

**Hennepin-University Partnership (HUP)
Child Well-Being**

Re-entry to Foster Care Report

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**COLLEGE OF EDUCATION
+ HUMAN DEVELOPMENT**

**UNIVERSITY OF MINNESOTA
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**Re-Entry to Foster Care
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Reentry to Foster Care

Background of Project

In 2004, Hennepin County and the University of Minnesota began a collaboration titled the Hennepin-University Partnership (HUP). The goals of this strategic collaboration include developing knowledge on key topics relevant to local communities promoting community-based research sharing of academic and practitioner expertise and providing increased opportunities for real-world experience to university students.

In 2009, a group of Hennepin and University staff met to develop questions of further interests around child well-being. This group included Traci LaLiberte, Director of the Center for Advanced Studies in Child Welfare (CASCW) at the University, and Deb Huskins, Area Director of Hennepin County Human Services and Public Health Department. It was decided to focus on and gain a better understanding of three key areas of child welfare practice and policy, including: (1) re-entry to foster care, (2) adoption disruptions, and (3) systems of care working with long-term foster care youth transitioning to adulthood. Re-entry to foster care is the most critical of these topics currently facing Hennepin County, so CASCW is beginning to explore this area first to be followed by reports on the other two topics in May and July, respectively.

For each of the three topic areas, CASCW will conduct a comprehensive literature review. The reports for each topic provided to Hennepin County will include a report and executive summary of the literature review, an annotated bibliography and a brief guide to current evidence-based practices in each area. Each of these sections is included in this first report, *Re-entry to Foster Care*.

Definition of Re-Entry:

Re-entry is defined as the recurrence of child maltreatment after an earlier episode of out-of-home placement that resulted in reunification with biological family. Re-entry rates refer to the rates at which children and youth re-enter foster care after having been returned home to their biological family after an earlier episode of out-of-home placement. Federal standards developed through the Children and Family Service Review (CFSR) process mandate states to track the percentage of children re-entering foster care within 12 months of reunification with their biological families.

The studies included in this comprehensive literature review vary in the time periods designated for re-entry with some including follow-up of 3 or 4 years after reunification. Some studies look only at re-entry into foster care while other studies also examine re-reporting of child maltreatment whether or not those reports were substantiated and the child was removed from their home. These distinctions are made clear when individual studies are discussed in this report and in the annotated bibliography.

Methodology of Search Process

In the review of the literature and research on re-entry to foster care, the following databases were searched:

- Child Abuse, Child Welfare & Adoption Database (1965 to Jan. 20, 2010)
- Social Sciences Citations Index (1975 to Jan. 20, 2010)
- Cochrane Library (1996 to Jan. 20, 2010) at
(http://www.mrw.interscience.wiley.com/cochrane/cochrane_search_fs.html)
- Google Academic

In conducting these searches, the following keywords were used:

- “foster care” AND “reentry”
- “child maltreatment” AND “reentry”
- “foster care” AND “recidivism”
- “foster care” AND “reabuse”
- “foster care” AND “re-reporting”

Studies in this comprehensive literature review include correlational studies that indicate risk and protective factors for reentry into care. The studies often used different definitions of re-entry and different parameters for those definitions, which makes it difficult to generalize across all of the findings. In this literature review, the authors were able to identify common and consistent themes across studies as well as highlight unique findings from specific studies.

Comprehensive Review of Academic Literature on Re-entry to Foster Care

Child welfare agencies aim to provide permanency for youth in their care. Re-entry into foster care is one measure of permanency for youth. The federal Adoption and Foster Care Analysis and Reporting System (AFCARS) data indicates that the most common exit from foster care for the past decade has been family reunification (U.S. Department of Health and Human Services Administration for Children and Families, 2005). Unfortunately, not all children who return home remain at home. Foster care re-entry is serious concern, one that is now being more closely examined by all states and tracked through the Child and Family Service Review (CFSR) process. States in the CFSR process are required to track rates of foster care re-entry for up to 12 months, and the standard states are expected to achieve is a reentry rate of 9.9% or lower. AFCARS data indicates that re-entry rates vary substantially by state, but the median state re-entry rate for 2004 and 2005 was around 15% (U.S. Department of Health and Human Services

Administration for Children and Families, 2005). According to 2008 data, the percent of children who re-entered foster care in less than 12 months from the date of discharge in the state of Minnesota was 26.1 percent, and in Hennepin County the rate of reentry was 20 percent (Minnesota Department of Children's Services, 2008).

