



The foster care system was created to provide immediate safety and security to children who experience abuse and neglect at home. However, the system was never intended to serve as a permanent placement. Rather, the underlying goal has been to identify permanent families for the child¹, be that through adoption, kinship care, subsidized guardianship, or reuniting a child with his or her birth family via a process called reunification. Under Title IV-E of the Social Security Act, all permanency options except for reunification are supported by federal child welfare funding, subsequently leaving the child and family with limited resources in times of need.

Research illustrates that youth who spend extended periods of time in foster care demonstrate poorer outcomes than their peers, particularly in the areas of education, employment, and mental health.² More than 27,000 youth exit foster care without having achieved permanency each year.³ When it is clearly unsafe for a child to remain in his or her home, foster care can and should be utilized as a temporary safe haven. At the same time, if a child can be protected and served at home, reunification should be the primary goal.

In 2010, 51% of children and youth in foster care in the United States were reunified with their families. Many believe that the number of children finding permanent homes could be increased with the help of federal funding, services, and policy. The preference for birth parents is documented in law, bolstering the rationale for retaining reunification as a core outcome for children placed in foster care.⁴ Unfortunately, this goal is not always met.

United States		
Reunified with parent or primary caretaker	51%	
Living with other relatives	8%	
Adoption	20%	
Emancipation	11%	
Guardianship	7%	
Transfer to another agency	2%	
Runaway	1%	
Death of child	0%	

¹ Child Trends Data Snapshot Publication #2011-19, May 31, 2011 www.childtrends.org

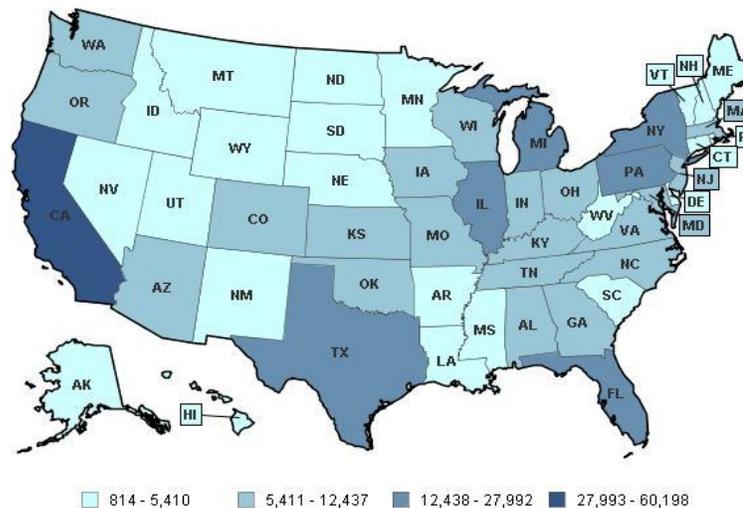
² Casey Family Programs, May 2010 (Revised September 2010), "Ensuring Safe, Nurturing and Permanent Families for Children: The Need for Federal Finance Reform", <http://www.casey.org/Resources/Publications/NeedForFinanceReform.htm>

³ U.S. Department of Health and Human Services Administration on Children Youth and Families, 2011, "The AFCARS Report," http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report18.pdf

⁴ Fred Wulczyn, 2004, "Family Reunification," Children, Families and Foster Care, Volume 14, Number 1, www.futureofchildren.org

The American Humane Association believes that the goals of child welfare should be twofold—to keep children safe and to cultivate the development of strong children and families. Many vulnerable children can be kept safely at home with the help of intensive support and culturally appropriate community services. Yet, there continues to be a limited availability of post-reunification resources.⁵

Families with multiple problems have difficulty achieving reunification and receive few resources.⁶ Parents are often unprepared for the financial strain that accompanies reunification, and children experience numerous difficulties upon returning home, including substance abuse, self-destructive behaviors, legal involvement, and internalizing and externalizing behavior problems.⁷ Taken together, these findings indicate that reuniting a child with his or her birth family can be an incredibly challenging, stressful process. Moreover, without sufficient guidance and support, reunification is likely to fail. Federal finance reform is necessary not only to improve the quality of the foster care system, but also to enhance post-reunification services and support permanency. Since the majority of children who leave foster care are reunified with their families,⁸ it is critical that we focus our efforts on best practices for successful reunification.



