the research they conducted (e.g., researchers evaluating programs that they developed).

Systematic reviews are completed in stages. In the first stage, a practice or policy problem is identified and is translated into a searchable question. The searchable question identifies the nature of the practice/policy problem, the target population, and determines whether research on a specific intervention is sought or whether the search should look at research on any intervention/policy that has been applied to the problem. In
the second stage, an attempt is made to identify all research that is relevant to the search question. This includes articles published in professional, peer-reviewed publications as well as unpublished materials such as those found in conference presentations or proceedings, unpublished dissertations, state or county evaluation monographs, or other unpublished research results. The third stage focuses on evaluating the quality and rigor of the research, and on compiling the results of all identified studies in order to assess the state-of-knowledge for the identified problem. A standardized critique is applied to each of the studies to reduce any possible bias that might influence the assessment of the research. The results of each study are aggregated and, if the quality of the research is appropriate, the results are subjected to a meta-analysis to calculate an overall effect size and to better determine whether an intervention is effective and with whom it is likely to work. The results are compiled to allow easier interpretation and to detect trends in the research that are not evident from the review of a single study. The final stage of a systematic review is to summarize the current state-of-knowledge based on the best available research. This information is disseminated to practitioners and policy-makers to assist in evidence-based decision-making and planning. The stages are summarized in Table 4.
Table 4. Stages of a Systematic Review.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protocol Development</strong></td>
<td>• Questions to be answered by the review are specified&lt;br&gt;• Inclusion and exclusion criteria to identify relevant research are described&lt;br&gt;• Methods for the review are made explicit&lt;br&gt;• The protocol is discussed with users and modified as needed</td>
</tr>
<tr>
<td><strong>Search and Screen Studies</strong></td>
<td>• Methods for managing references are identified and set up&lt;br&gt;• Search methods are explicated and implemented (i.e., electronic databases, hand-searches, reference mining, and snowball searching for unpublished studies)&lt;br&gt;• Studies are screened for relevance and reliability checks are completed on screening procedures&lt;br&gt;• Descriptive mapping of the relevant literature is completed</td>
</tr>
<tr>
<td><strong>Extract Data</strong></td>
<td>• Articles passing the screening criteria are given a full review&lt;br&gt;• Important data concerning the research methods, outcome measures, intervention, and outcomes are coded on a data abstraction form&lt;br&gt;• Data are coded and entered into software for statistical and conceptual synthesis (e.g., SPSS, Access, NUDIST)&lt;br&gt;• Quality and credibility assessment is completed for each study</td>
</tr>
<tr>
<td><strong>Data Synthesis</strong></td>
<td>• Numeric, categorical, and narrative data are summarized&lt;br&gt;• Meta-analyses completed if possible&lt;br&gt;• Narrative empirical synthesis is completed&lt;br&gt;• Conceptual synthesis is completed&lt;br&gt;• Conclusions drawn from the syntheses are presented&lt;br&gt;• Recommendations which are clearly linked to the analyses and synthesis are presented</td>
</tr>
<tr>
<td><strong>Final Report</strong></td>
<td>• Full technical report is prepared including a detailed description of the search and analysis methods to promote transparency&lt;br&gt;• Report is presented to the users for discussion of conclusions and recommendations&lt;br&gt;• Plans are made for updating review</td>
</tr>
</tbody>
</table>
II. Problem Statement

In 2008 Ohio will participate in the second CFSR and will be evaluated according to the new national standards. A report issued in 2006 by the Ohio Bureau of Outcome Management (BOM) indicates that Ohio has not yet met the national standards for successfully reunifying families or for reducing re-entry to foster care. The report prepared by BOM indicates that from May 2005 to May 2006, 74.14% of the children in out-of-home care were reunited with their families within 12 months. This is 2.06% below the national standards. The Ohio Child and Family Services Review Data Profile (February 2006) indicates that Ohio also exceeds the national standards for the percentage of children who re-entered foster care within 12 months of a prior foster care episode. The re-entry rate in Ohio for Federal FY 2005 was 12.5%. This exceeds the national standard of 8.6% by 3.9%.

III. The Systematic Review Questions

Systematic reviews are designed to answer a variety of practice and policy questions, and the type of question will dictate the appropriate type of evidence that will be sought. Typically systematic reviews are used to determine the effectiveness of interventions and policies. Recently, however, systematic reviews have also been used to identify trends and promising directions for services and policy and areas requiring new research, especially when a strong body of experimental evidence is lacking. Table 5 provides a summary of the questions guiding this systematic review. Since reunification and re-entry to care are inextricably linked, the analysis, conclusions, and directions for future work will be presented for these topics together.
Table 5. Search Questions.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Reunification</strong></td>
<td>1) What interventions or services result in increasing successful family reunification within 12 months of placement for abused, neglected, or unruly youth/children who are returning from out-of-home care?</td>
</tr>
<tr>
<td></td>
<td>2) What factors are correlated with successful family reunification?</td>
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<tr>
<td></td>
<td>3) What are “promising” practices for increasing successful family reunification for abused, neglected, or unruly youth/children?</td>
</tr>
<tr>
<td></td>
<td>4) What research is needed to develop more effective services and policies to increase successful family reunification for abused, neglected, or unruly youth/children who are returning from out-of-home care?</td>
</tr>
<tr>
<td><strong>Re-entry to Out-of-Home Care</strong></td>
<td>1) What interventions or services are effective in reducing re-entry to out-of-home care for abused, neglected, or unruly youth/children?</td>
</tr>
<tr>
<td></td>
<td>2) What factors are correlated with returning to out-of-home care following family reunification?</td>
</tr>
<tr>
<td></td>
<td>3) What are “promising” practices for reducing re-entry to care for abused, neglected, or unruly youth/children?</td>
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<tr>
<td></td>
<td>4) What research is needed to develop more effective services and policies to reduce re-entry to care for abused, neglected, or unruly youth/children?</td>
</tr>
</tbody>
</table>

### IV. Project Methodology

A systematic review of the research literature to identify strategies to promote successful family reunification and to reduce re-entry to care for abused, neglected, and unruly children was conducted from April 2007 to February 2008. This effort extends an
earlier rapid evidence assessment (REA) of research dealing with re-entry to care that was completed in 2005 by Bronson, Helm, Bowser & Hughes to provide information on the factors associated with re-entry into foster care. This earlier review was limited in scope and included only published articles dealing with re-entry to care for children who were in out-of-home placements due to abuse or neglect. Unpublished materials or studies dealing with unruly youth were excluded and programs to promote reunification were not included.

The current project is a systematic review, which expands upon the work completed in 2005 by including:

- research on family reunification,
- studies that address services for unruly children and youth, and
- unpublished research reports (grey literature).

This effort is also more expansive than a typical systematic review. The inclusion criteria were broad and all empirical or conceptual articles dealing with reunification or re-entry were reviewed. In most systematic reviews, only experimental or quasi-experimental research is included, but such an approach significantly narrows the scope of the review. The research questions for this review demanded a broader perspective to identify important trends in the field, even if those trends are not based on rigorous quantitative research. The results of this systematic review will clearly distinguish those conclusions that are based on rigorous research and those that were gathered from examining the conceptual/non-empirical literature.

A. **Search Strategies**

Several methods were used to locate relevant research on family reunification and re-entry to care. Table 6 provides a summary of the approaches employed.
Table 6. Search Methods.

<table>
<thead>
<tr>
<th>Search Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic databases</td>
<td>See Appendix A for list of electronic databases searched</td>
</tr>
<tr>
<td>Hand-searching of child welfare</td>
<td>The table of contents was reviewed for journals identified as most likely to contain relevant research:</td>
</tr>
<tr>
<td>journals</td>
<td>• Social Work (1997-2007)</td>
</tr>
<tr>
<td></td>
<td>• Children’s Services: Social policy, research, &amp; practice (1999 2007)</td>
</tr>
<tr>
<td></td>
<td>• Child Maltreatment (1996-2007)</td>
</tr>
<tr>
<td></td>
<td>• Child &amp; Youth Services (1997-2007)</td>
</tr>
<tr>
<td></td>
<td>• Child Abuse &amp; Neglect (1980-2007)</td>
</tr>
<tr>
<td>Conference presentations</td>
<td>Conference proceedings for 2007 (Society for Social Work and Research, Council on Social Work Education, and the Campbell Collaboration) were</td>
</tr>
<tr>
<td></td>
<td>reviewed for relevant references.</td>
</tr>
<tr>
<td>Citation searches/Reference mining</td>
<td>The bibliographies of all articles selected for full review were mined for additional articles. A search was done for any title that appeared</td>
</tr>
<tr>
<td></td>
<td>relevant.</td>
</tr>
<tr>
<td>Contact with identified experts in</td>
<td>• Richard Barth (Dean at the University of Maryland)</td>
</tr>
<tr>
<td>the field</td>
<td>• Diane DePanfilis (Associate Dean for Research Director, Ruth H. Young Center for Families &amp; Children University of Maryland School of Social</td>
</tr>
<tr>
<td></td>
<td>• Joan Zlotnick (Institute for the Advancement of Social Work Research)</td>
</tr>
<tr>
<td></td>
<td>• Howard Doueck (Professor, State University of New York at Buffalo)</td>
</tr>
<tr>
<td></td>
<td>• Chapin Hall (Chicago, IL)</td>
</tr>
<tr>
<td></td>
<td>• the Annie E. Casey Foundation</td>
</tr>
<tr>
<td>Snowball method</td>
<td>All links and leads to additional material suggested by relevant websites or electronic databases were followed to locate additional resources.</td>
</tr>
</tbody>
</table>

Every attempt was made to identify all research pertaining to reunification and re-entry in child welfare services that was available. The search included materials available as of
February 2008 and earlier and included English language resources in the United Kingdom, Scandinavia, Australia, and East Central Europe.

B. Keywords
The keywords used in the electronic database searches were developed to capture references that addressed 1) the problem question (issues of family reunification and re-entry to care), 2) the population of interest (abused, neglected, or unruly children), and 3) type of service. The actual keywords used in each search were dictated by the indexing structure of the database. Each electronic bibliographic database uses an idiosyncratic set of terms to classify references. The terms used in our search were selected based on the system used for each of the databases we searched. Table 7 provides the keywords used in each category. The asterisks are wild card characters to capture all deviations of a root word (e.g. delinqu* for delinquency or delinquent).

The keywords listed in Table 7 reflect those that proved to be the most fruitful in producing relevant research articles. Research and outcome variable keywords (e.g., experimental, quasi-experimental, empirical, or quantitative/qualitative) were not included in the list of search terms since they seemed to overly restrict the search outcomes and limited the articles on reunification and re-entry that were identified. Each article retrieved was reviewed to determine if it met the inclusion criteria for relevance and then categorized by its research rigor. Using a broader search strategy than is typical of systematic reviews allowed us to report on trends and common conclusions in the literature even if there is not a supporting research evidence base at this time.
### Table 7. Keywords Used in Electronic Database Searches.

<table>
<thead>
<tr>
<th>Category (AND)</th>
<th>Keywords (Or)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Question</td>
<td>• family reunification</td>
</tr>
<tr>
<td></td>
<td>• permanency</td>
</tr>
<tr>
<td></td>
<td>• placement</td>
</tr>
<tr>
<td></td>
<td>• family maintenance</td>
</tr>
<tr>
<td></td>
<td>• out-of-home care</td>
</tr>
<tr>
<td></td>
<td>• re-entry/re-entry</td>
</tr>
<tr>
<td></td>
<td>• recidivism</td>
</tr>
<tr>
<td></td>
<td>• reintroduction to care</td>
</tr>
<tr>
<td></td>
<td>• CFSR</td>
</tr>
<tr>
<td></td>
<td>• level of functioning</td>
</tr>
<tr>
<td>Population</td>
<td>• Child*</td>
</tr>
<tr>
<td></td>
<td>• youth</td>
</tr>
<tr>
<td></td>
<td>• juvenile</td>
</tr>
<tr>
<td></td>
<td>• teen</td>
</tr>
<tr>
<td></td>
<td>• infant</td>
</tr>
<tr>
<td></td>
<td>• toddler</td>
</tr>
<tr>
<td></td>
<td>• family</td>
</tr>
<tr>
<td></td>
<td>• delinquent</td>
</tr>
<tr>
<td></td>
<td>• unruly</td>
</tr>
<tr>
<td></td>
<td>• dependent</td>
</tr>
<tr>
<td>Type of Service</td>
<td>• abuse*</td>
</tr>
<tr>
<td></td>
<td>• neglect*</td>
</tr>
<tr>
<td></td>
<td>• unruly</td>
</tr>
<tr>
<td></td>
<td>• delinquen*</td>
</tr>
<tr>
<td></td>
<td>• dependent</td>
</tr>
<tr>
<td></td>
<td>• foster care</td>
</tr>
<tr>
<td></td>
<td>• looked-after children</td>
</tr>
<tr>
<td></td>
<td>• family</td>
</tr>
<tr>
<td></td>
<td>• kinship</td>
</tr>
<tr>
<td></td>
<td>• at risk</td>
</tr>
<tr>
<td></td>
<td>• high risk</td>
</tr>
<tr>
<td></td>
<td>• high risk</td>
</tr>
<tr>
<td></td>
<td>• maltreat*</td>
</tr>
</tbody>
</table>

Some of the databases required specialized searches using some or all of the above keywords. For example, the following searches were modified to identify the relevant literature:

- IBZ – Child Welfare AND Reunification, Family and Reunification, Child AND Welfare, Foster care AND re-entry;
• Coalition for Evidence Based Policy – Review of all articles listed on the web site; and
• NSPCC Inform – (Based on available listing of web site key words) Abused Children, Repeated Abuse, Child Protective Services, Children of Addicted Parents, Family Reunification, Recidivism.

In addition to the keywords listed in Table 7, additional areas of interest were independently searched upon the recommendation of the ODJFS research committee members. These additional areas of interest are as follows.

• Level of Functioning and/or ‘Ohio Scales’
• Caseworker visitation of a child in the home setting
• The court’s role in reunification
• The home case planning process
• Youth involvement in placement planning.

Separate searches were conducted on these topics since the earlier search terms had not identified articles that addressed them. The additional searches did not reveal other empirical research linking these topics to reunification outcomes and they are not addressed further in this report.

C. **Review Process**

The review process consisted of several steps to identify the most relevant literature and to eliminate articles that did not offer information on how to address reunification or re-entry in child welfare services. The following steps were employed.

• Title review for relevant resources
• Abstract reviews
• Full review of articles
• Final review for inclusion in systematic review
During the search, articles with titles that appeared to be relevant were saved to a RefWorks database. RefWorks is a bibliographic management tool that is designed to capture citations identified by electronic searches. The second step consisted of reviewing the abstracts for each article to assess the relevance of the article for inclusion in the systematic review. Those articles that passed the abstract review were next given a full review of the article to further assess its relevance. The final step in the review process was to conduct a thorough evaluation of those articles that satisfied the inclusion criteria for the systematic review.

D. Inclusion and Exclusion Criteria
Throughout the review process, each resource was assessed according to the inclusion and exclusion criteria that were developed at the beginning of the project. At each stage of the systematic review the criteria were used to decide if the report was rejected or moved to the next stage of review for inclusion in the final analysis and report. To be included in the final empirical analysis the report had to:

1. deal with family reunification following a foster care placement or re-entry to out-of-home care following family reunification;
2. be based on work with abused, neglected, or unruly children; and
3. report on a) an empirical study evaluating programs intended to increase family reunification or decrease rates of re-entry into out-of-home care after reunification, or b) research to identify factors associated with reunification or re-entry to care.

Literature reviews and conceptual papers that did not satisfy the inclusion criteria were used to identify common practices and trends in the field that are not derived from empirical research.
E. **Analysis Methods**

*Data abstraction form.* A data abstraction form was developed to guide the collection of information about each of the resources reviewed. The form guides the reviewers through a structured decision-making process to determine if the study meets the inclusion criteria. If the report is judged to meet the inclusion criteria, then additional information is recorded on the form to capture critical information about the research that enables the reviewers to assess the quality and credibility of the research. The information collected on the data abstraction form can also be used to compare similar studies on outcome measures used and the final results.