Clearly this is an important issue to consider in child welfare as practitioners, researchers and policy-makers aim to increase permanency and child well-being for all youth involved in the system. Risk factors for re-entry have been well researched, and the findings are outlined below. Most research on this topic does not specifically address protective factors to reduce rates of re-entry, but this report will highlight the few studies that do examine these factors. Identifying both the risk and protective factors around re-entry to foster care can help inform practice and policy decisions in child welfare systems.

Risk Factors

Many complex and intersecting factors contribute to the recurrence of child maltreatment and re-entry of children into foster care after family reunification. Current research has examined the risk factors that correlate to foster care re-entry. Although it is difficult to generalize across multiple studies that use varying definitions and parameters, common themes have been identified and categorized as risk factors related to child characteristics, family characteristics and child welfare administrative characteristics. These are outlined below.

Child Characteristics and Increased Risk of Re-entry

Although not consistent in all studies, age was a significant risk factor. Most studies examining age as a variable found that infants, pre-teens and teenagers have higher re-entry rates

(Courtney, 1995; Shaw, 2006; S. Wells, Ford, & Griesgraber, 2007; F. Wulczyn, 1991). Some studies found that infants and very young children were at increased risk of re-entry (Berrick, Needell, Barth, & Jonson-Reid, 1998; Fluke, 2005; Fuller, 2005; Westat and Chapin Hall Center for Children, 2006). One study indicated that infants were at higher risk for re-reporting but not reentry to foster care (Jonson-Reid, 2003). Some of the reasons suggested for this finding included the following: parenting infants is more demanding and may lead to higher stress, infants are seen as more vulnerable and so CPS reports on infants are substantiated at higher rates, or some parents may have a more difficult time transitioning to their parenting role which is still new and some coping skills may not have yet been learned. Other studies also indicated increased risk for pre-teens and teens (Jonson-Reid, 2003; Wells et al., 2007; Westat and Chapin Hall Center for Children, 2006). Authors suggest that the increased parental attention, skills and stress in this developmental stage may account for the increased risk of pre-teens and teens.

Several studies that examined re-entry to foster care suggested that increased health, mental and behavioral health issues of the youth increase risk of re-entry after reunification (Courtney, 1995; Courtney, Piliavin, & Wright, 1997; Jones, 1998; Koh, 2007; Wells et al., 2007). Several studies suggested that increases in difficult externalizing behaviors are linked to re-entry (Barth, 2008; Wells, 2007). Some studies linked the presence of physical health problems to increased risk, although health problems are not clearly defined in these studies (Courtney, 1995; Jones, 1998); and at least one study found no association between reentry and child health problems (K. Wells & Guo, 1999). Several studies identified the presence of mental illness (Koh, 2007) or the presence of developmental delays (Marshall & English, 1999) in the child as a risk factor for reentry. Other studies examined “child problems,” inclusive of

educational, mental health, developmental or behavioral problems, as linked to increased risk of re-entry (DePanfilis & Zuravin, 1999; Jones, 1998; McDonald, Bryson, & Poertner, 2006).

Findings of recent research indicate a complex relationship between children who receive services and risk of re-entry. Some indicate increased risk of re-reporting when children receive services (J. D. Fluke, Shusterman, Hollinshead, & Yuan, 2005). Increased contact with professionals is one reason offered for increased re-reporting of children who receive services. Child utilization of special educational services and child utilization of individual, family or group therapy was associated with decreased risk of reentry (Miller, 2006).

Race was also a risk factor identified in many studies, which indicated that African American youth are at highest risk for re-entry (Berrick et al., 1998; Courtney, 1995; Courtney et al., 1997; English, Marshall, Brummel, & Orme, 1999; Jones, 1998; Koh, 2007; Shaw, 2006; K. Wells & Guo, 1999; Westat and Chapin Hall Center for Children, 2006). One study did not find race to be a risk factor, but the findings from this study may be limited by its very small sample size (Frame, Berrick, & Brodowski, 2000). Terling (1999) found that both African American and White children were at increased risk compared to Latino children. Another study found that White children were at higher risk compared to African American children (J. D. Fluke et al., 2005).