Children in foster care (Number) – 2009

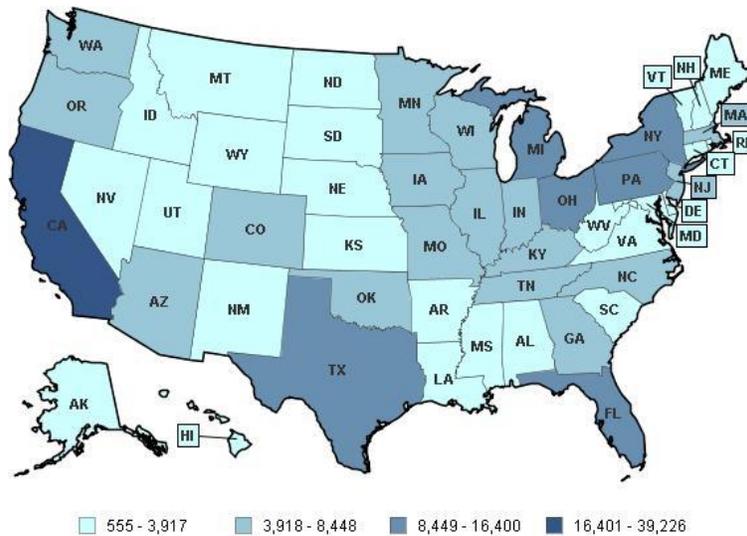
KIDS COUNT Data Center, www.kidscount.org/datacenter
A Project of the Annie E. Casey Foundation

⁵ Jennifer L. Bellamy, 2008, “Behavioral problems following reunification of children in long-term foster care,” *Children and Youth Services Review*, Volume 30, 216-228

⁶ Jeanne C. Marsh, Joseph P. Ryan, Sam Choi, & Mark F. Testa, 2006, “Integrated services for families with multiple problems: Obstacles to family reunification,” *Children and Youth Services Review*, Volume 28, 1074-1087

⁷ Heather N. Taussig, Robert B. Clyman, & John Landsverk, 2001, “Children who return home from foster care: A 6-year prospective study of behavioral health outcomes in adolescence,” *Pediatrics*, Volume 108, Number 1, e10

⁸ Fred Wulczyn, 2004, “Family Reunification,” *Children, Families and Foster Care*, Volume 14, Number 1, www.futureofchildren.org



Children exiting foster care (Number) – 2009

KIDS COUNT Data Center, www.kidscount.org/datacenter
 A Project of the Annie E. Casey Foundation

When and Why Reunification Has Failed

There are many children who re-enter foster care as a result of failed placements. With regards to reunification specifically, estimates of re-entry into foster care within a year or two of returning home have ranged from 20-40%.⁹ Over the years, researchers have identified predictors of reunification failure. For example, youth who experience unstable placements while in foster care, spend relatively few months in care, or have been previously placed in a non-relative home demonstrate comparatively faster rates of re-entry into the system post reunification.¹⁰

A risk of maltreatment recurrence is also inherent to the reunification process, as the transition period surrounding reunification can be marked by uncertainty and stress for both caretakers and children. Researchers have determined certain factors that elevate a family’s risk, such as the number of children present in the home at reunification.¹¹ In addition, caretaker mental illness as well as youth behavioral or emotional difficulties may increase a family’s level of stress, especially when there are no compensatory resources in place. As a result, when assessing a family’s readiness for reunification, it is critical that caseworkers pay heed to the number and type of stressors that would be present in the home if the child returned.

Current Obstacles to Reunification

Reuniting the child with their birth family can be difficult for a variety of reasons. Beyond those cases where reunification is inappropriate due to circumstances surrounding abuse and neglect, some reason for

⁹ Allen D. DeSena, Robert A. Murphy, Heather Douglas-Palumberi, Gary Blau, Blandina Kelly, Sarah M. Horwitz, & Joan Kaufman, 2005, “SAFE Homes: Is it worth the cost? An evaluation of a group home permanency planning program for children who first enter out-of-home care,” *Child Abuse & Neglect*, Volume 29, 627-643

¹⁰ Kathleen Wells & Shenyang Guo, 1999, “Reunification and reentry of foster children,” *Children and Youth Services Review*, Volume 21, Number 4, 273-294