**Information management (Access and RefWorks).** Two software packages were used to facilitate the analysis and summary of the available research on family reunification and re-entry to care. RefWorks is a bibliographic management program that allows users to download citation information from electronic databases. RefWorks collects the full citation, the abstract (when available) and includes several user defined fields to store notes about the report. RefWorks was used to catalogue each reference during the review process. One folder was created to include a comprehensive list of articles under review. Separate folders were created for the Abstract review, Full review, and the Final review. Articles not meeting the inclusion criteria at any stage were placed in a Rejected folder. Using this approach it is possible to determine the review status of each article that satisfied the title review.

Microsoft Access was also used to manage the detailed information collected on the data abstraction form. The data abstraction form was translated into an Access database with each question on the form becoming an input variable for the database. All of the references in the RefWorks database were downloaded into Access. As the articles were reviewed, information was collected on the extent to which the article met the
inclusion criteria. For those meeting the criteria at each stage, additional information was collected on the quality and credibility of the research. A variety of queries from the Access files have been used to create the final report for the project and are used to provide summaries of the available research by type of article (empirical, conceptual, etc.), the population studied, outcome measures used, and the research results.

F. Assessing Research Quality

The quality and credibility of the research articles used in the systematic review were appraised. This occurred in two stages. In the first, all empirical studies were rated on the rigor of the research using the Maryland Scale of Scientific Methods. The scores ranged from 1 to 5 with higher scores associated with more rigorous research. Table 8 describes the ratings scale and the anchors used to categorize the studies. Only studies given a rating of 4 or 5 were included in the analysis of effective programs.

Additional detailed information for the empirical studies was also captured on the data abstraction forms (See Appendix D). Information on sample sizes, sampling method, attrition bias, data collection, treatment fidelity, and unit of analysis were also collected when available to further examine the quality of the research. The articles were also reviewed for any obvious biasing factors or conflicts of interest that could influence the research.
<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 0</strong>: Qualitative study</td>
<td>Studies that use interviews, focus groups or other qualitative methods</td>
</tr>
<tr>
<td><strong>Level 1</strong>: Correlation study with no comparison group</td>
<td>Studies looking at the correlation between a reunification program and a measure of re-entry at a point in time or those using a single, post-treatment survey of clients who have received treatment. Analysis of administrative data to identify factors correlated to reunification and re-entry</td>
</tr>
<tr>
<td><strong>Level 2</strong>: Study in which a temporal sequence between the program and the recidivism outcome is clearly observed (pre-post study), or the presence of a comparison group without demonstrated comparability to the treatment group</td>
<td>Studies where the comparability of the comparison groups is seriously compromised and no attempt has been made to control for this, pre-post only studies, or studies where the only comparison is between completers and non- (or partial) completers of a particular treatment</td>
</tr>
<tr>
<td><strong>Level 3</strong>: A comparison between two or more comparable units of analysis, one with and one without the program (no random assignment to groups).</td>
<td>A comparison between two or more comparable units of analysis, one with and one without the program.</td>
</tr>
<tr>
<td><strong>Level 4</strong>: A comparison between multiple units with and without the program, or using comparison groups that evidence only minor differences.</td>
<td>Studies in which it has been clearly demonstrated that, prior to the intervention there is very little difference between comparison groups.</td>
</tr>
<tr>
<td><strong>Level 5</strong>: Random assignment and analysis of comparable units to program and comparison groups. Differences between groups are not greater than expected by chance. Units for random assignment match units for analysis</td>
<td>Studies in which subjects are randomly assigned to groups. The strongest studies will also attempt to “hide” the group assignments from those involved in the research.</td>
</tr>
</tbody>
</table>
G. Reliability Coding Checks

The reliability of the coding on the Data Abstraction Form was checked throughout the project. In the early stages, the coders met to review the coding categories and to check the consistency of use by applying the codes to an article reviewed by members of the research team. This training and clarification exercise helped to insure that the coding categories were being used reliably.

Reliability checks were performed on a sample of the references that were used in both the 2005 rapid evidence assessment on re-entry and the current systematic review. Forty-two articles were checked with a reliability coefficient of 83% indicating that the same disposition was made in most cases. Checks were also made later in the process on 12 articles that were coded separately by two researchers. The same inclusion/exclusion was made on 11 of the 12 articles for a reliability coefficient of 92%. Both reliability coefficients are within acceptable limits.

H. Description of Retrieved Literature

The process of retrieving the research for this review was completed in stages. Using the electronic databases and keywords presented earlier, as well as the results of hand-searching the critical journals, a search was undertaken for any literature that appeared related to the topics of family reunification or re-entry to care. Articles with titles that appeared to be relevant were retained. The abstracts of these articles were reviewed for relevance and those which were still judged to be relevant were reviewed in their entirety. After reading the full report, the reviewer made a final determination as to whether the article met the inclusion criteria for the systematic review. During the title review thousands of articles were screened. Ultimately the abstracts of 800 articles were reviewed for possible inclusion.
1. **Total Number of Reunification and Re-entry Articles Reviewed**

   Figure 1 provides a summary of the articles retrieved for this systematic review. After completing the title review, 800 entries remained for a full abstract review. Of the 800 entries that received the abstract review, 270 entries were categorized as having met the criteria for inclusion in the full review. Of these 270 entries, 54 reports addressed re-entry to care and 247 reports addressed reunification. In some cases (n=19) the article dealt with both reunification and re-entry so the total number of re-entry and reunification reports is greater than the 270 entries that were screened. Of the 270 articles that passed the abstract review, 128 were empirical. However, after the full review, only 71 of the empirical articles met the criteria for inclusion and were included in the analysis. The other 199 entries screened in during the abstract review were identified as conceptual pieces which included literature reviews, systematic reviews, and other theoretical pieces associated with re-entry and reunification. After the full review, 81 of the conceptual pieces met the inclusion criteria and were determined to address issues related to reunification or re-entry. A description of the conceptual literature is presented later in the report.
Figure 1. Article Review Process

Abstract Review
800 articles
Include?

Yes
Full Review
270 articles
Include?

Yes
Empirical or Conceptual?

No
Stop

No
Stop

Yes
Empirical

Include in Review of Conceptual Pieces
81 articles

No

Include in Review of Experimental or Quasi-Experimental Research
6 Articles

No
Experimental or Quasi-Experimental?

Yes

Include in Review of Correlational/Associational or Qualitative Research
65 articles
2. **Number of Articles by Population: Abused, Neglected and Unruly Youth**

Each empirical article was coded according to the population that was the focus of the research. The options for population included a) abused, b) neglected, c) unruly or d) other (two or more populations studied). In many cases the population was not explicitly stated and the reviewers inferred the population from reading the article. In many cases, however, the population of children included in the study could not be identified precisely. Of the 67 studies that identified a population of interest in their report, 58 of them included all children in care regardless of reason. Five studies were interested in only unruly children and four of the studies were interested in only abused children. Given the combined interest in all populations, specific analysis of each population independently was not appropriate for this review.

3. **Number of Articles by Rating on the Maryland Scale of Scientific Methods**

There were 71 empirical articles judged to be appropriate for inclusion. The others did not meet the inclusion criteria and were not relevant for family reunification or re-entry to care. The empirical articles judged to be relevant for the review were categorized as follows in terms of their scientific rigor.
Table 9. Frequency of Maryland Scale Ratings.

<table>
<thead>
<tr>
<th>Level</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 0: Qualitative Studies</td>
<td>8</td>
</tr>
<tr>
<td>Level 1: Single group or correlational</td>
<td>40</td>
</tr>
<tr>
<td>Level 2: Group comparison (non-equivalent groups)</td>
<td>12</td>
</tr>
<tr>
<td>Level 3: Group comparison (equivalent groups)</td>
<td>5</td>
</tr>
<tr>
<td>Level 4: Quasi-experimental</td>
<td>3</td>
</tr>
<tr>
<td>Level 5: Experimental</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
</tr>
</tbody>
</table>

Only Level 4 and Level 5 studies are able to provide some degree of causal analysis. The paucity of rigorous research on programs to increase successful reunification and decrease re-entry to care limits the definitive conclusions that can be gleaned from the existing research.

V. Results

Despite increasingly strident calls for the use of evidence-based practices in child welfare, the available research lacks the rigor needed to guide practice and policy decisions. Most of the studies evaluating the effectiveness of various program models for improving family reunification outcomes lack comparable control groups and are limited in the causal conclusions that can be drawn. The most rigorous research designs use an experimental or quasi-experimental approach which allows the researcher to examine the effectiveness of the program or policy while ruling out alternative explanations for the observed outcomes. Implementing experimental or quasi-experimental designs in applied settings presents many challenges. Nonetheless, five of the studies (reported in six articles) identified in this review were judged to be either experimental or quasi-experimental.
The other empirical studies included in this review used designs that do not adequately eliminate alternative explanations for the observed outcomes. That is, even if the program appears to be effective in promoting successful family reunifications, there could be other undetected factors that are actually responsible for the positive outcomes. With less rigorous designs, it is impossible to rule out other explanations. That does not mean, however, that these studies are without value. Promising practices can be identified and subjected to more rigorous research. In addition, common themes and variables that appear to be related to program success can be identified. These can provide a starting point for designing reunification programs which are subsequently evaluated using experimental or quasi-experiment research designs.

The results of the systematic review are presented in two sections. *Section A* presents an analysis of the available empirical research. First, those studies judged to be a level 4 (quasi-experimental) or 5 (experimental) on the Maryland Scale of Scientific methods are presented. Detailed information is presented on 1) the outcome variables and measures used, 2) the treatment programs evaluated, and 3) the treatment fidelity for the quasi- and experimental research. Section A also examines the trends and common factors identified in the non-experimental literature (Levels 0-3 on the Maryland Scale).

To complete the review of the available literature on reunification and re-entry, *Section B* presents a summary of the current “trends” and assumptions guiding services on reunification. The information in section two is drawn from the conceptual articles that were reviewed and reflects the common thinking on how best to increase successful reunification and reduce re-entry to care for children served by the child welfare system. The factors presented in Section B are not based on empirical research but may be important variables in future empirical research.
A. **Analysis of the Empirical Literature**

1. **Experimental and Quasi-Experimental Studies**

Six articles were identified as experimental or quasi-experimental. These articles present the evaluations of five models (the original Walton research and the five year follow-up were analyzed separately). Table 10 presents a summary of the models employed and the reunification/re-entry outcome for these studies. Each of these studies has been reported in several published and unpublished articles. For example, Walton’s 1991 dissertation resulted in numerous publications (Fraser, Walton, Lewis, Pecora & Walton, 1996; Lewis, Walton and Fraser, 1995; Walton, Fraser, Harlin & Lewis, 1995; Walton, Fraser, Lewis, Pecora, Walton, 1993). A later article by Walton (1998) presented a six-year follow-up study of Walton’s 1991 research on in-home family reunification.
Table 10. Experimental and Quasi-Experimental Research on Reunification and Re-entry.

<table>
<thead>
<tr>
<th>Authors:</th>
<th>Treatment model:</th>
<th>Outcome variables:</th>
<th>Findings:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choi, S. (2006 &amp; 2007)</td>
<td>Service matching and recovery coaches (services to substance abusing mothers)</td>
<td>• Likelihood of reunification • Substance abuse treatment completion</td>
<td>Matched services seemed to lead to a high likelihood of reunification. Mothers who received matched concrete services were more likely to achieve reunification than those with unmatched needs or no needs. These findings are correlational in nature.</td>
</tr>
<tr>
<td>Fisher, Burraston &amp; Pears (2005)</td>
<td>Early Intervention Foster Care Program</td>
<td>• Length of time in care • Number of placements</td>
<td>Unable to draw conclusions regarding effectiveness of the intervention. However, children who did not receive the EIFC were more likely to have failed permanent placements and reenter care.</td>
</tr>
</tbody>
</table>
### Outcome variables:

<table>
<thead>
<tr>
<th>Study</th>
<th>Intervention Description</th>
<th>Outcome Measures</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jones, Neuman and Shyne (1976)</td>
<td>Intensive Family Preservation Services</td>
<td>- Length of time in care</td>
<td>No differences found between group who received intensive family preservation services and group who received regular services. Conclusions cannot be drawn about service effectiveness.</td>
</tr>
<tr>
<td>Stein &amp; Gambrill (1979)</td>
<td>Intensive services designed to enhance parental decision making</td>
<td>- Timely permanency decisions</td>
<td>Children who received the intervention were more likely to be “heading out of care” at the end of the study. Unable to draw further conclusions from research.</td>
</tr>
<tr>
<td>Walton &amp; colleagues (1991 1996 &amp; 1998)</td>
<td>Homebuilders Family Preservation Services</td>
<td>- Number of days in home - Family functioning (parental attitudes, family assessment, &amp; self-esteem)</td>
<td>Children who received the intervention were more likely to be in their biological home at the end of 90 days and 12 months. However results were somewhat inconclusive. The six year follow-up indicated that children who received the intervention were more likely to be stable at that time.</td>
</tr>
</tbody>
</table>
Choi (2006, 2007) evaluated the use of a recovery coach to help substance abusing parents achieve reunification. This service was provided to parents while their children were in care. The recovery coach assisted parents in completing substance abuse treatment. Choi examined three outcome variables in an effort to evaluate the use of a recovery coach to facilitate recovery and thus improve the likelihood of reunification of substance abusing mothers with their children. She examined reunification, treatment completion and service matching as dichotomous outcome variables. Measurement of these was indicated by determining whether or not services were matched to need, whether treatment was completed and if children were reunified with their families. Although this research was described as a “traditional experimental design” there is not enough information provided to adequately assess this. Randomization occurred at the agency level while the analyses were done for the mothers and children. Without more detail it is impossible to fully evaluate the rigor of the study. Choi notes that statistically equivalent groups were established at the parental level at the onset of the research, but even though several analyses were performed on child-level data, no information is given on the statistical equivalence for the children. The analyses on child data is therefore possibly compromised. For the matched services analysis, it was impossible to distinguish between the treatment and control groups – both received matched services. Matched services seemed to lead to a high likelihood of reunification but it was impossible to rule out other explanations for the results. Additionally, Choi did not report treatment fidelity for the implementation of recovery coaches, nor for the implementation of the service matching portion of the experiment.

Fisher, Burraston & Pears (2005) evaluated The Early Intervention Foster Care Program (EIFC) in an effort to increase the success of permanent placements, to reduce
the number of foster care placements and to reduce the length of time in foster care. The EIFC service included children, foster parents and biological parents. It was provided both while children were in care and post-reunification. The EIFC program included mental health services and parenting services for biological parents. In an effort to evaluate permanency outcomes for foster children who were less than four years old, Fisher et al. (2005) gathered data on the type of permanent placement used, the number of foster care placements, the length of time in foster care and re-entry to care. Type of permanent placement was a categorical variable, relying upon the following categories: reunification with parents, adoption by relative and adoption by non-relative. The success of the permanent placement was measured in terms of re-entry to care. This was a dichotomous variable that identified whether or not the child reentered care. It is important to note that the child may have reentered care from a relative placement, adoptive home, or biological home.

Jones, Neuman and Shyne (1976) evaluated an Intensive Family Preservation Services program to determine whether or not the service prevented a child’s initial placement in care, and, if the child was placed in care, how long they remained in care. These services were provided to the child, the foster parents and the parents, and included individual counseling, marital/couples counseling, material assistance, mental health services, parenting programs and substance abuse treatment. The services also included increased contact with the caseworker. These services were provided prior to placement in care, during care and post-reunification. Jones, Neuman and Shyne considered initial placement in care and the length of time in care as their outcome variables in their evaluation of intensive family services. Although preventing placement in care was the primary objective of the program, this study examined reunification in terms of the number of days a child spent in foster care. The initial placement in care
was a dichotomous variable, indicating whether or not the child was placed in care. The second variable was interval in nature, indicating the amount of time in days that the child spent in care prior to reunification with their family. Treatment fidelity may have been a problem in this research. The authors reported implementation difficulties at one site. Furthermore, the experimental and control groups were compared on the number of contacts and types of services received but no significant differences were found indicating that the two groups received similar services despite their experimental assignments. This severely limits conclusions that can be made about the impact of the intervention.

In the Alameda project, Stein and Gambrill (1979) evaluated the use of an intensive service to facilitate parental decision making in terms of permanency plans for their child/children over a two year period. The intensive services were not thoroughly described in the research. However, it appears that they relied upon contracts between parents and counselors and parents and caseworkers that encouraged parental involvement in decision making about their child’s permanency plans. The dichotomous variable that was evaluated was whether or not a decision was made regarding the permanency plans for a child. Results suggested that children in the experimental group were more likely to achieve permanency plans than those who did not receive the service. Permanency plans included reunification with natural parents, adoption, or placement in kinship or long term care. No distinction of those who reunified is available.