Courtney et al. (1997) concluded that the findings of their study, as well as others with a non-random sample that link age and race to increased risk of reentry, may actually be mediated by another factor altogether, such as parental substance abuse. However, other studies indicate that when other mediating variables are controlled for (i.e., poverty and single-headed households), African Americans are still at greater risk suggesting that race itself may be a risk

factor (Shaw, 2006). Consequently, while not the only risk factor, racial bias in the child welfare system may account for some of the increased risk of re-entry for African American children.

Family Characteristics and Increased Risk of Re-entry

In addition to child-specific characteristics, family characteristics were also identified in the research as correlating to increased risk of re-entry. Some of these factors focus on parents while others focus on family and community contexts. In looking at parental characteristics, several studies suggest that parental substance abuse is linked to increased risk of re-entry (Brook & McDonald, 2009; English et al., 1999; J. D. Fluke et al., 2005; Frame et al., 2000; Miller, Fisher, Fetrow, & Jordan, 2006; Shaw, 2006; Terling, 1999). A study by Brook and McDonald (2009) that focused on children whose removal was primarily due to parental substance abuse also found that children of caregivers with both drug and alcohol involvement had increased risk for reentry to the child welfare system compared to either alcohol or drug involvement alone.

Parental criminal history was also found in several studies to correlate with higher risk (Frame et al., 2000; Terling, 1999). Partner abuse experienced by a caregiver was also linked to increased risk of reentry (DePanfilis & Zuravin, 1999; English et al., 1999). Some studies indicated that families in which parents who had been maltreated as children had increased risk of re-entry (English et al., 1999; Marshall & English, 1999). Two studies also indicated that parental mental illness increased risk of reentry (Fuller, 2005; Hindley, 2006).

Examining parents in their parenting role, some studies found that parental ambivalence about parenting (Festinger, 1996), insufficient parenting skills (Festinger, 1996; Miller et al., 2006; Terling, 1999), and inadequate social support of parents (DePanfilis & Zuravin, 1999; Festinger, 1996; Terling, 1999) were all linked to increased risk of re-entry. One study indicated

that the increased number and severity of parental problems was associated with increased risk of reentry between 21 to 24 months after reunification (Festinger, 1996). Several studies also found that higher numbers of children in the household of origin was linked to increased risk of re-entry (Barth, 2008; Fuller, 2005). DePanfilis and Zuravin (1999) found that having multiple children closely spaced in age was another factor that increased risk of re-entry.

Another rather consistent finding across studies indicated that those families with CPS involvement due to the maltreatment type of neglect were at higher risk for foster care re-entry (Berrick et al., 1998; English et al., 1999; Hindley, Ramchandani, & Jones, 2006; Shaw, 2006; Terling, 1999; K. Wells & Guo, 1999).

Family factors were also shown to be linked to increased risk of re-entry. Several studies indicated that families experiencing poverty were at higher risk of re-entry to foster care (Courtney, 1995; Jones, 1998; Jonson-Reid, 2003; Shaw, 2006). Poverty was measured by families' receipt of AFDC or TANF (Jones, 1998), insufficient housing (Jones, 1998), and poor neighborhood conditions (Miller et al., 2006). Studies that examined neighborhood conditions found that poorer quality neighborhoods (i.e., higher crime rates, less safe play space, and homes that were not well-maintained) were linked to increased risk of reentry (Miller et al., 2006). One study indicated that urban youth were at higher risk of reentry compared to families in non-urban communities (English et al., 1999).

Child Welfare Administrative Characteristics and Increased Risk of Re-entry

One of the most consistent findings across studies indicated that increased foster care re-entry rates are associated with short initial stays in foster care, that is, with stays between 3 to 6 months (Berrick et al., 1998; Courtney, 1995; Courtney et al., 1997; Fuller, 2005; Jonson-Reid,

2003; Koh, 2007; Marshall & English, 1999; McDonald et al., 2006; Shaw, 2006; K. Wells & Guo, 1999; Westat and Chapin Hall Center for Children, 2006; F. H. Wulczyn, Hislop, & Goerge, 2000). Although one study indicated that extremely short stays of 30 days or less were associated with reduced risk of re-entry, the authors of this study suggest that this finding could relate to other factors, such as correcting initially poor decisions to remove the child from home (McDonald et al., 2006). The finding that links shorter stays in care to increased risk of re-entry may relate to another risk factor that indicates unmet family needs at the time of discharge leads to great risk of reentry (Festinger, 1996). If children were only in out-of-home care for very short time frames, then it might indicate there was insufficient time to address all of the families' needs, particularly families with multiple needs. Families that face multiple problems may also be at greater risk for re-entry.