¹¹ Tamara L. Fuller, 2005, “Child safety at reunification: A case-control study of maltreatment recurrence following return home from substitute care,” *Children and Youth Services Review*, Volume 27, 1293-1306

failure to reunify may include: workforce staffing and lack of consistency among case workers, biases against birth families, substance abuse problems, differences in state approaches, and limited resources. More recent studies have cited additional barriers to reunification, including insufficient collaboration with residential treatment centers, lack of well-qualified service providers, poor assessment of a youth's readiness for reintegration, caregiver ambivalence, youth behavioral problems, financial insecurity, poor preparation for reintegration, inadequate pre-reintegration contact, and lack of culturally competency.¹²

- *Workforce*

Case workers are often times overburdened with work and unable to give families the individualized plan that they need in order to successfully reunite. Due to the difference in case loads for each caseworker, it is difficult to find uniform statistics. Not only are case workers managing large caseloads, but also the approaches case workers use are different from state to state.^{13,14} Another obstacle to successful reunification is the individual case workers concern that the child may be harmed if reunified with their parents.¹⁵ Thus, it is important for caseworkers and other professionals to remain nonjudgmental if reunification is indicated and parents have successfully met their targeted goals.

- *Substance Abuse*

Parental substance abuse has been found to reduce the likelihood of successful reunification.^{16,17} At the same time, fewer than half of all substance abuse treatment programs actually provide parenting or family related services.^{18,19} Unfortunately, the standard child welfare model is not always sufficient when helping a family achieve reunification that is experiencing housing and/or substance abuse problems.²⁰ Research suggests that neither drug treatment services nor supportive services alone prepare substance abusing parents well enough for reunification.²¹ In these cases, more comprehensive, integrated services are often necessary. For example, mothers who were treated in drug treatment programs with a high level of family-related or education/employment services were more likely to reunify with their children than mothers who received treatment from programs providing low levels of these services. Furthermore, once the parent has sought the treatment to address the

¹² Elissa E. Madden, Ruth G. McRoy, Erin Maher, & Kristin Ward, 2009, "Travis County, Texas, child protective services reintegration pilot project: Final evaluation report," Center for Social Work Research, http://www.casey.org/Resources/Publications/pdf/AustinReintegration_FR.pdf

¹³ Elizabeth Peffer Talbot, 2006-2007, "Successful reunification: The contribution of social work theory in the provision of services and decisionmaking," *Illinois Child Welfare*, Volume 3, Numbers 1 and 2, 103-117

¹⁴ Laura Frame, Amy Conley, & Jill Duerr Berrick, 2004, "Birth parents and the reunification process: A study of the Mendocino County model"

¹⁵ Elizabeth Peffer Talbot, 2006-2007, "Successful reunification: The contribution of social work theory in the provision of services and decisionmaking," *Illinois Child Welfare*, Volume 3, Numbers 1 and 2, 103-117

¹⁶ Thomas P. McDonald, John Poertner, & Mary Ann Jennings, 2007, "Permanency for children in foster care: A competing risk analysis," *Journal of Social Service Research*, Volume 33, Number 4, 45-56

¹⁷ Steven A. Rosenberg & Cordelia C. Robinson, 2004, "Out-of-home placement for young children with developmental and medical conditions," *Children and Youth Services Review*, Volume 26, Number 8, 711-723

¹⁸ Christine E. Grella & Lisa Greenwell, 2004, "Substance abuse treatment for women: Changes in the settings where women received treatment and types of services provided, 1987-1998," *The Journal of Behavioral Health Services and Research*, Volume 31, Number 4, 367-383

¹⁹ Jeanne C. Marsh, Thomas A. D'Aunno, & Brenda D. Smith, 2000, "Increasing access and providing social services to improve drug abuse treatment for women with children," *Addiction*, Volume 95, Number 8, 1237-1247

²⁰ Jeanne C. Marsh, Joseph P. Ryan, Sam Choi, & Mark F. Testa, 2006, "Integrated services for families with multiple problems: Obstacles to family reunification," *Children and Youth Services Review*, Volume 28, 1074-1087

²¹ Christine E. Grella, Barbara Needell, Yifei Shi, & Yih-Ing Hser, 2009, "Do drug treatment services predict reunification outcomes of mothers and their children in child welfare?" *Journal of Substance Abuse Treatment*, Volume 36, 278-293

substance abuse, it is extremely important to maintain treatment once the reunification has occurred in order to prevent re-entry into the foster care system.