The research by Walton and her colleagues evaluated an intensive family preservation services program that was based on the Homebuilders model. This program provided services to the children and biological parents both pre- and post-reunification. These services included family preservation services, individual counseling, material assistance, and parenting programs. The original research was reported in 1991 and the
results of a six-year follow-up were reported in 1998. The results of both phases of the research were examined together for the systematic review. Walton and her colleagues collected data on the level of family functioning and the location of the child after reunification to determine the level of family success. Data were collected from families at the end of services, 90 days after, one year after, and six years after completing the program. The level of family functioning was measured using several scales. The Index of Parental Attitudes, with a reported reliability score of .90, The Family Assessment scale with a reported reliability score of .90 and The Index of Self-Esteem with a reported reliability score of .70 were all utilized to evaluate family functioning. In addition, surveys administered to the parents at 90 days and 6 months were utilized to gauge family functioning as well. Data on the total number of days a child was under supervision of the Department of Child and Family Services and the total number of days the child was home were the outcome variables used to measure family stability. Both of these were interval in nature and were measured in the number of days. Walton and her colleagues say very little about treatment fidelity and efforts to insure that the program was implemented as intended. This could be a serious limitation of the research. Another problem is the high rate of re-entry to care for those in the experimental condition. An early report (Walton & Fraser, 1993) indicated that 16.7% of the control group who were reunited with their families subsequently returned to out-of-home care, while 30.3% of the experimental group re-entered out-of-home care for some period of time. However, Walton and Fraser (1993) report that, “Across the 15-month period (from entry into the project), 44 (77.2%) of the 57 children in the experimental group not only returned home but ultimately stayed or returned there—compared to 25 (47.2%) of the 53 children in the control (Chi square = 10.6, df=1, p<0.01)” (p.6). So, although children in the experimental group tended to spend more time at home and were more likely to be there at the end of 90 days and 12
months, the number of cases re-entering the system at some point was higher for the experimental group.

a) Findings and Limitations of the Experimental and Quasi-Experimental Research

These five studies offer the strongest research designs to evaluate which treatment programs are most likely to promote family reunification within 12 months and to reduce the occurrence of return to care. Although each uses a rigorous research design, there are important weaknesses that limit the conclusions that can be drawn.

Choi (2006) studied the use of recovery coaches for substance abuse treatment to increase the likelihood of reunification, however no statistical significance was found between the treatment and control groups. Using correlational analysis methods, she found that mothers who complete substance abuse treatment were more likely to be reunified with their children. Additional findings indicated that problems with job training, education, parenting skills, domestic violence, and mental health reduced the likelihood of reunification. Further, mothers who received matched services in transportation, housing, childcare, substance abuse treatment and counseling were also more likely to achieve reunification than those with unmatched needs or no needs. Families that require and receive concrete services are more likely to reunify. Choi relied upon many associational and linear modeling statistical analysis techniques when the experimental components of her study did not indicate any significant difference between the treatment and control groups. As a result, the statistically significant findings are not based on an experimental analysis but are correlational in nature.

Fisher et al. (2005) were unable to draw conclusions regarding the effectiveness of the EIFC in their study. However, one statistically significant finding was that children in the control group were more likely to have failed permanent placements and thus re-
enter care. Also, some control group children had two permanent placement failures resulting in re-entry to care while those in the experimental group who did have a permanent placement failure only had one failure. They reported that most permanent placement failures for both experimental and control groups occurred between 8-14 months of entering placement. Their findings suggest that children who had more than one placement prior to the study had an increased likelihood of failed permanency.

Jones et al. (1976) relied upon an experimental design that was split into four groups to evaluate Intensive Family Services. There were two preventative and rehabilitative groups in Upstate New York and in New York City. Their findings suggest that families who receive the Intensive Family Preservation Services are more likely to avoid initial placement of their children in foster care. Most findings in this study were related to placement prevention and will not be discussed here. However, the authors also found that use of the service decreased the amount of time a child spent in foster care. One statistically significant finding in the New York City group indicated that children who received the intervention spent less days in care than those who did not. Sampling and assignment were problematic in this study, as assessment as to whether the family would benefit from the service was used to determine whether or not the family was placed in the experimental or control group. Therefore, conclusions cannot be drawn about the effectiveness of the service as families believed to benefit from the service were those who received the intervention.

The challenges faced by Stein and Gambrill (1979) were somewhat indicative of the period of time in which they conducted their research. Their conclusions suggest that children who received the decision making services were likely to be “heading out of care” at the study end or the one year follow-up. Their report was brief and offered limited information in terms of methodology, sampling, and intervention description. While this
research included a one year follow-up of the original study, the language used to describe their outcomes presented limitations. “Heading out of care” was utilized to describe the child’s status at both the study ending and the one year follow-up. Unfortunately, this language is ambiguous and limits conclusions about reunification.

In the initial phase of study, Walton (1996) indicated that the findings are inconclusive. She suggested that the treatment may have served as a confounding variable in this situation and that the treatment and control groups may not have been equivalent. In the six year follow-up of the original study, Walton indicates that families who received the intervention were more stable (together at the time data were collected) at the six year review than those who did not, but data on number of re-entries to care were not reported. Failing to analyze the re-entry events for families receiving the intensive family preservation services is a critical limitation of this research.

2. **Empirical, Non-Experimental Research**

There have been many non-experimental studies conducted on factors that are associated with timely family reunification, successful reunification, and conditions contributing to re-entry to care. Some of these studies have been conducted as evaluations of programs to improve reunification outcomes and others have analyzed existing administrative data to statistically reveal those factors most often correlated with successful reunification. In looking at the entirety of this research, it is clear that some factors emerge in many of the studies while others are identified by only one or two researchers. Although correlational in nature, many of these studies are very comprehensive, well conceptualized, and methodologically sophisticated. For example, a recent two year longitudinal study by Barber and Delfabbro tracked 235 children served by the Australian child welfare system. Following an extensive review of the research literature, Barber and Delfabbro included a large number of variables in their research to
analyze the impact of numerous child, family/parent, and service factors on the service outcomes for children. Their work has implications for designing effective reunification services. Other especially strong empirical studies such as those evaluating the Missouri reunification program (Lewandowski & Pierce, 2002, 2004) and the work done by Kirk and his colleagues on the North Carolina approach are noteworthy. A summary of the factors that have been found to be associated with reunification outcomes or likelihood of re-entering care is provided in Appendix C. This information will be described in three sections organized by child characteristics, family characteristics and service characteristics. Although causal conclusions cannot not be drawn from this research, those findings that are replicated across studies suggest factors than might be included in innovative programs for reunification and provide direction for future experimental research.

a) **Child Characteristics**

A number of child characteristics have been correlated with length of time in out of home care, time to reunification, and the likelihood of re-entering care. Two of the most commonly reported findings were that the child’s age and racial/ethnic heritage are associated with reunification and re-entry outcomes. There is general agreement that infants and children under 2 years of age and teenagers have higher rates of re-entry and less successful reunification as measured by time in care and time to reunification (McDonald, Bryson, Poertner, 2006; Epstein, et al.,1998; Wulczyn, 1991; Fuller, 2005; Miller, 2004; Festinger, 1996; Marsh, Ryan, Choi & Testa 2006; Connell, Katz, Saunders & Tebes, 2006; Fuller, Wells, & Cotton, 2001; Yampolskaya, Kershaw & Banks, 2006; Block & Libowitz, 1983; Shaw, 2006; Wells & Guo, 1999; Grogan-Kaylor, 2001; Webster, Shlonsky, Shaw & Brookhart, 2005; Courtney, 1995; Farmer, 1996; Vanderploeg, et al., 2007; Courtney, Piliavin & Wright, 1997; Grogan-Kaylor, 2000). The child’s race or
ethnicity seemed to affect the likelihood of reunification and re-entry to care. The findings suggest that minority children often remain in care longer or re-enter care more frequently. (Albers, Reilly & Rittner, 1993; Connell, Katz, Saunders & Tebes, 2006; Yampolskaya, Kershaw & Banks, 2006; Shaw, 2006; Wells & Guo, 1999; Grogan-Kaylor, 2001; Terling, 1999; Jones, 1998; Webster, Shlonsky, Shaw & Brookhart, 2005).

Another significant factor related to successful reunification or decreased re-entry was the type and nature of the child’s problems. Children with health problems or behavioral problems were less likely to reunify or were more likely to re-enter care (Connell, Katz, Saunders & Tebes, 2006; Yampolskaya, Kershaw & Banks, 2006; Block & Libowitz, 1983; Turner, 1984; Grogan-Kaylor, 2001; Romney, Litrownik, Newton & Lau, 2006; Jones, 1998; Courtney, Pilavin & Wright, 1997; Grogan-Kaylor, 2000).

The child’s gender has also been examined for a possible association with successful reunification or re-entry to care. There are contradictory findings in this area however, and some researchers reported no differences in reunification or re-entry as a result of gender (Epstein, et al., 1998; Wulczyn, 1991; Orlebeke & Melamid, 2000; Block & Libowitz, 1983; Wells & Guo, 1999; Vanderploeg et al., 2007).

b) **Parent/Family Characteristics**

There are many family or parent characteristics identified in the research that are correlated with reunification outcomes including 1) parental engagement (i.e., involvement and contact), 2) parental constellation, and 3) the presence of parental problems. Many studies have concluded that parental engagement as measured by involvement or family contact is associated with successful reunification (i.e., shorter time in care and fewer re-entries to out-of-home care). Some studies have indicated that parental involvement in case planning is likely to increase the success of reunification and decrease re-entry to care (Tam & Ho, 1996; Fein, 1993; Leathers, 2002; Turner, 1984; Miller, Fisher, Fetrow &
Jordan, 2006; Farmer, 1996). Other studies suggest that parental visitation increases the likelihood of reunification and/or decreases the risk of re-entry (Leathers, 2002; Mech, 1985; Grigsby, 1990; Noble, 1997). One study suggests that regular visits in the home by the child is associated with successful reunification and decreased risk of re-entry (Farmer, 1996), unless the visitation is a negative experience. In that case, visitation can lead to a reduced likelihood of successful reunification (Block and Libowitz, 1983). Tam and Ho (1996) also report that increased contact, in general, between parents and children increases the likelihood of successful reunification. Despite the widespread agreement that parental visits and family contact during placement has a positive impact on reunification outcomes, a comprehensive study by Barber and Defabbro (2004, p.136) concluded that:

- **Parental contact does not necessarily decline over long periods of out-of-home care,**
- **Children who have frequent contact with their parents in the early months of placement are more likely to be reunified,**
- **Over time, there is little correlation between changes in the frequency of contact and the likelihood of reunification, and**
- **Family contact and reunification are correlated but not causally related.**

Barber and Defabbro speculate that parental involvement and contact may serve as a proxy for something more important to reunification, such as the general status and quality of the relationship between the child and parents. None of the studies specifically examined the role of fathers in reunification and this could be an area for future research.

Articles by Hess and Folaron (Hess and Folaron, 1991; Hess et al., 1992) have examined the role of parental “ambivalence” in re-entry to care. Ambivalent parents (i.e., those who had “deeply felt or consistent ambivalence about parenting”) were found to be
more likely to have requested a child’s placement both initially and again at re-entry; to refuse at least one service; and to be inconsistent in attendance at court meetings, in visits with their children, and in their participation in services (Hess & Folaron, 1991). Their work in this area is consistent with earlier studies showing that parental ambivalence can be expressed through reluctance to have children home and by the parents’ failure to engage in behaviors that are likely to lead to successful reunification. Research by Littell (Littell, 2001; Littell & Tajima, 2000) on parental compliance and cooperation is also consistent with the findings on parental ambivalence, as is the work of Barber and Delfabbro (2004) discussed previously. Additionally, the greater the numbers of parental problems, the more likely the parents were to request placement. Parental request for placement then increased the likelihood of return to foster care (Turner, 1984).

Findings regarding the reason that a child was placed in care were also common. This included abuse, neglect, physical abuse, sexual abuse and dependency. The most common finding of this nature was that the reason for placement was associated with the likelihood for successful reunification, i.e., the length of time in care or the risk for re-entry (Miller, 2004; Yampolskaya, Kershaw & Banks, 2006; Wells & Guo, 1999, 2004; Terling, 1999; Webster, Shlonsky, Shaw & Brookhart, 2005; Grogan-Kaylor, 2000). Several authors reported that removal for neglect slowed the reunification speed (Wells & Guo, 1999; Courtney, Pilavin & Wright, 1997; Wells & Guo, 2006). However, it should be noted that children who were removed as a result of behavior problems were less likely to reunify than those removed as a result of neglect (Connell, Katz, Saunders & Tebes, 2006; Landy & Munro, 1998).

Substance abuse by parents was also associated with failed reunification and increased re-entry (Epstein et al., 1998; Shaw, 2006; Terling, 1999; Courtney, Pilavin & Wright, 1997; Vanderploeg et al., 2007). Many of these findings suggest that if parents
continue substance use, reunification will be slowed or the risk of re-entering care increased. One study suggested that parental involvement in drug dependency courts delayed reunification (Boles, Young, Moore & DiPirro-Beard, 2007). Noble (1997) reported that participation in substance abuse treatment day programs and long term participation in substance abuse treatment were related to successful reunification as well. Additional parental problems that were likely to increase the risk of re-entry to care were mental illness, incarceration, and health problems (Fuller, 2005; Fuller, Wells, & Cotton, 2001; Block & Libowitz, 1983). Additional findings of this nature suggested that improvement in parental problems is related to success of reunification (Marsh, Ryan, Choi & Testa, 2006; Gregoire & Schultz, 2001) and that the number of caregiver problems is related to re-entry or reunification (Festinger, 1996; Marsh, Ryan, Choi, & Testa, 2006). Parental characteristics such as competence (Terling, 1999) were associated with successful reunification and parental inability to cope often led to re-entry (Block and Libowitz, 1983). Notably, Marsh, Ryan Choi & Testa (2006) suggested that there was no difference in reunification rates of families dealing with mental illness, domestic violence or housing problems. Miller (2004) reported that parents with disabilities or without adequate housing were less likely to achieve successful reunification. Also, return to inadequate housing or a dangerous environment increases the likelihood of re-entry to care (Jones, 1998). Decreased parental attachment to the child was also associated with longer time in care (McWey & Mullins, 2004). Three authors reported findings regarding family history with the Child Protective Services agency and its association with the risk of re-entry or reunification failure (Terling, 1999; Vanderploeg et al., 2007; Noble, 1997).

Findings regarding family constellation were common. Several studies suggested that children returning to single parent homes were more likely to reunify than those returning to two parent homes (Fuller, 2005; Block & Libowitz, 1983; Wells & Guo, 1999;
Courtney, Piliavin & Wright, 1997). Fuller, Wells and Cotton (2001) reported findings that supported the possibility that multiple children (siblings) returning to the home at the same time can increase the risk of re-entry, and that the number of children in a home increases the risk of re-entry.

Income, receiving concrete services and welfare reform all were suggested to be related to re-entry and reunification. Wells and Guo (2006, 2004) reported that families reunified more quickly prior to welfare reform. Also, many studies suggested that the greater the income of the parents the less likely children were to re-enter care and the more successful reunification would be (Wells & Guo, 1999; Landy & Munro, 1998; Grogan-Kaylor, 2001; Wells & Guo, 2006). Lewis, Walton, and Fraser (1995) reported that families who were receiving basic concrete services were more likely to have children reenter care. No explanation was given for this finding that seems to contradict other research.

c) **Service Characteristics**
Several service characteristics were also identified in terms of their impact on re-entry or reunification. These are divided into three categories: placement characteristics, service provision and kinship care. Findings regarding placement characteristics were common. The length of time in placement was suggested to increase the risk of re-entry (Wulczyn, 1991; Connell, Katz, Saunders & Tebes, 2006; Fuller, Wells, & Cotton, 2001; Grigsby, 1990). The number of placements a child experienced was also associated with reunification and re-entry (Tam & Ho, 1996; Connell, Katz, Saunders & Tebes, 2006; Block & Libowitz, 1983; Wells & Guo, 1999; Grigsby, 1990). Other findings suggested that placement in treatment foster care increased the likelihood of reunification (Webster, Shlonsky, Shaw & Brookhart, 2005) while placement in group homes or hospitalization settings decrease the likelihood of successful reunification (Wells & Guo, 1999, 2006).
Farmer (1996) also suggests that the characteristics of the first placement impact reunification for unruly youth.

