Supporting Successful Reunifications

If a child has been removed from the care of his or her parents, safe and timely family reunification is the preferred permanency option for most children. Safe and stable reunification does not begin or end with the return of children to the care of their parents. Caseworkers should give careful consideration to assessing families’ capacity for keeping children safe and their readiness to reunify as well as to planning for postreunification services and contingencies in the event of future safety concerns. Child welfare agencies may find it challenging to help families achieve timely reunification while at the same time preventing children from reentering foster care. Agencies that focus their efforts on only one aspect of the challenge (reducing time to reunification versus reducing reentries to foster care) may find themselves succeeding in one area and losing ground in the other. Addressing both issues is difficult, but it can be done. This bulletin offers information to help child welfare agency managers by providing strategies for achieving reunification and preventing reentry and includes examples of promising practices being implemented by states and localities.

1 The physical return of a child to parents or caretakers may occur before the return of legal custody. During this period, the child welfare agency continues to supervise the family for some period of time, often referred to as a “trial home visit.” Reunification is considered achieved when both care and custody are returned to parents or guardians and the child is discharged from the child welfare system.

2 The Adoption and Safe Families Act of 1997 requires that states make reasonable efforts to preserve or reunify families, but it also outlines several conditions (e.g., the parent committed the murder of another of his or her children, the parent submitted the child to aggravated circumstances as defined by state law) under which states do not have to make such efforts. For additional information about reasonable efforts, refer to Reasonable Efforts to Preserve or Reunify Families and Achieve Permanency for Children at https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/reunify/.
Benefits of Supporting Reunification and Preventing Reentry

Achieving timely reunification while preventing reentry into foster care has benefits at multiple levels. Children do best when raised in a stable family setting, which can support positive effects on their cognitive, behavioral, and health outcomes (Craigie, Brooks-Gunn, & Waldfogel, 2010). When fewer children reenter foster care, it indicates that families have made adjustments that improve family functioning and keep children safe in the long term. Additionally, state and local agencies can realize cost benefits by safely reducing the number of children in out-of-home care. In 2014, federal, state, and local government agencies spent $13.5 billion for out-of-home care, which accounts for nearly half of all of their child welfare expenditures (Annie E. Casey Foundation, Casey Family Programs, & Child Trends, 2016). By increasing the rate of successful reunifications, states and localities can reinvest funds otherwise targeted for out-of-home care to other areas of the child welfare system, such as prevention or in-home services.

National Statistics

The Children's Bureau within the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (HHS) collects state and national data on reunification and reentry. Based on data from the Adoption and Foster Care Analysis and Reporting System, reunification is the most common goal for children in out-of-home care (55 percent in 2015) as well as the most common outcome for children leaving care (51 percent in 2015) (HHS, ACF, Children's Bureau, 2016). According to Child Welfare Outcomes 2010–2014: Report to Congress, the national median percentage of children achieving reunification in 2014 within 12 months of entry into care was 69.2 percent, and 7.5 percent of all children who entered care in 2014 were reentering within 12 months of a prior foster care episode (HHS, ACF, Children’s Bureau, 2017). For additional details, including comparisons over time and state-specific data, refer to chapter 4 of the report at https://www.acf.hhs.gov/sites/default/files/cb/cwo10_14.pdf#page=49. To view additional statistics from the Children's Bureau, visit https://www.acf.hhs.gov/cb/research-data-technology/statistics-research.