Another key finding across studies indicates that prior involvement with the child welfare system increases risk of re-entry to foster care after reunification (Barth, Weigensberg, Fisher, Fetrow, & Green, 2008; English et al., 1999; Terling, 1999). In a systematic review of cohort studies, Hindley et al. (2006) found the number of previous episodes of maltreatment to be a key predictor of reentry. English et al. (1999) found that rates of re-entry increase with increasing number of prior reports and prior placements in foster care.

Type of placement is also linked to risk of re-entry. Many studies found that non-kin placement was linked to increased risk of re-entry to out-of-home care (Berrick, 1997; Courtney, 1994, 1995; Frame et al., 2000; Jonson-Reid, 2003; Shaw, 2006; K. Wells & Guo, 1999). Even though studies indicate that placement with kin reduces risk of re-entry, these same studies also indicate that placement with kin increases the average length of stay. Some studies also

indicated that placement in congregate group care is linked to increased risk of re-entry (K. Wells & Guo, 1999; Westat and Chapin Hall Center for Children, 2006).

Other variables correlated to increased risk of re-entry include the total number of placements of the youth while in foster care suggesting that placement instability increases children's risk for re-entry into care (Courtney, 1995; Courtney et al., 1997; Fuller, 2005; Jonson-Reid, 2003; Koh, 2007; K. Wells & Guo, 1999; Westat and Chapin Hall Center for Children, 2006).

Protective Factors

While risk factors of re-entry have been well researched, protective factors are much less defined in the literature. The studies that do examine protective factors highlight some key findings for child welfare systems to consider in reducing rates of re-entry. As mentioned above, placement in kinship foster care is a protective factor for re-entry to foster care (Courtney, 1995; Frame et al., 2000; K. Wells & Guo, 1999; Westat and Chapin Hall Center for Children, 2006; Winokur, Holtan, & Valentine, 2009). Many studies indicate that placement with kinship caregivers is also linked to longer stays in foster care (Courtney, 1995; Davis, Landsverk, Newton, & Ganger, 1996; K. Wells & Guo, 1999; Westat and Chapin Hall Center for Children, 2006; Winokur et al., 2009). Other studies have suggested that longer stays in foster care in general, regardless of placement type, are associated with lower rates of re-entry (Kimberlin, Anthony, & Austin, 2009). While not all studies indicate that kinship placements may be a protective factor against risk of re-entry, most of the studies examined in this literature review uphold this finding.

Other factors were also found to be protective factors to reduce rates of re-entry. Placement stability is found to be another protective factor to help reduce risk of re-entry (Courtney, 1995; Courtney et al., 1997; Jonson-Reid, 2003; Koh, 2007; Westat and Chapin Hall Center for Children, 2006). Shaw (2006) found in his study that coming from a home where English is not the primary language was a protective factor against re-entry (Shaw, 2006). Potentially related to this finding, other studies have also found children of Hispanic ethnicity to have reduced risk of re-entry (Berrick et al., 1998; Courtney et al., 1997; Terling, 1999).

In their review of the literature, Kimberlin et al. (2009) suggested a resiliency-based framework that explores individual, family and community level protective factors. Some of the individual level protective factors include: self-efficacy, spirituality, positive racial identity and cultural ties. Family resilience might include positive attachment, cohesiveness and adaptability; community level factors might be effective early education programs and positive school environments (Kimberlin et al., 2009). The authors suggest the need for more research on family reunification interventions that incorporate multi-level protective factors to evaluate if these protective factors might reduce risk of re-entry to foster care.

Summary and Discussion

Child welfare agencies aim to provide permanency for children and youth in their care. Reunification with family is the most common way to achieve permanency. However, some children experience a recurrence of maltreatment and subsequent re-entry to foster care after reunification disrupting the continuity of their care and development. Re-entry to foster care has received increased attention of child welfare policy-makers and researchers, most recently through measurement of the CFSR.

It is important to note that the research discussed in this report highlights only the risk and protective factors that increase or decrease risk of re-entry. The findings highlighted in this report are not meant to suggest that all children that have certain characteristics are doomed to reentry foster care, but rather that they may be at increased risk. Knowing who is at greater risk can help child welfare agencies begin to develop, target and evaluate their services more effectively.