Many types of services were found to be related to reunification success or risk of re-entry to care. These services will be discussed at length in the discussion on program models, however characteristics of these services will be discussed here. Farmer (1996) suggested that access to an adequate support network for families and unruly youth is necessary to prevent re-entry to care. One study noted that risk assessment and parental cooperation with service agencies was not related to successful reunification or re-entry but time after reunification was related to re-entry (Terling, 1999). Families with unmet service needs at the time of reunification were likely to have children re-enter care (Festinger, 1996). Families without a service plan for reunification were less likely to achieve reunification (Tam & Ho, 1996). Fein and Maluccio (1984) suggest that basic supports after reunification are necessary to reduce the risk of re-entry to care.

The final category of service characteristics involves that of placement with relatives or with siblings. Many studies indicate that placement in kinship care will increase the amount of time until reunification and possibly decrease the likelihood of achieving permanency (Fuller, 2005; Miller, 2004; Miller, Fox, Garcia-Beckwith, 1999; Connell, Katz, Saunders & Tebes, 2006; Wulczyn, Orlebeke & Melamid, 2000; Fuller, Wells, & Cotton, 2001; Courtney, 1995). Two reasons were offered for this finding: that kinship care providers did not want to damage relationships with the biological parents of the children and that if the child was doing well in the kinship setting there was no need to seek permanency through reunification. Related to this were findings regarding children being placed in the same placements as their siblings. Tam and Ho (1996) reported that siblings placed in the same facility inhibited the child’s return home; however other authors
suggested that siblings placed in the same setting increased the likelihood of reunification (Webster, Shlonsky, Shaw & Brookhart, 2005; Leathers, 2005).

3. Program Models
   There are a number of program models currently being used around the country to promote successful family reunification. Most of them address some combination of the factors identified in the empirical literature but they differ significantly on when the services are offered (pre- or post-reunification), the use of assessment tools to guide reunification efforts, how long the families receive services, the intensity of the services, who delivers the services, and how the service outcomes are monitored. There are seven general types of service currently offered to increase successful reunification and reduce re-entry rates. They are 1) intensive family preservation/reunification programs, 2) recovery coaches and services matching, 3) early intervention foster care, 4) concurrent planning, 5) court-based services, 6) the Manatee model, and 7) an assessment and treatment model. Table 11 provides a summary for each.

   a) **Intensive Family Preservation/Reunification Services (IFPS) Models**
      Kirk and Griffith (2005) completed an analysis of states using Intensive Family Reunification Services (IFRS) in conjunction with their work on the North Carolina Family Assessment Scale for Reunification (NCFAS-R). Their review indicated that there were seven states utilizing some version of the IFRS program model. They include Colorado, Indiana, Maryland, Missouri, North Carolina, Pennsylvania, and Washington. The key components of this model are rapid referral response, caseworker availability 24 hours a day, and meetings with family on evenings and weekends. The caseloads of the workers providing these services range from two to five families and services last between six and 52 weeks. The NFCAS-R is utilized to assess families for reunification readiness and evaluate service provision. Kirk and Griffith suggest that families who received these
services had a decrease in problem range, decrease in moderate to serious problem levels and a reduction in safety problems.

The NCFAS-R is a seven domain scale used to assess the family’s readiness for reunification (Kirk & Griffith, 2005). The NCFAS-R is an extension of the North Carolina Family Assessment Scale (NCFAS) which is utilized to assess families involved with Child protective services in conjunction with IFPS. The NCFAS-R relies upon the five domains that are included in the NCFAS and then two additional domains. In terms of reliability for this assessment tool, a Chronbach’s Alpha statistic was completed on each of the domains and the statistic ranged from 0.71 to 0.93, all very good. The original domains on the NCFAS are environment, parental capability, family intervention, family safety, and child-wellbeing. The NCFAS-R evaluates parental ambivalence and reunification readiness, as well. The NCFAS-R is a tool that is used to evaluate change during the IFRS period. The worker collects data in each of the domains at the beginning of the service period and at the end. Then, the change for each domain is calculated. This allows for determination of areas that have improved and areas that still need improvement and thus permits CPS staff to assess program effectiveness for each family.

Jones, Neuman and Shyne (1976) describe an Intensive Family Services model in New York which is designed to avert foster care or reduce the amount of time in care that included increased contact with parents, family members and children by the worker assigned to the case. Families received counseling, financial assistance, medical service, placement, help with housing, family life education, education in home management, vocational counseling, recreation or cultural enrichment, tutoring, day care and home maker services. These services were provided at one of two time periods in the case. The first period of service provision is prior to placement in foster care. This service is utilized in an effort to prevent subsequent placement of children in care. The second time
period is that immediately prior to and immediately following reunification. The goal of the service at this time is to shorten time in foster care as well as prevent subsequent re-entry to care. The author reports that children who received the intervention spent fewer days in foster care than those who did not. Also they report that children who were in foster care and received the intervention were more likely to return home than those who did not. Improvement in the problems of the children and families was evident after receipt of the intervention. It should be noted that while these findings are promising many are not statistically significant.

The Boysville of Michigan (1991) family reunification project relied upon a Homebuilders model that provided up to eight weeks of services: three to five weeks of family preservation services prior to reunification, and three to five weeks of family preservation services after reunification. The goal of this model was to achieve successful reunification. In this model, workers were assigned a case load of no more than two families and worked with the families using cognitive and behavioral approaches, providing soft and hard services and relying upon behaviorally specific goals.

The Homebuilders model is based on the philosophy that children have a right to remain in their homes with their families and that families have a right to nurture and care for their children. The focus of child protective services should be the family and that service provision needs to embrace diversity and respect race, culture, and religion. Further, the model operates on values that place the importance of safety first and is based on the premise that families can change and that they all should be given an opportunity to do so. The Homebuilders model is a strengths-based approach that requires worker flexibility and availability to the family 24 hours a day. Although the sample was very small (39), early results indicated that family functioning was increased by this program and that the length of time in care was decreased.
In the same vein as the Boysville Model, Walton, Fraser, Harlin and Lewis (1993), evaluated another family reunification model based on the Homebuilders. Their model was similar in nature in that intensive home-based services were provided but services lasted less than 90 days and focused on providing concrete services and skills training. The initial results suggest that children who received the intervention were likely to return home sooner, however not all were likely to remain there and re-entry was high among the experimental group. Walton (1998) evaluated this model in a six year follow-up study and found that families who received the model were more stable after six years than those who did not.

Lewandowski and Pierce (2002, 2004) evaluated Missouri’s Family Centered out of home care model designed to enhance reunification. This model is much like traditional family preservation models and relies upon a smaller family to worker ratio to achieve the intended results. The ideal case load for a worker in this approach is twelve families. This is a larger number than other family preservation services, however is smaller than traditional case loads for workers providing CPS services. The family social worker facilitates collaboration between the many agencies involved with the family and provides continual family assessments which are not limited by a structured schedule. This model relies on a support team concept which includes the family social worker, the foster care agency worker, the guardian ad litem, attorneys, school personnel and other natural helpers that may be involved with the family. Families are encouraged to be active participants in the reunification process. The family meets with the support team within 72 hours of placement and then at frequent intervals throughout the case duration. These meetings facilitate interaction and collaboration amongst the many individuals involved in the case. As a result of this process, families receive a range of services such as counseling, parenting, financial assistance and other concrete services. The family
preservation service tended to be more successful at reunifying children who had been in out-of-home care longer.

Berry and McCauley (2005) developed and evaluated the Intensive Reunification Program in Kansas. This program requires intensive participation from foster care staff and parents. Several of the program components are a) behavior modeling and opportunity to practice new behaviors, b) increased contact between parents and children, and c) social workers, volunteers, and family support workers who “coach” parents and provide positive feedback in real-life settings. Each week, there are two sessions between the parents and children. These are held for two hours each night in a local fellowship hall. These meetings are structured and involve a group meal during the first half hour, a fun activity between parents and children for the second half hour, and the final hour is spent in parent education and peer support groups. Preliminary evaluation suggests that the program had greater success with families who were referred for neglect rather than other types of abuse, however no comparative evaluation is available.

Fein and Staff (1993) evaluated a reunification services program through Casey Family Services which serves the four New England states. This program provides training in parenting skills, mental health counseling, respite care, coaching in homemaking, budgeting assistance, help with job training and apartment-hunting, transportation, and support for substance abuse treatment. The services are delivered by a two-person casework team who has contact with the family three to four times a week. Initial evaluation of this program was positive and did result in the successful reunification of families with multiple problems.

b) **Recovery Coaches and Service Matching Program**
Choi (2006) evaluated a very different model that employed recovery coaches and service matching for mothers in Illinois who had their children removed as a result of
substance abuse issues. The recovery coach idea was adapted from substance abuse programs. In this model, a coach is assigned to work with the mother in achieving sobriety and to help facilitate reunification. Service matching was the language used to describe the provision of services that matched the needs of the mother to the services provided. This matching process was considered from two perspectives. One, the agency working with the mother identified service needs and the mother identified her perception of her service needs. Then, services were provided in an effort to address these needs. Choi’s results suggested that mothers who received services that met their perceived needs were more successful.

c) Early Intervention Foster Care (EIFC) Program (Oregon)
Fisher, Burraston and Pears (2005) evaluated the Early Intervention Foster Care Program which is designed to enhance reunification. This program is an extension of the Oregon Multidimensional treatment foster care program for adolescents and is designed for use with pre-school age children in care. The program requires pre-service and in-service training of foster parents, ongoing and intensive support from program staff, and individual counseling for children and parent training. The intervention emphasizes encouragement for prosocial behavior, consistent limit setting and close supervision of the child. Preliminary evaluations were inconclusive regarding program success.

The Multidimensional Treatment Foster Care program was developed for youth who exhibit anti-social or problem behavior (Fisher & Chamberlain, 2000). This model relies upon the use of close supervision of youth by caseworkers with small caseloads. Much like the EIFC model, foster parents receive pre-service and in-service training and ongoing support. Caseworkers are available 24 hours a day to address family questions, concerns and crises. The program relies upon a points-based behavior management for youth in the foster home. This model has three privilege levels and a youth must earn
points to move through those levels. In addition, peer associations are closely monitored, and a treatment team is used to assist with service provision. This model has only been evaluated in terms of re-arrest and re-incarceration rates, however it may be an effective tool in prevention reunification as well. Given the outcome measures used, this model was not addressed in the empirical portion of the report and has only been included as one of many program model descriptions.

d) **Concurrent Planning Models**
Frame, Berrick and Coakely (2006) discuss the use of concurrent planning in California in an effort to facilitate permanency planning and reunification. This model of concurrent planning relies on several components to achieve reunification. They are a) assessing the family’s prognosis for reunification within the first 90 days of placement, b) developing simultaneous plans for the child so that if reunification fails additional plans for permanency are readily available, c) placement in a home that has caregivers who are willing to adopt but will support reunification as well, d) full disclosure to birth parents of the effects of out-of-home care on a child and timelines for reunification and permanency, e) frequent parental visits, even with ambivalent parents, f) a focus on timely permanency as the goal, g) having parents and caseworkers develop written plans that include small attainable goals, and h) drawing conclusions about the success of the case based on observed parental behavior (Katz 1996, 1999). A qualitative evaluation of this model was conducted so it is impossible to determine if the program was responsible for those who achieved successful reunification.

e) **Court-based Programs**
Courtney and Blakey (2003) evaluate an expedited court review process as a tool to increase permanency for children. This process relied upon court reviews every 90 days rather than every 180 days in an effort to bring all involved parties together more
f) **Manatee Model (Florida)**

Yampolskaya, Kershaw and Banks (2005) discuss the Manatee Model (Florida) as a tool for achieving reunification. The Manatee Model is designed for use with youth between 8 and 18 years of age who are in out-of-home care, have serious emotional and behavioral problems and are at risk for lengthy stays in care. The program serves 60 children annually and offers case management, long-term residential services, placement counseling and adoption. This is an approach designed to meet the needs of children with many issues. A two year longitudinal evaluation of this model found that children with complex needs, especially health issues, were most likely to be in lengthy out-of-home placements. This was especially true of the program participants. Other factors that had an impact on the length of placement were the age of the child and whether the child was from a single-parent household. This study did not include a control group and was correlational only; nonetheless it showed some success for those who participated in the program.

g) **Assessment and Treatment Model**

Zeanah et al. (2001) discuss the use of an assessment and treatment program in Louisiana for children 48 months or younger in foster care due to maltreatment. This program includes 15 to 20 hours of face-to-face contact with parents (or other primary caregiver) to help them understand the importance of the parent-child relationship and to accept responsibility for occurrences of maltreatment. Home visits and clinical observations, standardized instruments and naturalistic observations are all utilized to
assess the relationships. The end of the assessment phase is marked by a conference between all involved professionals, feedback for parents and recommendations to the juvenile court. During the intensive treatment program which follows the assessment phase, a court-ordered case plan for the family is implemented with the goal of helping the family take responsibility for the maltreatment of their child. The family may also receive services such as individual counseling, dyadic psychotherapy with young children, medication and crisis intervention. Evaluation of this intervention suggests that it reduced maltreatment recidivism, but reunification rates for those in the intervention group were lower for those in the program. The authors speculate that the intense scrutiny of the parents during the intervention lead to an increased number of parental rights terminations.

Table 11. Program Models for Improving Reunification and Decreasing Re-entry to Care.