Factors That Affect Reunification and Reentry

Many factors influence the likelihood of whether children will reunify with their families or remain in their care after reunification. Although some studies have contradictory findings, research has shown that certain child, family, and case characteristics can affect child outcomes. When the following factors are present, children in care are less likely to reunify with their families (Akin, 2011; Carnochan, Lee, & Austin, 2013):

- Being placed in kinship care
- Spending longer time in care or experiencing more placements
- Being African-American
- Having health, mental health, or behavioral problems (child)
- Coming from a single-parent family
- Receiving an initial placement in a group home or emergency shelter

The Children’s Bureau reviews state performance in the areas of reunification and reentry through the Child and Family Services Reviews (CFSRs). Item 8 of the CFSR measures whether a state “has achieved the permanency goals of reunification, guardianship, or permanent placement with relatives in a timely manner or, if the goals had not been achieved, whether the agency had made, or was in the process of making, diligent efforts to achieve the goal” (HHS, ACF, Children's Bureau, 2011). In the second round of the CFSRs, only three states (5.8 percent) had this item rated as a strength (HHS, ACF, Children's Bureau, 2011).³ For a state to receive a strength rating, 90 percent of all reviewed cases must be rated as a strength. CFSR item 5 measures whether a child’s entry into foster care during the period of review occurred within 12 months of exit from a previous foster care episode. In the second round, 40 states (76.9 percent) had this item rated as a strength (HHS, ACF, Children’s Bureau, 2011). For additional details, refer to Federal Child and Family Services Reviews Aggregate Report: Round 2: Fiscal Years 2007–2010 at https://www.acf.hhs.gov/sites/default/files/cb/fcfsr_report.pdf.

³ As of the writing of this bulletin, round 2 was the most recently completed round of the CFSRs. As of June 5, 2017, only 22 round 3 final reports were available.
When the following factors are present, children are more likely to reenter care after reunification (Shaw & Webster, 2011; Lee, Jonson-Reid, & Drake, 2012; Goering & Shaw, 2017):

- Being African-American
- Having health, mental health, or behavioral problems (child)
- Having a parent with mental health problems, low education, or substance use issues
- Living in poverty
- Having a shorter stay in care
- Experiencing a higher number of placements

Children may be less likely to reenter care if their families received in-home services during or after foster care, if they spent a longer time in care before reunifying, or if they had previously been placed with relatives (Shaw & Webster, 2011; Lee, Jonson-Reid, & Drake, 2012; Goering & Shaw, 2017). Service receipt, along with the support and case management associated with them, may help families adjust after reunification, and longer stays in care may provide families with more time to achieve their case goals. Relative care placements tend to be more stable and continue for a longer duration prior to reunification compared with nonrelative settings, both of which serve as supportive factors for the reunification.

**Systemwide Strategies That Support Reunification and Prevent Reentry**

Agencies can pave the way for timely, safe, and stable reunification by incorporating the following systemwide approaches:

- Collaborating with the courts in working toward timely, stable reunification
- Collaborating with related agencies, community providers and members, and families involved with child welfare
- Implementing policies and standards that clearly define expectations, identify requirements, and reinforce casework practices that support reunification and prevent reentry
- Ensuring agency leaders support staff in achieving safety and stability
- Maintaining manageable caseloads and workloads that allow caseworkers time to engage families
- Ensuring the availability and accessibility of diverse out-of-home and postreunification services that can respond to families’ identified needs and conditions (see the following section for additional information)
- Implementing data systems that monitor systemwide and case-level data on timeliness of reunification and reentry into foster care
- Engaging external assistance in the form of training, consultation, and technical assistance from recognized experts

**Concurrent Planning**

Concurrent planning is the practice of seeking multiple options for permanency at the same time rather than consecutively in order to reduce children’s time without a permanent family. Often, this means that reunification is sought as the primary goal, but the caseworker will also simultaneously seek out other options, such as adoption or guardianship. Additional research on concurrent planning is still necessary to better determine its effects on outcomes, including reunification and reentry (Child Welfare Information Gateway, 2012). For additional information about concurrent planning, refer to Concurrent Planning: What the Evidence Shows at [https://www.childwelfare.gov/pubs/issue-briefs/concurrent-evidence/](https://www.childwelfare.gov/pubs/issue-briefs/concurrent-evidence/) or the Child Welfare Information Gateway webpage on the topic at [https://www.childwelfare.gov/topics/permanency/planning/concurrent/](https://www.childwelfare.gov/topics/permanency/planning/concurrent/).
**Practices That Support Reunification and Prevent Reentry**