- *Mental Health*

Similar to substance abuse, mental health problems can be an obstacle to reunification. When compared to families whose children experience briefer stays in foster care, families who struggle to achieve reunification more frequently face multiple problems and risks.^{22,23} A study conducted in New York found that 60% of all children in foster care had at least one documented mental health diagnosis.²⁴ In some cases, children may suffer mental health problems during or after the reunification process.²⁵ Farmer noted that there is often an initial “honeymoon” period following reunification.²⁶ However, once this period is over, children may test out their parents and express their distress in numerous ways. Post reunification, children are also at an increased risk for internalizing behavior problems.²⁷ Thus, services to counsel and reintegrate the parent and child are essential both before and after reunification in order to ensure successful home permanency. Without continued support or enduring interventions, a child remains vulnerable to the problems and risks that bring families in contact with the child welfare system in the first place.

- *State Approaches Vary*

Across the nation, there is no uniformity in place to facilitate family reunification. The lack of clear data leads to confusion about the number of successful reunifications and best practices. Various states throughout the nation use systems focused on family connections and concurrent planning.²⁸ Concurrent planning is an approach to child family permanency that focuses on the goal of family reunification while also creating an alternative plan for the child. “Concurrent planning is intended to reduce the total period of time a child will remain in foster care before being permanently placed with a family.”²⁹ It is clear that, in unique family situations, a uniform plan cannot be implemented successfully. However, policy or funding could be put in place to ensure that all families are receiving the best services possible.

Post Reunification Services and Funding Problems

In order to prevent re-entry into the foster care system, services need to follow the child once they have been reunified. Unfortunately, these services are limited and about 25% of all children who go home will return to foster care at some point.³⁰ Some of the services that could lead to successful, permanent reunifications are as follows: home-based services, mental health and/or substance abuse services, and

²² Brad R. Karoll & John Poertner, 2003, “Indicators for safe family reunification: How professionals differ,” *Journal of Sociology and Social Welfare*, Volume 30, Number 3, 139-160

²³ Jeanne C. Marsh, Joseph P. Ryan, Sam Choi, & Mark F. Testa, 2006, “Integrated services for families with multiple problems: Obstacles to family reunification,” *Children and Youth Services Review*, Volume 28, 1074-1087

²⁴ Children’s Rights, Nov 2009, “The Long Road Home: A Study of Children Stranded in New York City Foster Care”, www.childrensrights.org

²⁵ Fred Wolczyn, 2004, “Family Reunification,” *Children, Families and Foster Care*, Volume 14, Number 1, www.futureofchildren.org

²⁶ Elaine Farmer, 1996, “Family reunification with high risk children: Lessons from research,” *Children and Youth Services Review*, Volume 18, Number 4/5, 403-424

²⁷ Jennifer L. Bellamy, 2008, “Behavioral problems following reunification of children in long-term foster care,” *Children and Youth Services Review*, Volume 30, 216-228