<table>
<thead>
<tr>
<th>Type of Model</th>
<th>Program Name</th>
<th>Key Components</th>
<th>Outcomes</th>
<th>Level of Evaluation</th>
</tr>
</thead>
</table>
| Intensive Family Preservation/Reunification Services | Intensive Family Reunification Services (Kirk & Griffith) | • Rapid referral response  
• 24 hour availability  
• Evening and weekend meetings  
• Small caseloads (2-5) | 1. Kirk and Griffith’s 2005 review suggests decrease in problems, decrease in moderate to serious problem levels and decrease in safety problems.  
2. Further empirical analysis is required to draw conclusions. | No Empirical evaluation. Only descriptive analysis. |
<table>
<thead>
<tr>
<th>Type of Model</th>
<th>Program Name</th>
<th>Key Components</th>
<th>Outcomes</th>
<th>Level of Evaluation</th>
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</thead>
</table>
| Intensive Family Service Model (Jones, Neuman, & Shyne) | • Increased worker contact with parents, family members and children  
• Counseling  
• Financial Assistance  
• Medical Service  
• Placement  
• Housing assistance  
• Family life education  
• Vocational counseling  
• Recreation or Cultural Enrichment  
• Tutoring  
• Day Care  
• Home maker services | 1. Decrease in the amount of time in care  
2. Increase in the number of children returning home  
3. Improvement in family problems | Experimental |
| Boysville of Michigan based on Homebuilders Model | • 2 families per worker  
• Family preservation services prior to reunification and post reunification  
• Use of cognitive and behavioral approaches with family  
• Provision of Soft and Hard Services  
• Worker flexibility and availability 24 hours a day | 1. Increase in family functioning  
2. Decrease in the amount of time in care | Correlational and therefore conclusions cannot be drawn about effectiveness. |
| Walton, Fraser, Harlin & Lewis (1993) based on Homebuilders model | • Less than 90 days of service  
• Home-based  
• Provision of concrete services and skills training | 1. Decreased time in care  
2. Increased family stability at six year follow-up | Quasi-experimental |
<table>
<thead>
<tr>
<th>Type of Model</th>
<th>Program Name</th>
<th>Key Components</th>
<th>Outcomes</th>
<th>Level of Evaluation</th>
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</table>
| Family Centered               | Out of Home Care                                         | • Small family to worker ratio (12:1)  
• Worker facilitates collaboration between many agencies to provide services for the family  
• Continuous family assessments  
• Support team consisting of involved parties from the court system, CPS, the foster care agency and other individuals  
• Family meets with support team at regular intervals to assess progress and identify additional needs.                                                                                                                                                        | 1. Successful reunification of children who had been in out of home care for longer periods of time.                                                                                                         | Correlational and therefore conclusions cannot be drawn about effectiveness.                                |
|                               | (Lewandowski & Pierce)                                   |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          |                                                                                                          |
| Intensive Reunification       | Program – Kansas                                         | • Participation from parents and foster care staff and families  
• Behavior modeling and opportunities to practice new behaviors  
• Increased contact between parents and children  
• Professional “coaching” of parents to provide support and feedback  
• Twice weekly group dinner, activity and education/support session                                                                                                                                                                                                  | 1. Program was more successful with neglect cases, but no comparative evaluation was conducted.                                                                                                         | Correlational and therefore conclusions cannot be drawn about effectiveness.                                |
<p>|                               | (Berry &amp; McCauley)                                       |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          |                                                                                                          |</p>
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<tr>
<th>Type of Model</th>
<th>Program Name</th>
<th>Key Components</th>
<th>Outcomes</th>
<th>Level of Evaluation</th>
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</thead>
</table>
| Reunification Services Program     | Program (Fein & Staff)                                            | • Parental skills training  
• Mental health counseling  
• Respite care  
• Homemaking services  
• Budgeting assistance  
• Job training  
• Apartment location assistance  
• Transportation assistance  
• Substance abuse treatment support  
• Two-person caseworker team delivered services to family | 1. Initial reunification may have been successful, however needs empirical evaluation                                                                                                                                  | No empirical evaluation |
| Recovery Coach and Service Matching |                                                                 | • Use of supportive person assigned to work with mother through recovery process.  
• Use of services that were intended to match the specific needs of the mother from both agency and maternal perspectives | 1. Service matching increased success of mothers in recovery and therefore success of reunification as well.                                                                                                           | Experimental       |
| Early Intervention Foster Care     | Program – Oregon (Fisher et al.)                                  | • Extension of the Multi-dimensional treatment foster care program for adolescents designed for use with preschool aged children  
• Pre-service and in-service training for foster parents  
• Ongoing and intensive support from program staff  
• Counseling for children  
• Parent training  
• Emphasis on concrete encouragement for prosocial behavior | 1. Needs further empirical evaluation as preliminary evaluations of success were inconclusive.                                                                                                                         | Experimental       |
<table>
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<tr>
<th>Type of Model</th>
<th>Program Name</th>
<th>Key Components</th>
<th>Outcomes</th>
<th>Level of Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-dimensional Treatment</td>
<td>Foster Care – Oregon (Fisher &amp; Chamberlain)</td>
<td>• Develop for use with adolescents exhibiting anti-social behavior&lt;br&gt;• Close supervision of youth by caseworkers (daily)&lt;br&gt;• Small caseloads (10-12)&lt;br&gt;• Pre-service and in-service training for foster parents&lt;br&gt;• 24 hour a day case worker availability&lt;br&gt;• Relies on a points-based behavior management program for the youth in the foster home.&lt;br&gt;• Use of treatment team with clearly defined roles.&lt;br&gt;• Close monitoring of peer associations</td>
<td>1. Did not evaluate reunification or re-entry, relied upon arrest rates and reincarceration as outcomes. May be a useful intervention for reduction of re-entry or increased success of reunification.</td>
<td>Quasi-experimental</td>
</tr>
<tr>
<td>Concurrent Planning</td>
<td>Concurrent Planning (Frame et al.)</td>
<td>• Assessment of reunification prognosis within 90 days of placement&lt;br&gt;• Development of simultaneous reunification and permanency plans for the child&lt;br&gt;• Placement with caregivers who are willing to adopt but also support the reunification process&lt;br&gt;• Full disclosure to birth parents of the plans and effects of out-of-home care&lt;br&gt;• Frequent parental visits&lt;br&gt;• Timely permanency is the goal&lt;br&gt;• Case conclusions are made based upon observed parental behavior</td>
<td>1. Qualitative evaluation conducted no conclusive evidence of success</td>
<td>Qualitative evaluation and therefore conclusions cannot be drawn about effectiveness.</td>
</tr>
<tr>
<td>Type of Model</td>
<td>Program Name</td>
<td>Key Components</td>
<td>Outcomes</td>
<td>Level of Evaluation</td>
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<td>------------------------</td>
<td>------------------------------------------------------------------------------</td>
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<tr>
<td>Court-based services</td>
<td>Expedited Court Review Process (Courtney &amp; Blakey)</td>
<td>• Increased court reviews from 180 days to 90 days</td>
<td>1. Permanency may be achieved more timely.</td>
<td>Correlational and therefore conclusions cannot be drawn about effectiveness.</td>
</tr>
<tr>
<td>Manatee Model</td>
<td>Manatee Model – Florida (Yampolskaya et al.)</td>
<td>• For children with emotional and behavioral problems</td>
<td>1. Needs empirical evaluation</td>
<td>Correlational and therefore conclusions cannot be drawn about effectiveness.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Case management</td>
<td>2. Children in Manatee model were in care longer</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Long-term residential services</td>
<td>3. No difference in reunification rates</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Placement Counseling</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>• Adoption</td>
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<tr>
<td>Assessment and</td>
<td>Assessments and Treatment for children under 48 months of age (Zeanah et al.)</td>
<td>• Assessment of relationships to understand importance and dynamics occurs via 15 to 20 hours of face-to-face contact with child and family members</td>
<td>1. Evaluation suggests that the intervention reduced maltreatment recidivism but not specifically return to care.</td>
<td>Correlational and therefore conclusions cannot be drawn about effectiveness.</td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
<td>• After assessment, conference is conducted to provide feedback to parents and offer recommendations to the court</td>
<td>2. Results show more terminations of parental rights for those in intervention group.</td>
<td></td>
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<tr>
<td></td>
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<td>• Treatment plan is implemented with the primary goal that the family will achieve accountability for the maltreatment of their child</td>
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<tr>
<td></td>
<td></td>
<td>• Additional goals are identified and services such as counseling, psychotherapy, medication and crisis intervention are utilized to meet these goals</td>
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</table>
4. **Qualitative Research**

Many qualitative studies were identified through this review. These studies relied upon qualitative methodologies such as case analysis, focus groups, and worker or parent interviews. Qualitative research is useful in developing theories or hypotheses regarding factors that may be critical to the success of reunification programs but that are not captured in the quantitative data. The conclusions from qualitative research are important to include in this review to identify new directions for services or critical outcome variables that should be included in future research, however it must be noted that these conclusions are not generalizable to a larger population.

Marcenko and Striepe (1997) used an ethnographic approach in conducting interviews with mothers about their experiences with reunification. They identified spirituality, family support, and belief in themselves as necessary qualities for reunification. Their findings suggest that mothers who felt that they had these qualities were more likely to have a positive reunification experience.

Carlson, Mattos, Smith and Everson (2006) interviewed case workers, substance abuse counselors and mothers about the stress of working toward sobriety and reunification at the same time. Results of their interviews suggest that mothers need coping skills to deal with the stress of reunification, increased parenting skills in order to be able to actively parent while in recovery and access to and use of formal and informal supports during and after the reunification process.

O’Neal (1999) conducted surveys and focus groups regarding parent satisfaction with the services they had received from the CPS agency in an effort to reduce foster care. The responses to parenting classes and substance abuse treatment were extremely positive, however the outcomes related to their satisfaction with CPS and their social workers were varied. This qualitative analysis was an attempt to evaluate parental
satisfaction with their services. These evaluations would suggest that parents found the parenting classes and substance abuse treatment most satisfying and raise questions about why their satisfaction with the CPS agencies and the social workers were varied.

Prutch (2003) conducted an exploratory study regarding factors that contribute to family reunification. This was accomplished through interviews with reunified parents and social workers. Parents identified various types of support as necessary during the very stressful reunification process. Concrete services such as transportation assistance, financial assistance, and housing assistance were mentioned as well as religious and family support. Some barriers to reunification were also identified. These were employment, housing, child care, and visitation. Services that were found to be helpful were parenting classes, residential substance abuse programs, counseling, and family decision meetings.

These qualitative studies offer direction in terms of future research and theory development. All of these studies examined parental experiences or satisfaction with reunification. The results suggest that parents or mothers need support in a variety of areas to include concrete services, substance abuse treatment, parenting skills, spirituality, and family support. Many of these findings are similar to correlational findings regarding concrete services and substance abuse treatment and this research mirrors the conceptual literature in this area as well. Issues such as parental supports and stress should be considered when developing a model to increase successful reunification and decrease the risk for re-entry to care.
B. Analysis of the Conceptual Literature

Many of the published articles on reunification and re-entry were judged to be conceptual in nature. That is, they presented information on theories about family reunification or presented the author’s ideas on how to promote reunification and reduce re-entry to care based on their assessment of the research literature, their practice experience, or their hypotheses about what is needed in the field. Although this information is typically not included in a systematic review, given the limited amount of rigorous research in this area we decided to also review the conceptual literature for ideas that could be examined in future research. This section will present 1) a review of the theoretical foundations and assumptions that guide current practices, 2) child and family/parent factors that are believed to influence reunification outcomes, and 3) services that are typically reported to improve reunification and reduce re-entry to out-of-home care.

1. Theoretical Foundations and Assumptions

a) Theoretical Foundations

One trend observed in the conceptual literature on family reunification services is the support for one of two similar theoretical foundations: ecological (Howe, 1983; Stehno 1986; Milner 1987; Maluccio, Warsh, & Pine 1993; Corcoran, 2000) or systems theory (Stehno 1986; Asen, George, Piper, & Stevens, 1989; McAlpine, Marshall, & Doran 2001). Ecological theory views the person within the context of their environment. Human behavior is seen as interactional in nature; therefore, behaviors should be understood within their social context (Howe, 1983). It is a strength-based perspective that focuses on family competencies rather than pathology (Howe, 1983; Maluccio, Warsh, & Pine1993). Similarly, systems theory acknowledges that children grow up within a larger context that includes family, friends, relatives, as well as the larger social and political environment.
Like the ecological perspective, systems theory is strength-based in nature and views behaviors as interactional attempts to function effectively within these larger systems (Asen, George, Piper, & Stevens, 1989).

b) **Family-Centered Approach**
One of the most prevalent aspects in the conceptual literature is the use of a family-centered approach to services (Stehno 1986; Malcuccio, Warsh, & Pine 1993; Braziel, Day, & Stuck, 1996; McCroskey & Meezan, 1998; Dawson & Berry, 2002; Risely-Curtiss, Stromwall, Hunt, & Teska 2004; Lewandowski 2004; NAIC 2004; Pine, Spath, & Gosteli, 2005). Family-centered services identify the family rather than the child as the central unit of focus (Malcuccio, Warsh, & Pine 1993). Aspects of family-centered care include: a strength-based view of families, parents functioning as partners on the treatment team, development of strong parent-worker relationships, and the provision of comprehensive services (Stehno 1986; Malcuccio, Warsh, & Pine 1993; Braziel, Day, & Stuck, 1996; McCroskey & Meezan, 1998; Dawson & Berry, 2002; Pine, Spath, & Gosteli, 2005). These ideas are also seen in three of the previously identified treatment models (Jones, Neuman, & Shyne, 1976; Boysville of Michigan, 1991; Lewandowski & Pierce, 2004).

2. **Child and Family Factors**

a) **Multi-problem families**
Many of the families who are engaged in child protective services experience multiple stressors and challenges that impact their ability to effectively and safely parent their children. Many parents are struggling with mental health, drug and alcohol, violence and poverty (Milner 1987; Marsh et al., 2006; Braziel, Day, & Stuck, 1996; McCroskey & Meezan, 1998). These families are less likely to experience successful reunification
(Biehal 2006). The conceptual literature recommends the provision of comprehensive services that target the specific needs of the individual families and include a combination of concrete and therapeutic services (Marsh et al., 2006; Braziel, Day, & Stuck, 1996). The correlation between multi-problem families and reunification outcomes was also seen in the empirical literature (Fuller, 2005; Fuller, Wells, & Cotton, 2001; Block & Libowitz, 1983) and was addressed in three program models (Jones, Neuman, & Shyne, 1976; Choi 2006; Fein & Staff, 1993).

b) **Race**

One factor that was most commonly cited in the conceptual literature was that of race. African-American children are disproportionally represented in the nation’s child protective services (Sinohara, 1998; Brooks & Webster, 1999; Hill, 2004). They are removed from their homes more often than other children, remain in care longer, are less likely to be reunified with their families, and are at higher risk of re-entering care (Courtney, 1992, 1994, & 1995; Barth, Courtney, Little & Scherman, 1995; Smokowski & Wodarski, 1996; White, 1996; Berrick & Albert, 1999; Malcuccio, 2000; Shaw, 2006). A study by White (1996) showed that minority children had fewer services offered to them than White children, had fewer parental visits, had more changes in case workers, and experienced more placement changes. Minority families also reported that they received fewer visits from their case workers, were less likely to be encouraged to visit with their children in care, and felt their case worker spent less time engaging them in problem-solving activities (White, 1996).

c) **Substance Abuse**

Parental substance abuse has been identified as a factor in reunification and re-entry into care (McAlpine, Marshall, & Doran 2001; Dawson & Berry, 2002; Malcuccio & Ainworth 2003; Pine, Spath, & Gosteli, 2005). Families affected by substance abuse also
experience a number of other stressors including poverty, inadequate housing, mental health issues, physical health issues, unsafe neighborhoods, neglect, and limited support networks (McAlpine, Marshall & Doran 2001; Malcuccio & Ainworth 2003). Wingfield & Klempner (2000) recommend five types of services for substance-abusing mothers: physical health care services, drug and alcohol treatment services, concrete supports; mental health services, and parenting services. This is similar to the findings in Choi’s (2006) study on service matching with substance abusing mothers. Many substance abusing mothers have experienced childhood trauma which also suggests a need for gender-specific addiction services (Cordero & Epstein, 2005).

d) **Neglectful Families**

Neglect is the most common type of maltreatment (Katz 1996). Children removed for neglect were less likely to reunify than those removed due to behavioral problems (Biehal 2006; Connell 2006), physical abuse (Marshall 1999; Wells 2004; Biehal 2006), or sexual abuse (Biehal 2006). This is also supported by the correlation research (Wells & Guo, 1999; Courtney, Pilavin & Wright, 1997; Wells & Guo, 2006). The conceptual literature highlighted that patterns of neglect and patterns of abuse are influenced by different factors, and interventions should address these differences appropriately (DePanfilis 1999; Petras, Massat, & Essex 2002; Dawson & Berry, 2002; NAIC 2004). Likewise, the types of neglect differ significantly in cause and treatment (NAIC 2004). For many types of neglect, the provision of material supports was identified as an important component of the reunification process as these families typically experience a number of barriers including inadequate housing, poverty and unemployment, and lack of transportation (DePanfilis 1999; Dawson & Berry, 2002; Petras, Massat, & Essex 2002; NAIC 2004). Additional interventions identified in the literature include: provision of parent education, linkage with community resources, parent support, mental health services, and crisis intervention.
(Dawson & Berry, 2002; Petras, Massat, & Essex 2002; NAIC 2004). The literature also supports providing services for longer periods of time (Dawson & Berry, 2002; NAIC 2004).

c) **Poverty**
Studies show that poor children are more likely to be placed out of the home, to remain in care for longer periods of time and to re-enter foster care after reunification with their families (Courtney, 1992; Courtney, 1994; Courtney, 1995; Grogan-Kaylor, 2001; Hill, 2004; Wells 2004; Littell & Schuerman 1995; Sinohara, 1998; Smokowski & Wodarski, 1996; Barth, Courtney, Berrick, & Albert, 1999; Harburger 2004, Pine, Spath, & Gosteli, 2005; Yampolskaya et al., 2006; Wells, 2006). The literature suggests that the challenges of poverty require advocacy and social action as well as direct practice with families (Malcuccio, Warsh, & Pine 1993). Another challenge is to find the resources and support for families that make reunification possible. The literature also points to the need to address the concrete concerns that facilitated removal (Maluccio & Fein 1994; Corcoran, 2000; Dawson & Berry, 2002).