Efforts to promote successful reunification can begin as soon as the decision is made to place a child in out-of-home care and continue throughout the out-of-home placement and any subsequent reunification. This section describes specific practices agencies can employ to support reunification and prevent reentry while children are in out-of-home care and after they have been returned to their families. The practices are organized into casework frameworks and practices, parent support systems, and legal system involvement. These categories are not mutually exclusive, and some practices may have implications in multiple areas. Information Gateway resources regarding these topics are found at the end of this section.

**Casework Frameworks and Practices**

The following are examples of frameworks and practices caseworkers can use in their work with families seeking reunification or who have been reunified with children formerly in out-of-home care.

- **Family group decision-making (FGDM)** is an umbrella term for various processes (e.g., family team meetings, team decision-making) in which families are brought together with agency personnel and other interested parties to be an active participant in identifying underlying issues and make decisions about and develop plans for the care of their children and for needed services. This helps avoid having the case plan be solely prescribed by others without the family’s input and engagement. Engaging families in decisions about where children should be placed to ensure their safety while working toward reunification can help increase families’ buy-in and follow through with the case plan. Among other positive outcomes, FGDM has been shown to increase rates of reunification and reduce reentry (Sheets et al., 2009).

- **Intensive reunification services** are short term, intensive, family centered, and are intended to reunite families whose children would otherwise likely remain in out-of-home care for more than 6 months (National Family Preservation Network, 2003). In a study of families experiencing the removal of a child for the first time, those receiving intensive and standard services reunified at similar rates, but families receiving intensive services reunified more quickly, had fewer placement moves while in care, and had lower rates of rereferral for maltreatment (Pine, Spath, Werrbach, Jenson, & Kerman, 2009). Two examples of intensive reunification services models are those from the Institute for Family Development’s Homebuilders program (http://www.institutefamily.org/programs_IFPS.asp) and the National Family Preservation Network (http://www.nfpn.org/reunification.html).

- **Solution-Based Casework** (http://www.solutionbasedcasework.com/) provides a strengths-based framework for caseworkers to partner with families to find solutions to difficult, everyday situations facing the family. Families receiving Solution-Based Casework services have been found to experience reduced recidivism rates compared with families receiving standard services (Antle, Barbee, Christensen, & Sullivan, 2009).

- **Comprehensive family assessments** have been linked to various positive outcomes for children and families, including increased reunification and reductions in maltreatment recurrence (Smithgall, DeCoursey, Yang, & Haseltine, 2012). Two standardized tools that show promise for improving reunification are the North Carolina Family Assessment Scales for Reunification (http://www.nfpn.org/assessment-tools) and the Structured Decision-Making Reunification Reassessment (http://www.ncccdglobal.org/assessment/structured-decision-making-sdm-model).

- **Postreunification services** can help support families who have been reunited. Both parents and children may require services to help prevent reentry. Prior to reunification, child welfare agencies can identify families’ and children’s expected needs after reunification and match them with appropriate services in the community. In at least one study, children in families receiving postreunification services were less likely to reenter care than children whose families did not receive those services (Lee, Jonson-Reid, & Drake, 2012).
Parent-child interaction therapy (PCIT) is a promising technique to reduce the recurrence of maltreatment. The curriculum focuses on relationship enhancement as well as how parents discipline their children. The parent and child are treated together, and their interactions are observed by the therapist. Families involved with child welfare who receive PCIT are less likely to have future reports of maltreatment (Chaffin, Funderburk, Bard, Valle, & Gurwitch, 2011). Caseworkers can refer families to PCIT providers in their communities.

Children’s regular visits with parents and siblings. Frequent and regular parent-child visits help children, youth, and parents maintain continuity of their relationships, improve relationships, and help them prepare to reunite. Visits can provide parents with opportunities to learn and practice parenting skills as well as give caseworkers opportunities to observe and assess family progress. Children and youth who have regular visits with their families are more likely to reunify (Chambers, Brocato, Fatemi, & Rodriguez, 2016).