It is difficult to generalize across all studies, which worked with very different samples of data on various groups of children. However, several key findings in common are multiple settings and contexts that can help inform child welfare agencies as they aim to reduce re-entry rates. To summarize the findings, child characteristics associated with increased risk of re-entry include: age (infants at greatest risk, pre-teens and teens at increased risk); race (African American children at highest risk); and increased emotional, behavioral, developmental, physical and mental health needs of the youth.

Based on the review of the literature, family characteristics associated with increased risk of re-entry to foster care include: parental substance abuse and history, domestic violence, unmet parental mental health needs, parents' own history of child abuse/neglect as a child, inadequate parenting skills and social support, family poverty, poor neighborhood conditions, and maltreatment type of neglect.

Although child welfare agencies do not always have control over many of the child and family risk factors related to reentry, studies also highlight several administrative child welfare characteristics that have been shown to increase risk of reentry. These include: short initial stays in foster care of up to 6 months, prior involvement with child welfare through previous

CPS reports and prior out-of-home placements, placement with non-kin, unmet needs at time of reunification, and placement instability while in foster care.

While less focused upon in the literature, several protective factors have also been identified. These include placement of children with kin, families where English is not the primary language spoken, and promoting placement stability while in foster care.

In looking at reentry, it is also critically important to examine protective and resiliency factors that allow families in the higher risk groups to avoid reentry to care. Further research is still needed to examine individual, family and community factors that increase resiliency of families and help maintain successful, intact families after discharge. Questions that could be explored include: what factors help some families succeed who are struggling with issues such as parental substance abuse or family poverty? What can child welfare agencies do to strengthen these resiliency strategies in all families?

The risk and protective factors outlined in this literature review can have important implications for the development of policies and interventions in preventing re-entry to foster care. As new interventions are developed and modified, there is also a great need for future research and evaluation to determine the effectiveness of these practices. Some key considerations for child welfare policy and practice aimed at reducing rates of re-entry include the following recommendations:

- Provide greater attention to assessment, planning and follow-up support to maintain children in their home after reunification with their families;
- Assess parental readiness or ambivalence about reunification;
- Utilize effective substance abuse and mental health treatment practices;
- Assess the needs of children and parents early in a case to effectively meet the needs of the entire family;
- Promote placement stability while in care;
- Increase efforts to find, identify, and engage relatives in order to place children in relative homes when out-of-home care is warranted;

- Provide extra support and follow-up services for children with physical, emotional, behavioral health needs;
- Explore the use of resiliency models at individual, family and community levels in developing protective factors to reduce rates of reentry.
- Consider worker caseload size and ability to develop relationships and increase engagement with families in need of services;
- Continue to build partnerships with communities to ensure appropriate services available.

Although there is limited research on evidence-based practices which has proven effective in reducing rates of re-entry, some practices show promise of positive outcomes. These interventions and strategies are outlined in the following section, entitled *Evidence-Based Interventions User's Guide*.

Conclusion

Based upon national standards identified in the Child and Family Service Reviews, Hennepin County needs to reduce its re-entry rate by slightly more than 50%. Logical next steps for Hennepin County include an examination of agency policies and procedures (formal and informal) related to their reunification processes. This might include the length of time that a case remains open after the court case is closed, the types of services that are left in place or put into place at the time of closure, the risk level at the time the child is reunified and the cases are closed, etc. Then, Hennepin County may consider whether or not an intervention to reduce re-entry based upon administrative factors would be an appropriate step in order to move toward a 50% reduction in their re-entry rates.

A second step in the self examination, which could be done with administrative data, is to determine which children in Hennepin County's Child Protection system are at higher risk for re-entry. Do the children re-entering the system in Hennepin County reflect those who were

described in the literature? Having this information (who is at higher risk—infants, preteens, African Americans, those in non-kin homes, parents with substance abuse issues etc...) would allow Hennepin County the ability to target specific interventions for higher risk reunification cases while maintaining the overall mission of safely reunifying children into permanent circumstances.