3. **Services**

a) **Case Workers Behaviors**
The empirical literature on the influence of case workers on reunification suggests that it is the behaviors of case workers that impact outcomes rather than their attributes. The ability to develop a helping relationship with parents and engage them in services is suspected to increase treatment effectiveness (Pecora & Maluccio, 2000). Likewise, worker behaviors such as setting of mutually agreed upon goals, providing services that clients find relevant and helpful, focusing on client strengths, spending sufficient time with the clients and providing necessary resources are suggested to promote family reunification when they are administered in a supportive and non-punitive manner.
incorporating the perspectives of the parents in treatment planning (Farmer 1996; Marsh 2006), the involvement of extended family members in the helping process (Malcuccio, Warsh, & Pine, 1993), teaching parents how to access community resources (Malcuccio, Warsh, & Pine1993), coordinating services across service systems (Carroll 1980; Malcuccio, Warsh, & Pine1993), clearly communicating expectations to families (Wilkes 1992), and frequent contact between the case worker and the parents (Milner 1987; White 1996; Noble 1997; Dawson & Berry 2002).

b) **Assessment**

Another trend in the conceptual literature is the need for effective assessments to help guide case planning and intervention selection (Wilkes 1992; Braziel, Day, & Stuck, 1996McCroskey & Meezan, 1998; Risely-Curtiss, Stromwall, Hunt, & Teska 2004; Pine, Spath, & Gosteli, 2005). Authors support using a timely (McCroskey & Meezan, 1998), comprehensive assessment process (Braziel, Day, & Stuck, 1996; McCroskey & Meezan, 1998; Risely-Curtiss, Stromwall, Hunt, & Teska 2004; Pine, Spath, & Gosteli, 2005) that is culturally appropriate (Pine, Spath, & Gosteli, 2005). The literature also supports the involvement of parents and extended family members in the assessment and treatment planning process (Maluccio, 2000; Dawson & Berry, 2002; Crampton 2004; Risely-Curtiss, Stromwall, Hunt, & Teska 2004; Pine, Spath, & Gosteli, 2005).

c) **Family Engagement**

Another common theme in the conceptual literature is the importance of effectively engaging families in services (Lewis, 1991; Rooney 1992; Corcoran, 2000, Dawson & Berry, 2002; NFPN, 2003; NAIC 2004; Pine, Spath, & Gosteli, 2005). The literature acknowledges that families with children in care are especially difficult to engage (Salter, Richardson, & Martin, 1985; Rooney 1992; Dawson & Berry, 2002; Pine, Spath, & Gosteli,
Some research suggests that case workers can increase engagement by spending more time with the families especially in their early stages of treatment (Dawson & Berry, 2002). Many of the treatment models identified in the empirical literature incorporate high levels of worker-family contact and intensity of service as a component (Jones, Neuman & Shyne, 1976; Boysille of Michigan, 1991; Walton, Fraser, Harlin, & Lewis, 1993; Lewandowski & Pierce, 2004; Berry & McCauley, 2005; Kirk & Griffith, 2005; Fein & Staff, 1993). The conceptual literature supports the creation of an empathetic and supportive relationship with parents, but Salter, Richardson, and Martin (1985) caution that the desire to be accepting cannot distract from the need to address the underlying behaviors or factors that led to the need for protective services.

d) **Concrete Services**

Another common theme within the conceptual literature is the need to provide concrete services to families (Malcuccio, Warsh, & Pine1993; Braziel, Day, & Stuck, 1996; McCroskey & Meezan, 1998; DePanfilis 1999; Maluccio, 2000; Dawson & Berry, 2002; Risely-Curtiss, Stromwall, Hunt, & Teska 2004; NAIC 2004; Pine, Spath, & Gosteli, 2005) particularly during the engagement stage of involvement with the family (Dawson & Berry, 2002; NAIC 2004). The concrete services most often identified are assistance with housing (Maluccio, 2000; Dawson & Berry, 2002, Harburger 2004; NAIC 2004), employment (DePanfilis 1999; Maluccio, 2000; Dawson & Berry, 2002), transportation (Maluccio, 2000; Dawson & Berry, 2002; NAIC 2004), and childcare (DePanfilis 1999; Dawson & Berry, 2002; NAIC 2004). The literature also supports the partnership of child protective services and community-based organizations who address material assistance needs (DePanfilis 1999; McCroskey & Meezan, 1998; Harburger 2004; NAIC 2004). The role of concrete services can also been seen in the correlational (Fraser 1995; Fein & Maluccio, 1984; Prutch 2003) and empirical research (Jones, Neuman, & Shyne 1976;
Walton, Fraser, Harlin, & Lewis, 1993; Choi 2006; Boysville of Michigan 1991; Lewandowski & Pierce, 2004; Fein & Staff, 1993).

e) **Social Supports**

The conceptual literature identifies the lack of social supports to the family as a risk factor in reunification and overall family functioning (Milner 1987; Braziel, Day, & Stuck, 1996; Corcoran, 2000; Pine, Spath, & Gosteli, 2005), and for re-entry into care (Farmer, 1996; Terling 1999). Social supports were also identified as an important component of post-reunification support to families (Carlson, Mattos, Smith & Everson, 2006). As such, assisting families in strengthening their support network was suggested to increase success (Dawson & Berry, 2002).

f) **Mental Health Services**

The conceptual literature addresses the mental health needs of both the children in care and their parents (Asen, George, Piper, & Stevens, 1989; Maluccio, Warsh, & Pine1993; Berliner, L. & Kolko, D., 2000; Maluccio, 2000; Risley-Curtiss, Stromwall, Hunt & Teska, 2004; Chaffin 2004; Pine, Spath, & Gosteli, 2005; Connell 2006). The research supports the provision of mental health services before and after reunification occurs (Asen, George, Piper, & Stevens, 1989; Berliner, L. & Kolko, D., 2000; Maluccio, 2000; Risley-Curtiss, Stromwall, Hunt & Teska, 2004). This component is also seen in a number of the empirically-tested program models (Jones, Neuman, & Shyne 1976; Choi 2006; Boysville of Michigan 1991; Walton, Fraser, Harlin & Lewis, 1993; Lewandowski & Pierce, 2004; Fein & Staff, 1993; Zeanah, et al., 2001; Yampolskaya, Kershaw, & Banks, 2005; Fisher, Burraston, & Pears, 2005). Partnerships with human service providers and universities are recommended to increase the availability of effective mental health services (Risely-Curtiss, Stromwall, Hunt, & Teska 2004).
g) **Skill training**

The provision of services to increase parents’ skill levels in a number of areas is discussed in the conceptual literature (Corcoran, 2000; Maluccio 2000; Dawson & Berry, 2002; Pine, Spath, & Gosteli, 2005). Among the topic areas identified are: behavioral management techniques (Corcoran, 2000; Maluccio 2000), coping skills (Corcoran, 2000; Maluccio 2000; Dawson & Berry, 2002), and problem-solving skills (Corcoran, 2000; Dawson & Berry, 2002). Skill development is identified as a treatment component in the empirical literature as well (Jones, Neuman, & Shyne, 1976; Block & Libowitz, 1983; Walton, Fraser, Harlin & Lewis, 1993; Terling, 1999; Carlson, Mattos, Smith & Evenson, 2006; Choi 2006). Nine studies also mention the provision of parenting skills as a component in the reunification process (Jones, Neuman, & Shyne, 1976; Walton, Fraser, Harlin & Lewis, 1993; O’Neal 1999; Prutch 2003; Lewandowski & Pierce, 2004; Berry & McCauley, 2005; Fisher, Burraston, & Pears, 2005; Carlson, Mattos, Smith & Evenson, 2006; Choi 2006).

h) **Visitation**

There is a substantial amount of conceptual literature that discusses visitation between parents and children in care and its role in reunification (Proch & Howard, 1984; Mech 1985; Lawder 1986; Milner 1987; Maluccio, Walsh, & Pine 1993; Laufer, 1994; Katz, 1996; Braziel, Day, & Stuck, 1996; White 1996; Noble 1997; Corcoran, 2000; Walsh & Pine, 2000; Pine, Spath, & Gosteli, 2005; Monck, Reynolds, & Wigfall, 2005; Biehal 2006). Although there is a correlation between visitation and reunification as Biehal (2006) points out, it is descriptive in nature. Visitation can be used as an opportunity to assess parents’ investment in reunification (Proch & Howard, 1984; Katz, 1996) and their ability to effectively parent their children (Proch & Howard, 1984; Maluccio, Walsh, & Pine 1993; Corcoran, 2000; Walsh & Pine, 2000; Pine, Spath, & Gosteli, 2005; Monck, Reynolds, &
Wigfall, 2005). This time can also be an opportunity for parents to practice new skills they have learned, (Corcoran, 2000; Walsh & Pine, 2000; Pine, Spath, & Gosteli, 2005; Monck, Reynolds, & Wigfall, 2005) to strengthen the parent-child relationship (Proch & Howard, 1984; Malcuccio, Walsh, & Pine, 1993; Walsh & Pine, 2000; Monck, Reynolds, & Wigfall, 2005; Pine, Spath, & Gosteli, 2005), and to allow the family to begin implementing new interactional patterns (Proch & Howard, 1984; Malcuccio, Walsh, & Pine, 1993; Corcoran, 2000; Walsh & Pine, 2000). As such, the literature encourages visits that are long enough in duration to make this possible; occur in natural environments; and incorporate typical family activities such as meal preparation and going to the doctor. (Proch & Howard, 1984; Walsh & Pine, 2000).

i) **Agency Factors**

The conceptual literature discusses structural changes that may impact family reunification (Hartman 1993; Malcuccio, Warsh, & Pine, 1993; McCroskey & Meezan, 1998; Pierce & Geremia 1999; Pecora, & Maluccio 2000; Risely-Curtiss, Stromwall, Hunt, & Teska 2004; Pine, Spath, & Gosteli, 2005). For example, the size of case worker case loads (McCroskey & Meezan, 1998; Risely-Curtiss, Stromwall, Hunt, & Teska 2004; Pine, Spath, & Gosteli, 2005), the provision of case worker training (Malcuccio, Warsh, & Pine, 1993; McCroskey & Meezan, 1998; Pecora, & Maluccio, 2000; NAIC 2004; Risely-Curtiss, Stromwall, Hunt, & Teska 2004), access to on-going supervision (Malcuccio, Warsh, & Pine, 1993; McCroskey & Meezan, 1998), flexibility in how and when workers conduct their work (Malcuccio, Warsh, & Pine, 1993), and worker empowerment (Malcuccio, Warsh, & Pine, 1993) are all suggested to impact reunification outcomes.

4. **Re-entry**

Re-entry into out-of-home placement is another area addressed in the conceptual literature (Turner 1984; Maluccio & Fein, 1994; Festinger, 1994; Courtney, 1995; Pierce &
Several child and family factors have been suggested to increase risk of re-entry including families having multiple problems (Turner 1984; Biehal 2006); children having multiple problems (Pierce & Geremia 1999; Thomas, Chenot & Reifel 2005); the child’s disability status or health problems (Courtney 1995; Thomas, Chenot & Reifel 2005; Biehal 2006; Shaw, 2006); the family’s social supports (Terling 1999); substance abuse (Terling 1999; Thomas, Chenot & Reifel 2005); parental ambivalence (Pierce & Geremia 1999; Pine, Spath, & Gosteli, 2005); history of neglect (Marshal 1999; Terling 1999; Biehal 2006); race (Courtney 1995; Thomas, Chenot & Reifel 2005; Shaw, 2006) and socioeconomic status (Courtey 1995; Thomas, Chenot & Reifel 2005; Shaw, 2006; Boles 2007). Overall, the child’s behavior problems and their parents’ inability to effectively manage their behaviors was the most commonly sited reason for re-entry into care (Festinger 1994; Maluccio & Fein 1994; Pierce & Geremia 1999; Thomas, Chenot & Reifel 2005; Biehal 2006).

Both the service and child/family factors associated with reunification in the conceptual literature mirror the items identified in the previously mentioned correlation literature. The conceptual literature suggests that children are returned home before the families’ problems have been effectively addressed (Courtney 1995; Pierce & Geremia 1999; Pine, Spath, & Gosteli, 2005; Thomas, Chenot & Reifel 2005) and without the appropriate after-
care services to assist the family in successfully reuniting (Maluccio & Fein 1994; Courtney 1995; Pierce & Geremia 1999; Pine, Spath, & Gosteli, 2005).

5. Summary of the Conceptual Literature Review

There are a number of parallels between the conceptual and empirical literature. This is to be expected as strong conceptual literature should come from a thorough understanding of the empirically-based research findings. Among the most prominent correlations between the two is in the area of service provision. Both areas support the utilization of a family-centered perspective in treatments, increased intensity of worker-family contact, the provision of concrete services, mental health interventions, drug and alcohol services, and skill development opportunities.
VI. Summary and Conclusions

The purpose of this systematic review was to identify effective or promising strategies for increasing family reunification and reducing the occurrence of re-entry to care. Using a variety of sources and multiple methods, this review provides a comprehensive picture of the empirical and non-empirical work on these topics.

The questions guiding this systematic review can be summarized as follows:

1. What interventions or “promising practices” appear to result in a) increasing successful family reunification and b) reducing re-entry to out-of-home care for abused, neglected, or unruly youth/children?

2. What factors are associated with successful family reunification and what factors are associated with re-entry to care?

3. What research is needed to develop more effective interventions for successful family reunification and to reduce re-entry to care following reunification?

After summarizing the quality of available research and the state of current knowledge on family reunification, the results of the systematic review will be applied to answer each of these critical questions.

A. Assessing the Available Research on Reunification and Re-entry

In 1994, Maluccio and Fein concluded that “…little research has been conducted on family reunification as such. Aggregating findings from existing studies is problematic due to methodological limitations in a number of respects: cross-sectional vs. cohort samples, lack of comparison groups, the unrepresentativeness of small samples, and
differences in operational definitions, data sources, and measurements” (p. 491). Eleven years later Bronson et al. (2005) reached a similar conclusion. They completed a rapid evidence assessment on re-entry to care to identify factors associated with re-entry to out-of-home care and programs that were effective in reducing re-entry. Only one experimental and one quasi-experimental study were identified in that report and the authors concluded that “The lack of rigorous evaluative research on interventions to reduce re-entry into foster care makes it impossible to identify “best practices” in this area” (Bronson et al., 2005, p. 25). The situation has improved, but not dramatically since that time.

As indicated throughout this report, there were only six experimental or quasi-experimental articles (five studies) identified through this review. Each of these articles reported on studies to evaluate the effectiveness of a program to increase reunification success; however, they all contained methodological limitations that are inherent in conducting research in applied settings. As a result, the correlational and qualitative research was also reviewed. These studies were helpful in drawing conclusions regarding factors associated with program effectiveness and successful reunification, but definitive conclusions regarding program success cannot be drawn from the non-experimental research.

There are numerous reasons for the lack of rigorous research on reunification and re-entry to care. Most of them have to do with the realities of conducting experimental research in applied settings. Other factors that impede rigorous research in this area are 1) difficulties in obtaining reliable data on reunification and re-entry (Lawder et al., 1986, Courtney, 1995), 2) shifting definitions of reunification and re-entry due to inconsistencies across states and changing legislation, 3) problems with program implementation and little information on treatment integrity, and 4) disagreements about whether reunification is
generally a desired outcome (Whittaker & Maluccio, 2002; Biehl, 2006, 2007). The implementation of the Child and Family Service Reviews (CFSRs) addresses some of the definitional issues but more work is needed to support needed research in this area.

B. What Interventions or Promising Practices Appear to Promote Successful Family Reunification and Reduce the Likelihood of Re-entry to Care?

Although there are no definitive studies to guide program planning on reunification and re-entry, it is possible to synthesize the research that is available and identify practices that seem to increase the likelihood of successful reunification and reduce the likelihood of re-entry to out-of-home care. The conclusions that are drawn from this synthesis must be tentative until more rigorous research is available but, until then, they can guide practice and policy decisions and indicate directions for future research.

This review identified five experimental or quasi-experimental studies that examined program outcomes pertaining to family reunification or re-entry to care. There are some significant weaknesses for each of these studies but they represent the best available evidence at this time and provide service models that appear to be promising. Three of the experimental/quasi-experimental studies evaluated the effectiveness of intensive family services to support successful family reunification, one examined the importance of matching services to need, and one highlighted the benefits of working with parents to improve their skills in dealing with their unruly children. Although the results are somewhat inconsistent across studies, it is safe to conclude that these programs have some positive benefits for the participating families. A review of the correlational and qualitative research supports these claims as well. The common characteristics of these programs include 1) increased contact between workers and parents (small worker to family ratios, 24-hour availability), 2) parent contacts with child, 3) parenting skills training (including cognitive-behavioral models), 4) mental health and substance abuse services to
parents, 5) concrete services to the family (transportation, job training, housing, respite care, day care, home-maker assistance), and 6) social support networks. The research suggests that these services decrease the amount of time children spend in out of home care, improve family functioning, and increase family stability.

C. **What factors are associated with successful family reunification and reduced re-entry to care?**

Without a body of conclusive research on effective reunification services it is necessary to examine the entirety of the empirical literature for suggestions on promising practices and common themes. The following practices have been identified from the available empirical literature. None have yet been rigorously evaluated but all have preliminary support from the existing research and suggest practices that promise to assist reunifying families. These are categorized as pre-reunification services, post-reunification services, strategies to reduce re-entry to care, and special programs for unruly children/youth.