Parent Support Systems

Strengthening parents’ support systems can be a key strategy for supporting reunification or avoiding reentry. Caseworkers can seek opportunities to incorporate additional supports, such as the following, into families’ case plans:

- Foster parent-birth parent partnerships show promise in increasing reunification (Casey Family Programs, 2011). When foster parents support or mentor birth parents, they can enhance the ability of birth parents to stay informed about their children’s development while they are in out-of-home care, improve parenting skills, increase placement stability, and lead to more timely reunifications. Partnership strategies being employed in states include icebreaker meetings and visit coaching. For additional information about icebreaker meetings, refer to the Annie E. Casey Foundation’s Icebreaker Meetings: A Tool for Building Relationships Between Birth and Foster Parents at http://www.aecf.org/resources/icebreaker-meetings/.

- Education and training programs for birth parents can enhance the parent-child relationship and teach both specific parenting and general problem-solving skills. They also can increase the likelihood of reunification (Franks et al., 2013). Even training for foster parents may be able to improve reunification rates. Children whose foster parents received the KEEP (Keeping Foster and Kin Parents Supported and Trained) training were more likely to be reunified than those whose foster parents did not receive the training (Chamberlain, Price, Reid, & Landsverk, 2008). This may be due to a reduction in children’s behavior problems, which may make reunification more likely.

- Parent mentor programs utilize parents who were once involved with the child welfare system to assist currently involved parents. The mentors provide birth parents with support, advocacy, and help navigating the child welfare system. Research shows that these programs can increase reunification rates for participating families (Enano, Freisthler, Perez-Johnson, & Lovato-Hermann, 2017). Two-parent mentoring programs that have shown promise in bolstering reunification include Parent Partners (Berrick, Cohen, & Anthony, 2011) and Parents in Partnership (Enano et al., 2017).

- The use of recovery coaches, who assist parents in successfully completing substance use treatment, has been shown to help families reunify with their children (Ryan, Victor, Moore, Mowbray, & Perron, 2016). Recovery coaches support families by conducting assessments, developing service plans, advocating for parents, conducting home visits, and working in partnership with the child welfare caseworker.

- Social support can provide a safety net for parents before and after reunification. A strong support system can help families achieve reunification and maintain healthy family functioning (Lietz, Lacasse, & Cacciatore, 2011). Helping parents strengthen their support networks and building community partnerships for child protection provide informal and formal opportunities for families to deal with stresses that could lead to maltreatment.
Services to Support Reunification

Families seeking to reunify often are experiencing multiple problems that need to be addressed prior to reunification. Families may be referred to voluntary services or be required by the courts to participate. Parents who fully use services are more likely to reunify than those who only partially participate or do not participate (D’Andrade & Nguyen, 2014). However, the likelihood of reunification may vary based on the types of services or supports families receive. For example, one study found that families receiving financial assistance or housing services were more likely to reunify than those who received other types of services (Cheng & Li, 2012).

Given that service receipt can affect reunification, it is important that agencies ensure families’ needs are correctly identified and addressed. In one study, more than one-third of parents seeking to reunify were ordered to receive services targeting problems they were not identified as having (D’Andrade & Chambers, 2012). This can overburden parents already dealing with complex issues and diminish their ability to improve family functioning, which could lead to extended time in care for children.

It is also important that caseworkers accurately assess if families have improved functioning after service receipt. A parent’s participation in a service does not necessarily mean that changes in behavior or circumstances will occur. In some cases, a caseworker may view parents who complete services as having a higher commitment to reunification or as being more compliant with the case plan, which could affect the caseworker’s recommendation for reunification (D’Andrade & Nguyen, 2014). To address this, agencies can ensure caseworkers are trained on how to conduct accurate assessments of service needs and are aware of effective, evidence-based services and supports in the community.