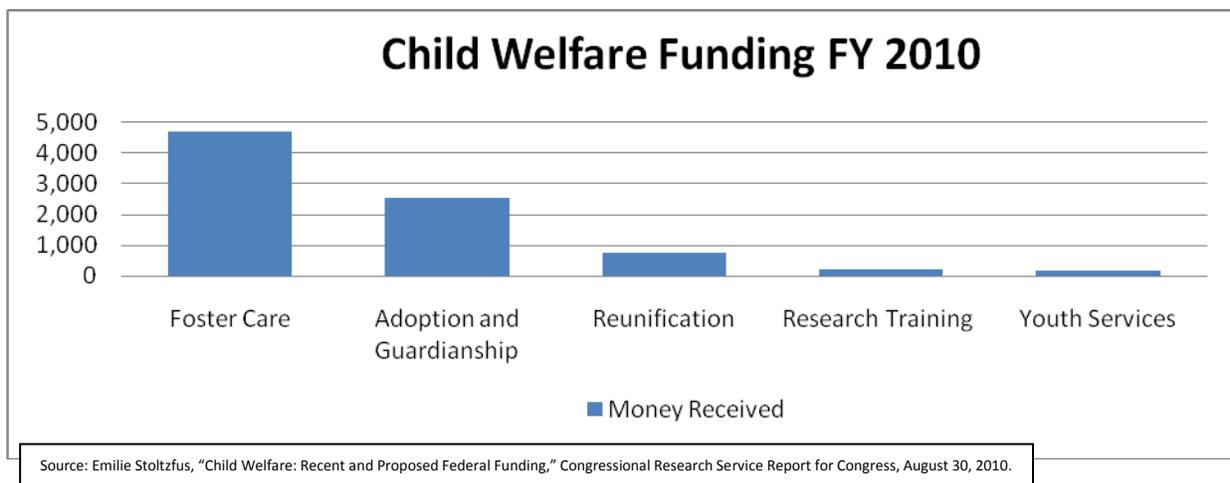
²⁸ Child Welfare Information Gateway, April 2005, “Concurrent planning: What the evidence shows” www.childwelfare.gov

²⁹ “Concurrent Planning,” 1995-2011, <http://glossary.adoption.com/concurrent-planning.html>

³⁰ Child Welfare Information Gateway, June 2011, “Family reunification: What the evidence shows,” page 9, www.childwelfare.gov

parenting support groups. Families may also need help obtaining housing, transportation, and financial support in order to access counseling services.³¹

Although Title IV funding is critical to state child welfare systems, it is not enough to support all families and children in need of services. Originally structured to assist states in the cost of foster care and adoption assistance, Title IV funding was expanded in 2008 to assist in covering the cost of subsidized guardianship/kinship care. Today, Title IV-E helps to address the cost of placements in foster care and two of three permanency outcomes for children in care—placement in an adoptive family or placement with relatives. It does not cover the approximate one half of children who leave foster care to be reunited with their birth parents. Additionally, through Title IV-E, children in foster care or kinship care are eligible for federal coverage only to the extent that they meet the eligibility standards that existed under the 1996 Aid to Families with Dependent Children (AFDC).



Examples of Some Successful Reunification Programs

Although there is a dearth of services and outcome studies following children and families after foster care,³² researchers and policymakers have suggested guidelines for successful reunification. These include:

- A wraparound service model where services are matched and tailored to meet the specific, individualized needs of the youth and caregiver³³
- Intensive, family-centered, home-based services³⁴
- Supporting frequent contact with the biological family while in foster care^{35,36}

³¹ Child Welfare Information Gateway, June 2011, "Family reunification: What the evidence shows," page 5, www.childwelfare.gov

³² Jennifer L. Bellamy, 2008, "Behavioral problems following reunification of children in long-term foster care," *Children and Youth Services Review*, Volume 30, 216-228

³³ Sam Choi & Joseph P. Ryan, 2007, "Co-occurring problems for substance abusing mothers in child welfare: Matching services to improve family reunification," *Children and Youth Services Review*, Volume 29, Number 11, 1395-1410

³⁴ Barbara A. Pine, Robin Spath, Gail B. Werrbach, Cary E. Jenson, & Benjamin Kerman, 2009, "A better path to permanency for children in out-of-home care," *Children and Youth Services Review*, Volume 31, 1135-1143

³⁵ Lenore M. McWey, Alan Acock, & Breanne E. Porter, 2010, "The impact of continued contact with biological parents upon the mental health of children in foster care," *Children and Youth Services Review*, Volume 32, 1338-1345

- Involvement of a peer mentor or advocate who can help parents negotiate their way through unfamiliar systems, normalize their experiences, and focus on changes they need to make in order for their children to return home.³⁷ These mentors are often foster parents or parents who have successfully achieved reunification themselves.^{38,39}
- Cultural competency on the part of service providers^{40,41}
- Services that are tied to addiction and substance abuse

Of note, Rhode Island and San Diego have developed promising reunification programs. Both approaches allow families to continue to receive treatment following reunification.