1. **Pre-reunification Services**
   - Assess parental ambivalence about reunification and reunification readiness similar to that included in the North Carolina Family Assessment Scale for Reunification (NCFAS-R) and address issues that are identified.
   - Prepare a detailed service plan for families.
   - Involve parents in case planning and arrange regular contact with the child.
   - Schedule regular home visits for the child.
   - Identify family needs and match them with available community services prior to reunification.
   - Provide parenting skills training to prepare parents to deal with behavioral difficulties exhibited by the child.
   - Develop training programs for workers on how to engage parents.
   - Work with parents, children, kinship caregivers, and foster parents to prepare for reunification.
2. **Reunification Services**
   - Offer intensive, in-home services (described earlier) with low worker to family ratios.
   - Match services to client-identified needs for individualized programming.
   - Offer multi-component services to address the complex issues presented by family reunification. These would include mental health services for the parents, stress management support, concrete services (housing, financial, job, transportation), substance abuse programs, counseling, and homemaker assistance.
   - Anticipate family issues and provide preventive services based on pre-reunification assessments of family strengths and needs. Services should be in place at the time of reunification to prevent the need for re-entry to care.
   - Provide special health care services for children with health needs such as respite care, nurses and aides, and social supports.
   - Provide concrete services in an effort to minimize family stresses.
   - Offer different services for families with children in care due to neglect than for families with children in care due to other types of abuse or dependency.

a) **Reducing Re-entry to Care**
   - Use assessment tools, such as NCFAS-R, to determine the appropriateness of reunification and the best timing for reunification.
   - Identify family factors that have been correlated with re-entry and provide specialized services. For example, develop programs for older youth who are reunifying and for parents with infants and young children.
   - Introduce cognitive-behavior programs to deal with child behavior problems and train parents in the use of behavioral parenting methods.
   - Maintain reunification services for at least 12 months after reunification.

b) **Special Considerations for Unruly Children**
   - Work with courts to create expedited review processes.
   - Deal with parental ambivalence about reunification with an unruly child.
   - Provide services similar to the Multi-dimensional Treatment Foster Care program in Oregon and work with parents and foster parents to implement a consistent behavior management program.
D. **Research Needed to Develop More Effective Interventions**

Although there is an extensive body of literature on family reunification and re-entry to care, there is little rigorous, evaluative research on reunification programs. This review has identified five experimental or quasi-experimental studies that examined various approaches to promoting successful family reunification. These are important studies but the weaknesses in each reflect the difficulty of undertaking experimental research in applied settings.

Although rigorous research on reunification programs may be difficult, there is an increasing awareness of the need for this research. The current emphasis on evidence-based practices makes it clear that much of the research in social work is correlational in nature and unable to answer the critical practice and policy questions facing the field. Most of the research in this systematic review identified factors that are highly correlated with either successful reunification or re-entry to care. The current body of research, however, cannot reveal the causal factors connected with successful reunification nor can it identify what works best, for whom, and under what circumstances. Answers to these questions will require additional experimental or quasi-experimental studies that employ similar outcome measures that are appropriate for use in meta-analytic statistical methods, to sort out which families benefit the most from reunification services, when reunification is not the best outcome for a child, and which parts of a multi-component program are contributing the most to positive outcomes.

This review also revealed some significant gaps in the existing research. Most notably, the research indicating the need to engage parents throughout the reunification process does not specifically address the role of the father’s involvement. There is also a paucity of research on the special issues facing the families of unruly children/youth during
reunification. Behavioral problems is one of the risk factors for re-entry to care yet few of the articles on reunification specifically addressed the service needs of unruly children.

VII. Future Directions and Next Steps

Even without extensive rigorous research to support the benefits of reunification services, it is evident that services to prepare families for reunification and to support them afterwards are likely to promote successful reunification and reduce incidences of re-entry to care. The exact nature of those services in not clear but there is considerable empirical evidence to suggest what should be included, at least until better research identifies the causal change agents.

Based on this systematic review, there are a number of possible next steps for addressing reunification and re-entry in Ohio. These range from relatively simple, inexpensive changes to more complex and costly modifications to child welfare services. An example of the former is to modify the CAPMIS family assessment tools by adding items on parental ambivalence and readiness for reunification to help workers determine the best time for reunifying families and to help them anticipate special services or supports that may be needed during and after the transition period. Other possible avenues for improving reunification outcomes are:

- Add content to the Ohio Child Welfare Training Program on reunification and re-entry. Workers can be trained to assess and prepare for possible issues that may hamper successful reunification.
- Work with community agencies to develop reunification services for families that provide supportive services and contacts for up to one year after reunification.
- Develop specialized reunification programs for those at greatest risk of re-entry: families reunifying with young children (under two) or adolescents, families dealing
with child health or behavioral issues, substance abuse or mental health services that incorporate reunification goals, families dealing with neglect, or families needing concrete, material resources for successful reunification.

- Create and implement reunification services that are provided to all families engaged in reunification that includes individualized pre-reunification services and post-reunification services.

This list is not inclusive and is intended only to offer suggestions for possible future directions.

Given the paucity of rigorous research on services to promote successful reunification and to reduce re-entry to care, Ohio can make significant contributions to knowledge in this area by supporting rigorous evaluations of any reunification services or supports that are implemented. There is still a great deal to be learned about who should be reunified, when reunification should occur and how to serve reunifying families. Continued research will provide answers to these critical questions and provide more evidence to guide practice and policies.
VIII. General References and Resource Materials


**Website references:**


# APPENDIX A

## Electronic Databases Used in Systematic Review

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<tr>
<th>Disciplinary Databases</th>
<th>Multidisciplinary Databases</th>
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<tr>
<td><strong>1. Social work abstracts</strong></td>
<td><strong>1. Google Scholar</strong></td>
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<tr>
<td>• Included in multidisciplinary database searches.</td>
<td>• Google Scholar is currently a beta service that indexes items Google considers &quot;scholarly,&quot; including articles, theses, books, preprints, abstracts, conference proceedings, and technical reports. The OSU Libraries subscribes to the electronic version of many of these materials and may own the print copy.</td>
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<tr>
<td><strong>2. Sociological abstracts</strong></td>
<td><strong>2. Academic Search Premier</strong></td>
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<tr>
<td>• Indexes to and abstracts of the literature of sociology from 1,800 journals published worldwide, including abstracts of journal articles published in Sociological Abstracts since 1974 and the enhanced bibliographic citations for relevant dissertations that have been added to the database since 1986. Also includes the Social Planning Policy and Development Abstracts (SOPODA) database with detailed journal article abstracts since 1980. SOPODA expands on the theoretical focus of the database with the applied aspects of sociology.</td>
<td>• This multi-disciplinary database provides full text for nearly 4,500 journals, including full text for more than 3,600 peer-reviewed titles. PDF backfiles to 1975 or further are available for well over one hundred journals, and searchable cited references are provided for 1,000 titles. <em>Academic Search Premier</em> is updated on a daily basis via EBSCOhost.</td>
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<td>3. psycINFO</td>
<td>3. Web of Science</td>
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| • Provides access to the international literature in psychology and material relevant to psychology in the related disciplines of education, medicine, business, sociology, psychiatry and communications. Includes journals and dissertations from 1967 to the present in one database, and book chapters and books from 1987 to the present in a second database. The databases are in English and the journals covered are in 30 languages from over 45 countries. The databases provide citations, content summaries (for all but the dissertations), and indexing using terms from the Thesaurus of Psychological Index Terms. Book records also contain the book's table of contents. | • Arts & Humanities Citation Index indexes 1,100 of the world's leading arts and humanities journals, as well as covering individually selected, relevant items from over 6,800 major science and social science journals.  
• Science Citation Index Expanded indexes 5,300 major journals across 164 scientific disciplines and contains searchable, full-length, English-language author abstracts for approximately 70 percent of the articles in the database.  
• The Social Sciences Citation Index indexes 1,700 journals spanning 50 disciplines, as well as covering individually selected, relevant items from over 3,300 of the world's leading scientific and technical journals. It contains searchable, full-length, English-language author abstracts for approximately 60 percent of the articles in the database. |
<p>| 4. ERIC                 | 4. ProQuest Dissertations and Theses |
| • A U.S. national bibliographic database covering the journal and research literature in the field of education, educational research, teaching methods and practices, and educational systems. Sponsored by the U.S. Department of Education, 775 journals are abstracted. | • Contains citations for dissertations and theses done at U.S., Canadian and some foreign institutions including some OSU Master's nursing theses. |</p>
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<td><strong>5. Medline</strong></td>
<td><strong>5. C2 library</strong> (Campbell Collaboration)</td>
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<td>• MEDLINE with Full Text is the world's most comprehensive source of full text for medical journals, providing full text for nearly 1,200 journals indexed in MEDLINE. This wide-ranging file contains full text for many of the most used journals in the MEDLINE index - with no embargo. With full-text coverage dating back to 1965, MEDLINE with Full Text is the definitive research tool for medical literature.</td>
<td>• <a href="http://www.campbellcollaboration.org/frontend.aspx">www.campbellcollaboration.org/frontend.aspx</a></td>
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<td>• <a href="http://www.whatworksforchildren.org.uk/">www.whatworksforchildren.org.uk/</a></td>
<td>• Web-based database from OVID that combines two leading evidence-based medicine (EBM) resources: The Cochrane Collaboration's Cochrane Database of Systematic Reviews and Best Evidence, containing ACP Journal Club and Evidence-Based Medicine from the American College of Physicians and the British Medical Journal Publishing Group.</td>
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<td>• This website is for practitioners working with children in child public health and social care and interested in finding out about evidence from research. In our resources section you will find our Evidence Guide, EvidenceNuggets and research briefings, weblinks, and other resources to help you and your organization make use of evidence from research.</td>
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<td><strong>7. Social Programs that Work</strong></td>
<td><strong>7. WorldCat Dissertations and Theses</strong></td>
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<td>• <a href="http://www.evidencebasedprograms.org/">www.evidencebasedprograms.org/</a></td>
<td>• All materials catalogued by OCLC</td>
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<td>• This site summarizes the findings from well-designed randomized controlled trials that have particularly important policy implications.</td>
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<td><strong>8. Social Care online</strong></td>
<td><strong>8. International Bibliography of</strong></td>
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<td>• <a href="http://www.scie-socialcareonline.org.uk/">www.scie-socialcareonline.org.uk/</a></td>
<td>• The IBZ contains over 2,550,000 journal articles from about 10,780 journals from 1983</td>
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<td>• The UK's most extensive free</td>
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<td>database of social care information. With everything from research briefings, to reports, government documents, journal articles, and websites and you find it all with the click of a button. Updated daily by SCIE's experienced information managers.</td>
<td>to the present. On an annual basis approximately 120,000 new entries are added, with updates appearing monthly. Entries are mainly from the Humanities, Social Sciences, and Arts. The database can be searched via the main index, subjects, subject headings, publication year, volume and issue, author, title keyword, language, journal title, publisher, and ISSN.</td>
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9. Information for Practice
- www.nyu.edu/socialwork/ip/
- Social work news and research from around the world

9. Social Sciences Citation Index
- Arts & Humanities Citation Index indexes 1,100 of the world's leading arts and humanities journals, as well as covering individually selected, relevant items from over 6,800 major science and social science journals.
- Science Citation Index Expanded indexes 5,300 major journals across 164 scientific disciplines and contains searchable, full-length, English-language author abstracts for approximately 70 percent of the articles in the database.
- The Social Sciences Citation Index indexes 1,700 journals spanning 50 disciplines, as well as covering individually selected, relevant items from over 3,300 of the world's leading scientific and technical journals. It contains searchable, full-length, English-language author abstracts for approximately 60 per cent of the articles in the database.
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<tr>
<td>10. Hadley Centre for Adoption and Foster Care Studies</td>
<td>10. SocIndex</td>
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<td>• <a href="http://www.bristol.ac.uk/sps/research/fpcw/hadley/default.shtml">www.bristol.ac.uk/sps/research/fpcw/hadley/default.shtml</a></td>
<td>• SocINDEX with Full Text is the world's most comprehensive and highest quality sociology research database. The database features more than 1,910,000 records with subject headings from a 19,300 term sociological thesaurus designed by subject experts and expert lexicographers. SocINDEX with Full Text contains full text for 397 &quot;core&quot; coverage journals dating back to 1908, and 150 &quot;priority&quot; coverage journals. This database also includes full text for more than 720 books and monographs, and full text for 6,743 conference papers.</td>
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<tr>
<td>• Promotes best practice in this field by linking research, practice and training in order to provide these children with stable and predictable family experiences. The intention is to promote scientifically rigorous research and evaluation and to develop ways of disseminating research findings that will be of direct use to practitioners and will influence policy makers.</td>
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<td>• <a href="http://www.nisc.com/factsheets/qfsd.asp">www.nisc.com/factsheets/qfsd.asp</a></td>
<td>• A wide assortment of the most important English-language journals published in the U.S. and elsewhere with full text and page images from scores of key publications, plus abstracting and indexing of hundreds of others.</td>
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<td>• Covers popular issues as well as meeting the requirements of professionals in all fields of social work, social science and family practice. The quality and quantity of literature cited have been increased, and the scope is international including new areas of research and types of publications.</td>
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<td>• An interactive resource center - a meeting place for the exchange of information that serves the well being of children.</td>
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<td>- CRFR generates high quality research on families and relationships and disseminates it widely.</td>
<td>- Designed to provide an ongoing overview of the development of social sciences in Central and Eastern Europe. It intends to offer a living and long term mapping of the disciplines in the region. It gives access to facts and background information and serves as a meeting point for experts.</td>
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<td>- The Center for Evidence-Based Practice: Young Children with Challenging Behavior is funded by the <a href="http://www.ed.gov">U.S. Department of Education, Office of Special Education Programs</a> to raise the awareness and implementation of positive, evidence-based practices and to build an enhanced and more accessible database to support those practices.</td>
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<td>15. Australian Family and Society Abstracts Database</td>
<td>15. Dissertation Abstracts</td>
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<td>- <a href="http://www.aifs.gov.au/institute/info/services.html">http://www.aifs.gov.au/institute/info/services.html</a></td>
<td>- Electronic Theses and Dissertations Center (OhioLINK) is a free online database of masters’ theses and doctoral dissertations from graduate students in participating Ohio colleges and universities.</td>
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<td>- The Institute's Library is dedicated to providing a nationally, and where possible internationally, accessible repository of Australian and overseas family research and information.</td>
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<tr>
<td>• Provides access to information and resources to help protect children and strengthen families. A service of the Children’s Bureau, Administration for Children and Families, U.S. Dept of Health and Human Services.</td>
<td>• Summarizes the findings from well-designed randomized controlled trials that, in our view, have particularly important policy implications -- because they show, for example, that a social intervention has a major effect, or that a widely-used intervention has little or no effect.</td>
</tr>
<tr>
<td>17. PubMed</td>
<td>17. British Library Direct</td>
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<td>• A service of the U.S. National Library of Medicine that includes over 17 million citations from MEDLINE and other life science journals for biomedical articles back to the 1950s. PubMed includes links to full text articles and other related resources.</td>
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<td>18. Australian Public Affairs Information Service</td>
<td>19. Articles First</td>
</tr>
<tr>
<td>• <a href="http://www.nla.gov.au/apais/">http://www.nla.gov.au/apais/</a></td>
<td>• ArticleFirst (OCLC) is an index of the items listed on table of contents pages of over 12,000 journals. This index covers articles, news stories, letters and other items on topics as diverse as business, humanities, medicine, popular culture, sciences, social sciences, and technology. For most items, the database also provides a list of libraries that hold the journal.</td>
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<td>• Index to scholarly articles in the social sciences and humanities published in Australia, and to selected periodical articles, conference papers, book and newspaper articles on Australian economic, social, political and cultural affairs.</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B

Articles Reviewed for the Systematic Review


Barth, R. P. (2005). Foster home care is more cost-effective than shelter care: Serious questions continue to be raised about the utility of group care in child welfare services. *Child Abuse and Neglect*, 29(6), 623-625.


Begg, M. E. (1947). The implications of returning neglected children to parents : A study of six cases at children's services, cleveland, ohio, in which children, referred by court for placement, after a period of placement, were returned to their parents, with emphasis on the case work activity with the parents prior to the children's return to the home. (MSSA, Western Reserve University).