Furthermore, service availability is a challenge for many families and agencies. During round 2 of the CFSRs, approximately half (51 percent) of states reported that services in the community were insufficient to meet the needs of families seeking to reunify (HHS, ACF, CB, 2011). Additionally, in a survey of state child welfare agencies, most states indicated that postpermanency services were more widely available for adoptive parents than for birth parents after reunification or legal guardians upon guardianship (ZERO TO THREE & Child Trends, 2013). The survey results also revealed that children who were adopted had greater access to services and supports than children who were reunified or received a guardianship placement. Child welfare agencies can work with community providers to ensure that appropriate services are available to children and families as well as build their own capacity to serve this population.
Legal System Involvement

Families involved with the child welfare system frequently have contact with the juvenile and family court systems. These courts have great influence over the paths of child welfare cases, including whether children are reunified with their families or reenter care. The following practices can help improve reunification and reentry outcomes for families:

- **Family drug courts** are a voluntary alternative to the traditional dependency court system. These courts focus on families’ substance use and child welfare issues and seek to improve treatment and reunification outcomes. Children whose families participate in family drug courts spend less time in foster care and are more likely to reunify with their families (Lloyd, 2015).

- **Competent legal representation for parents** is associated with the achievement of timely reunification (Courtney, Hook, & Orme, 2011). One promising approach to legal representation is Cornerstone Advocacy, which was developed by the Center for Family Representation (http://www.cfrny.org/). This approach helps guide attorneys in advocating for their clients in four areas: visiting, placement arrangements, services, and family conferences and meetings. Families whose attorneys used the Cornerstone Advocacy approach reunited more frequently and had fewer instances of reentry than those whose attorneys did not (Thornton & Gwin, 2012). For more information about parent representation, visit the webpage for the American Bar Association’s National Project to Improve Representation for Parents in the Child Welfare System at https://www.americanbar.org/groups/child_law/what_we_do/projects/parentrepresentation.html.

Additional Resources

The following are Information Gateway resources that provide additional information about strategies and practices to support reunification and prevent reentry:

- Reunifying Families (includes visits, preventing reentry, assessments, and other topics): https://www.childwelfare.gov/topics/permanency/reunification/
- Family Group Decision-Making: https://www.childwelfare.gov/topics/famcentered/decisions/
- Comprehensive Family Assessment: https://www.childwelfare.gov/topics/systemwide/assessment/family-assess/

The National Resource Center for In-Home Services (https://uiowa.edu/nrcih/) also has helpful information about practices that can support reunification and family stability.
State and Local Examples of Strategies That Support Reunification and Prevent Reentry

State and local agencies throughout the country are at various stages of implementing and strengthening efforts that support reunification and prevent reentry. The following are selected examples of such initiatives. (The examples are presented for information purposes only; inclusion does not indicate an endorsement by Child Welfare Information Gateway or the U.S. Department of Health and Human Services, Children’s Bureau.)

- Mockingbird Family Model: Washington State and other locations
- Fostering Relationships: Washoe County, Nevada
- Foster Parent Mentoring: Lafayette, Louisiana

Mockingbird Family Model: Washington State and Other Locations

The Mockingbird Family Model (MFM), which was developed by the Mockingbird Society in Washington State, is an innovative method of delivering out-of-home care. MFM is structured to provide an enhanced support network focused on foster parent retention and foster care delivery strategies that contribute to youth stability and connections to birth families while in out-of-home care. A group of 6–10 foster families (“satellites”) who live near an experienced foster care provider (the “hub”) are placed together to form an MFM “constellation.” The hub home helps coordinate supports for satellite families, including planned and crisis respite, mentorship, and training.

MFM hub homes may help support and strengthen birth family connections and reunification efforts through the supportive constellation community. Hub homes can host visits between children and their birth families as well as team decision-making meetings, which provides a more neutral and welcoming location than an office space. The hub home can also invite the birth families into the constellation to participate in trainings and other supports, which allows them to engage with their children’s foster families and learn the same skills. Additionally, foster care agencies can coordinate postreunification supports through the hub home. For example, if a birth family needs respite, the child can be cared for in the familiar setting of a hub home.