Outline of Evidence Based Practice

For this project, the following categories will be used, adapted from the California Evidence Based Clearinghouse for Child Welfare (California Evidence-Based Clearinghouse for Child Welfare - CEBC, 2009):

- 1) **Effective practice – supported by multiple studies**
- 2) **Promising Practice – supported by at least one study**
- 3) **Emerging Practice – effectiveness is unknown**
- 4) **Evidence Fails to Demonstrate Effect – research shows no effect**
- 5) **Concerning Practice – research shows negative effect**

The criteria for these categories are as follows:

1. Effective Practice

- Multiple site replication: At least two rigorous randomized controlled trials (RCTs) in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- If multiple outcome studies have been conducted, the overall weight of the evidence supports the effectiveness of the practice.

2. Promising Practice

- At least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list) has established the practice's efficacy over the placebo, or found it to be comparable to or better than an appropriate comparison practice. The study has been reported in published, peer-reviewed literature.
- If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice.

3. Emerging Practice – Effectiveness is Unknown

- The practice is generally accepted in practice as appropriate for use with children receiving services from child welfare or related systems and their parents/caregivers.
- The practice lacks adequate research to empirically determine efficacy.

4. Evidence Fails to Demonstrate Effect

- At least one study with some type of control or comparison group has found the practice has not resulted in improved outcomes, when compared to usual care.
- If multiple outcome studies have been conducted, the overall weight of evidence does not support the efficacy of the practice.

5. Concerning Practice

- If multiple outcome studies have been conducted, the overall weight of evidence suggests the intervention has a negative effect upon clients served;
and/or
- There is a reasonable theoretical, clinical, empirical, or legal basis suggesting that the practice constitutes a risk of harm to those receiving it, compared to its likely benefits.

Even though the CEBC provides the basis for the criteria used in this guide, “evidence-based practice” includes evidence based not only on research and theory, but also includes evidence gleaned from four cornerstones of evidence-based practice (Gilgun, 2005). These include: **(1) research and theory; (2) practice wisdom; (3) person of the practitioner (including personal assumptions, values, biases and world views); and (4) person of the client and what they bring to the situation.**

User's Guide: Evidence on Addressing Reentry to Foster Care

Very few specific models and interventions have been empirically studied to determine the impact on re-entry to foster care. Given this limitation, broader approaches to family reunification and permanency that have been reviewed or studied are also included in this user guide.

Effective Practices

Homebuilders

Homebuilders is a program designed to reunify foster children with their biological parents through relatively brief but intensive family-centered services. The program was directed at building strong alliances with parents, strengthening communication, problem-solving and parenting skills, addressing concrete needs (e.g., food, shelter, employment), and providing in-home support when the family was reunified. Several studies have shown the program to have a positive impact on reducing rates of re-entry to foster care.

In one randomized, controlled study in Utah, significantly more children in the treatment group returned to their families within the 90-day treatment program than did control group children (96.5% versus 32.1%). At the end of the 15-month follow-up period of this same study, 70% of children who were in the program remained home compared to 47% of children in the control group (Fraser, Walton, Lewis, Pecora, & Walton, 1996). In a six-year follow up to this study, it was found that a greater number of intervention families had discontinued services due to the family situation being stabilized.

Another quasi-experimental study on the Homebuilders program in Northern California, indicated that 74% of the children in the Homebuilders program remained at home compared to 45% of the comparison at the 12-month follow-up (Wood, Barton, & Schroeder, 1988).

Multidimensional Treatment Foster Care for Preschoolers (MTFC-P; formerly known as Early Intervention Foster Care Program)

The MTFC-P targets the spectrum of challenges that preschool-aged foster children face through an intensive team approach delivered to the child, foster care provider, and permanent placement resource (birth parents and adoptive relatives or nonrelatives). Foster parents are provided intensive training and support and 24-hour on-call crisis intervention. The children also receive services from a behavioral specialist, and they attend weekly therapeutic playgroup sessions.

At least two randomized clinical trials have been conducted to evaluate the permanent placement outcomes of MTFC-P. The earlier study found that the permanent placement

success rate in the control condition was 64% while the permanent placement success rate in the MTFC-P condition was 90%. Results of this study also found that MTFC-P might mitigate a known risk for permanent placement disruptions, multiple placements. Children with multiple placements in MTFC-P did not show increased re-entry to foster care (Philip A. Fisher, Burraston, & Pears, 2005).

A smaller study in 2009 of 52 children also found that children in the *MTFC-P* group had more than twice as many successful permanent placements (i.e., adoption or reunification with family) at the time of the 24 month follow up (P. A. Fisher, Kim, & Pears, 2009).