Draper, K. K. The relationship between risk factors associated with child maltreatment and out-of-home placement . (Ph.D., Iowa State University).


Erickson, P. E. *Boysville of michigan*. *Criminal Justice Review,*


González, S. X. (1999). Foster parents' perceptions of the reunification process. (M.S.W., California State University, Long Beach).


Grogan-Kaylor, A. C. The effect of population level characteristics of the foster care caseload on reunification from foster care. (Ph.D., University of Wisconsin).


Hoang, L. H. (2000). Reunification of incarcerated parents and their children. (M.S.W., California State University, Long Beach).


Hughes, D. J. (1992). A cost comparison of placement outcomes of treatment foster family care to residential care. (M.S.W., University of Calgary).


Kleinfeld, C. A. (2003). Child welfare workers' perceptions of parental capacity in regard to parent-child visitation during the reunification process. (M.S.W., California State University, Stanislaus).


McIntosh, M. M. (2002). Barriers to reunification in the child welfare system: An analysis of kinship and non-kinship placements. (MSW, California State University, Long Beach).


Noble, L. (1997). The reunification outcomes of drug exposed infants with their mothers in Stanislaus county. (MSW, California State University, Stanislaus).


Olson, B. L. (1998). Multiple out-of-home placements and children's psychosocial functioning. (Ph.D., University of Nebraska-Omaha).


O’Neal, C. (1999). An evaluation of family reunification services in one california county from the consumer perspective. (MSW, California State University, Stanislaus).


O’Reilly, J. P. (1999). In search of permanency planning in the relative foster care system at youth welfare services. (MS, DePaul University).


Schmidt-Tieszen, A. B. Walking a tightrope: The role of resource parents in concurrent planning. (Ph.D., University of Kansas).


Smith, N. A. Understanding the lack of family reunification success for chemically dependent mothers and their children: A presentation of consumer and service provider perspectives. (Ph.D., State University of New York, Albany).


Steckwren, J. N. (2003). Rates of, factors associated with, and correlates of child abuse recidivism among families that have had involvement with child protective services. (Ph. D dissertation, California State University, Fresno and University of California, Davis). *Proquest Dissertations and Theses*, 135(0452), 2649.


APPENDIX C

Factors Correlated with Reunification and Re-entry
(ordered from least to most frequently reported in available research)

<table>
<thead>
<tr>
<th>Correlational finding</th>
<th>Authors who identified this finding</th>
<th># of studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic supports after foster care assist with reunification success</td>
<td>Fein &amp; Maluccio (1984)</td>
<td>1</td>
</tr>
<tr>
<td>Inadequate housing less likely to reunify</td>
<td>Miller (2004)</td>
<td>1</td>
</tr>
<tr>
<td>Parental disability less likely to reunify</td>
<td>Miller (2004)</td>
<td>1</td>
</tr>
<tr>
<td>Families/Children without a plan for return were less likely to reunify</td>
<td>Tam &amp; Ho (1996)</td>
<td>1</td>
</tr>
<tr>
<td>Parental contact with child increases likelihood of reunification</td>
<td>Tam &amp; Ho (1996)</td>
<td>1</td>
</tr>
<tr>
<td>Siblings placed in same facility inhibited the child’s return home</td>
<td>Tam &amp; Ho (1996)</td>
<td>1</td>
</tr>
<tr>
<td>Unmet service needs increases risk of re-entry</td>
<td>Festinger (1996)</td>
<td>1</td>
</tr>
<tr>
<td>Decreased attachment associated with time in care</td>
<td>McWey &amp; Mullins (2004)</td>
<td>1</td>
</tr>
<tr>
<td>No difference in reunification rates between families dealing with mental illness, domestic violence or housing problems</td>
<td>Marsh, Ryan, Choi &amp; Testa (2006)</td>
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</tr>
<tr>
<td>Parental inability to cope increased likelihood of re-entry</td>
<td>Block &amp; Libowitz (1983)</td>
<td>1</td>
</tr>
<tr>
<td>Negative visitation experiences increases risk for re-entry</td>
<td>Block &amp; Libowitz (1983)</td>
<td>1</td>
</tr>
<tr>
<td>Risk assessment and parental</td>
<td>Terling (1999)</td>
<td>1</td>
</tr>
<tr>
<td>Correlational finding</td>
<td>Authors who identified this finding</td>
<td># of studies</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>compliance is not associated with re-entry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of time after reunification associated with risk for re-entry</td>
<td>Terling (1999)</td>
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</tr>
<tr>
<td>Parental competence associated with risk for re-entry</td>
<td>Terling (1999)</td>
<td>1</td>
</tr>
<tr>
<td>Drug Dependency Court increased re-entry</td>
<td>Boles, Young, Moore &amp; DiPirro-Beard (2007)</td>
<td>1</td>
</tr>
<tr>
<td>Inadequate housing or dangerous environment increased risk for re-entry</td>
<td>Jones (1998)</td>
<td>1</td>
</tr>
<tr>
<td>Placement in treatment foster care increases likelihood of reunification</td>
<td>Webster, Schlonsky, Shaw &amp; Brookhart (2005)</td>
<td>1</td>
</tr>
<tr>
<td>Placement in group home or hospital slows reunification, children in foster care or kinship care more likely to reunify</td>
<td>Wells &amp; Guo (1999); Wells &amp; Guo (2006)</td>
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<tr>
<td>Regular visits home increased success of reunification</td>
<td>Farmer (1996)</td>
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</tr>
<tr>
<td>First placement associated with success of reunification</td>
<td>Farmer (1996)</td>
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<tr>
<td>Support networks</td>
<td>Farmer (1996)</td>
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<tr>
<td>Number of children associated with re-entry</td>
<td>Fuller (2005); Fuller, Wells, &amp; Cotton (2001)</td>
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<tr>
<td>Siblings and index child returning at the same time increase risk of re-entry</td>
<td>Fuller (2005); Fuller, Wells, &amp; Cotton (2001)</td>
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<tr>
<td>Families receiving concrete services more likely to reenter care</td>
<td>Lewis, Walton &amp; Fraser (1995); Jones (1998)</td>
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<tr>
<td>Number of caregiver problems is related to re-entry or reunification</td>
<td>Festinger (1996); Marsh, Ryan, Choi, &amp; Testa (2006)</td>
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<tr>
<td>Improvement in parental problem was associated with</td>
<td>Marsh, Ryan, Choi &amp; Testa (2006); Gregoire &amp; Schultz (2001)</td>
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<tr>
<td>Correlational finding</td>
<td>Authors who identified this finding</td>
<td># of studies</td>
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<td>--------------------------------------------------------------------------------------</td>
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<td>--------------</td>
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<tr>
<td>reunification and/or decreased risk of re-entry</td>
<td>Connell, Katz, Saunders &amp; Tebes (2006); Landy &amp; Munro (1998)</td>
<td></td>
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<tr>
<td>Children removed because of behavioral problems were more likely to reunify than neglect</td>
<td>Wells &amp; Guo(1999); Wells &amp; Guo (2006)</td>
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<tr>
<td>Post welfare reform associated with greater time in care</td>
<td>Terling (1999); Vanderploeg, Connell, Caron, Saunders, Katz, &amp; Tebes (2007); Noble (1997)</td>
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<tr>
<td>History with CPS associated with risk for re-entry</td>
<td>Webster, Schlonsky, Shaw &amp; Brookhart (2005); Leathers (2005)</td>
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<tr>
<td>Placement with siblings increases likelihood of reunification</td>
<td>Leathers (2002); Mech (1985); Grigsby (1990); Noble (1997)</td>
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<tr>
<td>Parental visitation increases is correlated with reunification</td>
<td>Fuller (2005); Fuller, Wells, &amp; Cotton (2001); Block &amp; Libowitz (1983)</td>
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<tr>
<td>Number of placements decreased reunification likelihood or increased re-entry risk</td>
<td>Tam &amp; Ho (1996); Connel, Katz, Saunders &amp; Tebes; Block &amp; Libowitz (1983); Wells &amp; Guo (1999); Grigsby (1990)</td>
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<tr>
<td>Neglect slows reunification speed</td>
<td>Wells &amp; Guo (1999); Courtney, Pilavin &amp; Wright (1997); Wells &amp; Guo (2006)</td>
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<tr>
<td>Length of time in placement is associated with re-entry</td>
<td>Wulczyn(1991); Connell, Katz, Saunders &amp; Tebes(2006); Fuller, Wells, &amp; Cotton (2001); Grigsby (1990)</td>
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<tr>
<td>Single parent likely to increase risk of re-entry</td>
<td>Fuller (2005); Block &amp; Libowitz (1983); Wells &amp; Guo (1999); Courtney, Pilavin &amp; Wright (1997)</td>
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<tr>
<td>Income associated with reunification speed</td>
<td>Wells &amp; Guo (1999); Landy &amp; Munro (1998); Grogan-Kaylor (2001); Wells &amp; Guo (2006)</td>
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<tr>
<td>Substance abuse treatment increases the likelihood of</td>
<td>Noble (1997)</td>
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<td>Authors who identified this finding</td>
<td># of studies</td>
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<td>successful reunification</td>
<td>Epstein, Jayanthi, Dennis, Dennis, Hardy, Fueyo, Frankenberry &amp; McKelvey (1998); Shaw (2006); Terling (1999); Courtney, Pilavin &amp; Wright (1997); Vanderploeg, Connell, Caron, Saunders, Katz, &amp; Tebes (2007);</td>
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<tr>
<td>Substance abuse by parents negatively impacts length of time to reunification and reunification success</td>
<td>Epstein, Jayanthi, Dennis, Dennis, Hardy, Fueyo, Frankenberry &amp; McKelvey (1998); Wulczyn (1991), Orlebeke &amp; Melamid (2000); Block &amp; Libowitz (1983); Wells &amp; Guo (1999); Vanderploeg, Connell, Caron, Saunders, Katz, &amp; Tebes (2007)</td>
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<td>Gender of child is associated with re-entry</td>
<td>Epstein, Jayanthi, Dennis, Dennis, Hardy, Fueyo, Frankenberry &amp; McKelvey (1998); Wulczyn (1991), Orlebeke &amp; Melamid (2000); Block &amp; Libowitz (1983); Wells &amp; Guo (1999); Vanderploeg, Connell, Caron, Saunders, Katz, &amp; Tebes (2007)</td>
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<tr>
<td>Children who received the model were in care less time and had significant improvements</td>
<td>Lewandowski &amp; Pierce (2004); Gibson &amp; Noble (1991); Zeanah, Larrieu, Heller, Vallierere, Hinshaw-Fuselier, Aoki &amp; Drilling (2001); Berry &amp; McCauley; Carlo &amp; Shennum (1989); Grigsby (1990)</td>
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<tr>
<td>Reason for placement associated with reunification</td>
<td>Miller (2004); Yampolskaya, Kershaw &amp; Banks (2006); Wells &amp; Guo (1999); Wells &amp; Guo (2004); Terling (1999); Webster, Schlonsky, Shaw &amp; Brookhart (2005)</td>
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<tr>
<td>Placement in kinship care increases risk of re-entry and/or decreases likelihood of reunification</td>
<td>Fuller(2005); Miller (2004); Miller, Fox, Garcia-Beckwith (1999); Connel, Katz, Saunders &amp; Tebes; Wulczyn, Orlebeke &amp; Melamid (2000); Fuller, Wells, &amp; Cotton (2001); Courtney (1995)</td>
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<td>Parental involvement increases likelihood of reunification, less case planning and case monitoring increases risk of re-entry</td>
<td>Tam &amp; Ho (1996); Fein (1993); Leathers (2002); Turner (1984); Miller, Fisher, Fetrow &amp; Jordan (2006); Farmer (1996)</td>
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<td>Emotional problems, disability or child health problems less likely to reunify or more likely to reenter care</td>
<td>Connell, Katz, Saunders &amp; Tebes (2006); Yampolskaya, Kershaw &amp; Banks (2006); Block &amp; Libowitz (1983); Turner (1984); Grogan-Kaylor (2001); Romney, Litrownik, Newton &amp; Lau (2006); Jones (1998); Courtney, Pilavin &amp; Wright</td>
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<td>Correlational finding</td>
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<td># of studies</td>
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<tr>
<td>Race/Ethnicity is associated with re-entry or reunification</td>
<td>Albers, Reilly, &amp; Rittner (1993); Connell, Katz, Saunders &amp; Tebes (2006); Yampolskaya, Kershaw &amp; Banks (2006); Shaw (2006); Wells &amp; Guo (1999); Grogan-Kaylor (2001); Terling (1999); Jones (1998); Webster, Schlonsky, Shaw &amp; Brookhart (2005)</td>
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<tr>
<td>Re-entry to care and reunification are associated with the age of the child</td>
<td>McDonald, Bryson, Poertner (2006); Epstein, Jayanthi, Dennis, Dennis, Hardy, Fuego, Frankenberry &amp; McKelvey (1998); Wulczyn (1991); Fuller (2005); Miller (2004); Festinger (1996); Marsh, Ryan, Choi &amp; Testa (2006); Connell, Katz, Saunders &amp; Tebes (2006); Fuller, Wells, &amp; Cotton (2001); Yampolskaya, Kershaw &amp; Banks (2006); Block &amp; Libowitz (1983); Shaw (2006); Wells &amp; Guo (1999); Grogan-Kaylor (2001); Webster, Schlonsky, Shaw &amp; Brookhart (2005); Courtney (1995); Farmer (1996); Vanderploeg, Connell, Caron, Saunders, Katz, &amp; Tebes (2007); Courtney, Pilavin &amp; Wright (1997)</td>
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APPENDIX D

Access Data Abstraction Forms
Abstract Review Form
Screen 1 of article form
Screen 2 of Article Form
Screen 3 of Article Form
Data Abstraction

Outcome variable #4 Treatment Group Standard Deviation? 0
Outcome variable #7 Treatment Group Standard Deviation? 0
Outcome variable #2 Comparison Group Number? 0
Outcome variable #3 Comparison Group Number? 0
Outcome variable #4 Comparison Group Number? 0
Outcome variable #5 Comparison Group Number? 0
Outcome variable #6 Comparison Group Number? 0
Outcome variable #7 Comparison Group Number? 0
Outcome variable #2 Comparison Group Mean? 0
Outcome variable #3 Comparison Group Mean? 0
Outcome variable #4 Comparison Group Mean? 0
Outcome variable #5 Comparison Group Mean? 0
Outcome variable #6 Comparison Group Mean? 0
Outcome variable #7 Comparison Group Mean? 0
Outcome variable #2 Comparison Group Standard Deviation? 0
Outcome variable #3 Comparison Group Standard Deviation? 0
Outcome variable #4 Comparison Group Standard Deviation? 0
Outcome variable #5 Comparison Group Standard Deviation? 0
Outcome variable #6 Comparison Group Standard Deviation? 0
Outcome variable #7 Comparison Group Standard Deviation? 0

Screen 4 of Article Form
Screen 1 of Intervention Form

<table>
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<th>Title</th>
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<td>Who received Intervention #1?</td>
<td>When were services for Intervention #1 provided?</td>
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<td>What was the duration of services for Intervention #1?</td>
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<tr>
<td>What type of services were Intervention #2?</td>
<td>Who provided the services for Intervention #2?</td>
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<tr>
<td>Who received Intervention #2?</td>
<td>When were services for Intervention #2 provided?</td>
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<tr>
<td>What was the duration of services for Intervention #2?</td>
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<tr>
<td>What type of services were Intervention #3?</td>
<td>Who provided the services for Intervention #3?</td>
</tr>
<tr>
<td>Who received Intervention #3?</td>
<td>When were services for Intervention #3 provided?</td>
</tr>
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Screen 2 of Intervention form
Screen 1 of Experimental Form
Screen 2 of Experimental form
Screen 3 of Experimental Form
### Experimental Form

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<td>What was the reliability score for the measure used for outcome variable (b)?</td>
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<tr>
<td></td>
<td>What was the validity score for the measure used for outcome variable (b)?</td>
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<tr>
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<td>Variables</td>
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<td>What method was used to select a comparison group?</td>
</tr>
<tr>
<td></td>
<td>For non-experimental research, what were the treatment conditions?</td>
</tr>
<tr>
<td></td>
<td>How were subjects selected?</td>
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</tbody>
</table>

Screen 4 of Experimental Form
Screen 1 of Conclusion Form
Screen 2 of Conclusion Form