The Mockingbird Society consults with out-of-home care placement agencies to help them implement the model. For more information, visit the Mockingbird Society website at http://www.mockingbirdsociety.org/index.php/what-we-do/mockingbird-family-model.

Fostering Relationships: Washoe County, Nevada

The Washoe County (Nevada) Department of Social Services (DSS) developed the Fostering Relationships program through its participation in the Quality Parenting Initiative (QPI). Fostering Relationships, which is an adaptation of the Attachment and Biobehavioral Catch-Up for Visitation (ABC-V) intervention, seeks to improve parent-child visits by establishing foster parents and a paraprofessional mentor as partners with the birth parents in the visitation process. Although ABC-V was designed for children ages 6 months through 6 years, Fostering Relationships is intended for children of all ages.

DSS recognized that some visits may not be productive because the birth parents may feel rejected by their children or threatened by the relationship their children have established with the foster parents, or the birth parents may not yet have the skills to interact with their children appropriately. In Fostering Relationships, mentors work with both the birth parents and foster parents to prepare them for the visits, including teaching them about realistic expectations and following the child’s lead. Foster parents also receive instruction on Fostering Relationships during preservice and other trainings. During the initial visits, the mentor is in the room with both sets of parents and the child. Both the mentor and foster parents provide positive feedback and coaching about the birth parents’ interactions with the children. If the foster parent is comfortable and proficient, the mentor may not need to be present during later visits.
One of the goals of Fostering Relationships is to improve reunification and reduce reentry. DSS is still collecting data about these outcomes, but, anecdotally, staff are reporting an increase in children returning home under an in-home safety plan and that families are moving to unsupervised and offsite visits more quickly. Other program goals include helping all parties—including the child—feel more comfortable during visits and improving the relationship between the birth and foster parents.


**Foster Parent Mentoring: Lafayette, Louisiana**

The Louisiana Department of Children and Family Services (DCFS) [http://www.dcfslngov/](http://www.dcfslngov/) has partnered with The Extra Mile [http://www.theextramileregioniv.com/](http://www.theextramileregioniv.com/), a local nonprofit agency, to strengthen outcomes for children and families, including supports to promote reunification. A recent initiative of DCFS and The Extra Mile is a mentoring program for foster parents, which was spurred by discussions that occurred as part of Lafayette’s participation in QPI. This new program pairs a veteran foster parent with a foster parent who is receiving his or her first placement, has a challenging placement, has been recommended by his or her caseworker for a mentor relationship, or has self-selected to participate.

One of the goals of the program is to help foster parents improve their relationships with birth parents and better understand how they can help birth parents. In many cases, birth parents and foster parents view themselves as being in an adversarial relationship where only one of them will ultimately receive custody of the child. The mentors help the foster parents recognize how they can partner with the birth parents to achieve the best outcomes for the child. The following examples of discussions the mentors and mentees may have:

- Importance of children’s attachment to both their birth and foster families
- Loss and grief foster parents may experience if children in their care are reunified with their birth families
- Context regarding the birth family’s situation (e.g., previous trauma)
- Support the foster parents can provide the birth parents before and after reunification
- How the foster parents can be a part of the child’s life after reunification

Foster parents equipped with this information may be able to better help birth parents reunify with their children and maintain a safe and stable home after reunification.

**Conclusion**

In most child welfare cases, reunification is the preferred permanency option. When working with families, caseworkers must balance the desire to return children to their families with ensuring that birth families have sufficient ability and support to safely care for their children. To achieve this, caseworkers can seek out services in their communities that have been proven to support reunification and avert reentry or show promise to do so. If these practices are not available in your community, you can work with agency leadership to explore how they can be introduced.

**References**


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