- **Rhode Island's Project Connect**⁴²
 - A community based program for families that are either at risk of foster care or whose child was just placed in foster care.
 - The program focuses on a home based approach, incorporating family counseling, domestic violence groups, sobriety support, and many other services that help in the battle against substance abuse.
 - Data show that participating families gave birth to children who were drug-free. Additionally, children whose families participated in Project Connect experienced reunification more quickly than the comparison group.
- **San Diego's Dependency Court Recovery Project**⁴³
 - The primary goal of this project is to “provide coordinated, comprehensive, and timely drug and alcohol services as a means of facilitating either reunification or permanency planning for families”⁴⁴
 - Using Substance Abuse Recovery Management Systems (SARMS), families are able to receive immediate alcohol and drug treatment. With the help of a recovery specialist and a judge, the SARMS is enforced.
 - After five years of operation in 2003, 1,253 parents were enrolled and 80% were compliant with the SARMS.⁴⁵

³⁶ Karin E. Malm & Erica H. Zielewski, 2009, “Nonresident father support and reunification outcomes for children in foster care,” *Children and Youth Services Review*, Volume 31, Number 9, 1010-1018

³⁷ Child Welfare Information Gateway, June 2011, “Family reunification: What the evidence shows,” www.childwelfare.gov

³⁸ M. Marcenko, R. Brown, P. R. DeVoy, & D. Conway, 2010, “Engaging parents: Innovative approaches in child welfare,” *Protecting Children*, Volume 25, Number 1, 23-34

³⁹ L. H. Romanelli, K. E. Hoagwood, S. J. Kaplan, S. P. Kemp, R. L. Harman, C. Trupin, & the Child Welfare-Mental Health Best Practices Group, 2009, “Best practices for mental health in child welfare: Parent support and youth empowerment guidelines,” *Child Welfare*, Volume 88, Number 1, 189-218

⁴⁰ Jennifer L. Bellamy, 2008, “Behavioral problems following reunification of children in long-term foster care,” *Children and Youth Services Review*, Volume 30, 216-228

⁴¹ Elissa E. Madden, Ruth G. McRoy, Erin Maher, & Kristin Ward, 2009, “Travis County, Texas, child protective services reintegration pilot project: Final evaluation report,” Center for Social Work Research, http://www.casey.org/Resources/Publications/pdf/AustinReintegration_FR.pdf

⁴² Child Welfare Information Gateway, “Family reunification: What the evidence shows,” page 10, www.childwelfare.gov

⁴³ Hon. James R. Milliken & Gina Rippel, 2004, “Effective Management of Parental Substance Abuse in Dependency Cases” *Journal of the Center For Families, Children and the Courts*

⁴⁴ Hon. James R. Milliken & Gina Rippel, 2004, “Effective Management of Parental Substance Abuse in Dependency Cases” *Journal of the Center For Families, Children and the Courts*, page 99

⁴⁵ “Effective Management of Parental Substance Abuse in Dependency Cases” Hon. James R. Milliken and Gina Rippel *Journal of the Center For Families, Children and the Courts*, 2004. Page 99

American Humane Association Recommendations

Last year, the American Humane Association testified before the Ways and Means Subcommittee on Human Resources on the reauthorization Title IV-B part 2 of the Social Security Act, the Promoting Safe and Stable Families (PSF) program. It is the only federal child welfare funding designated for reunification services. States are directed to spend at least 20 percent of the approximate \$330 million in their share of funds on reunification services. The remaining funds are divided between adoption, family preservation and the family support services. In 2009, out of the 276,000 children that left foster care, 51% reunified with their families. That totals less than \$70 million divided between the fifty states to address the needs of these families. In testifying we highlighted the need to focus more resources on this third and largest form of permanency—reunification.

Comprehensive reform of the way we finance child welfare services is the most effective strategy to address the needs of families where reunification is most appropriate. It is also necessary to strengthen our support of foster care and kinship care, and to help states address the prevention of child abuse and neglect.

Funding should be extended to reunification services if a comprehensive package cannot be enacted in this Congress. This holds the promise of allowing reforms to move forward short of a complete reform. Funding could be limited to equal what a state's current funding is for the placement of a child in foster care and restricted to a period of time. This would extend federal funding to all three forms of permanency: adoption, kinship care and reunification.

Further study and research needs to be conducted and analyzed to determine the most effective reunification strategies. Additionally, research should examine why results differ for certain child populations, such as children in care for longer than 24 months and children with disabilities.

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