Promising Practices

Parent-Child Interaction Therapy (PCIT)

A randomized trial was conducted to test the efficacy and sufficiency of parent-child interaction therapy (PCIT) in preventing re-reports of physical abuse among abusive parents. At a two-year follow-up, 19% of parents assigned to PCIT had a re-report for physical abuse compared with 49% of parents assigned to the standard community group.

Shared Family Care

Shared Family Care (SFC) program places a parent (typically the mother) and at least one child with another family who provides mentorship, skills, and resources to meet treatment goals. The goal of SFC is achieving permanency for the child and moving the family toward self-sufficiency. The program works toward this goal by providing parents intensive services from a team that might include a drug abuse counselor, case manager or housing specialist, as well as providing intensive 24-hour support via the trained mentoring family.

In a quasi-experimental study (non-randomized, comparison group) in California, results showed that 8% of the children in families who completed the SFC program re-entered foster care within 12 months, compared to 17% in comparison group. Participants in the program also showed improved outcomes over the comparison group including: higher graduations rates, increased average income, and greater numbers of families living independently. More research is needed on this program, but results of this study indicate some promise in reducing reentry to foster care using the SFC model.

Child Endangerment Risk Assessment Protocol (CERAP)

CERAP is a tool developed in Illinois for use in predicting short-term recurrence of child maltreatment. In Illinois, social workers used this tool throughout the life of a case and at critical decision-making points. At least two studies have been conducted that indicate the use of the CERAP, particularly shortly after case opening, correlates to reduced rates of maltreatment recurrence (J. Fluke, Edwards, Bussey, Wells, & Johnson, 2001; Fuller & Wells, 2003).

Structured Decision Making (SDM)

Results from a quasi-experimental study of Michigan's *SDM* showed a significantly higher percentage of permanent placements for the counties using *SDM* than for the comparison group. A greater number of comparison group children re-entered foster care than those in the counties using *SDM* (10.7% versus 7.9%) although this difference was not statistically significant.

Minnesota's study of *SDM* Family Risk Assessment (FRA) indicated that the FRA showed levels of predictive validity for the subpopulations similar to the entire study sample, exceptions to this rule were Southeast Asian families who received overall lower risk scores and American Indian families who received overall higher risk scores. Analysis showed that the FRA has predictive validity in regard to new reports of child maltreatment. However, analysis indicated in that the scale misclassified approximately one in three families (Loman & Siegel, 2004). Reliability of the *SDM* was assessed, and it was shown that the FRA demonstrated internal consistency slightly below the lower range of what is generally considered acceptable. At the time of this report, it was recommended that Minnesota change the order of completion of the *SDM* instruments; improve the FRA Scoring method; and empirically test changes to the FRA (Loman & Siegel, 2004).

Over 20 states have implemented *SDM* and many are conducting field testing and initial evaluations of the intervention. However, at this time, more rigorous studies of *SDM* are needed to show its effectiveness on outcomes for youth in child welfare systems.



Emerging Practice

Differential Response

Also called alternate response, multiple response or family assessment response, differential response marks a shift in child welfare that is being adopted by over 20 states. Differential response involves engaging families on a voluntary basis once a report of child maltreatment is made rather than substantiating the report and following the traditional investigatory approach. Although implemented differently in each state, differential response includes the following elements: focus on engaging families and building on their strengths, voluntary engagement with families and their support networks, and increased role of community partners in providing services to families. Families involved in differential response may not have children removed to foster care, so issues of re-entry to foster care are not exactly related to this new intervention. However, some studies have examined the impact of differential response on later recurrence and re-reporting of child maltreatment; consequently, it is included in this report. While some studies indicate that children are not at any greater risk of recurrence of child maltreatment, results of one study using data from the National Child Abuse and

Neglect Data System (NCANDS) indicated that children of families that participated in differential response had reduced risk of recurrence of maltreatment (Ortiz, Shusterman, & Fluke, 2008).



Failed to Demonstrate Effect

Increased Parent-Child Visitation

While parental visitation has been shown to be a strong predictor of reunification, several studies indicated that no association was found between parental visiting and re-entry to foster care within 12 months following reunification follow up (Davis et al., 1996; Festinger, 1996; Frame et al., 2000). Findings from these studies suggest that the frequency of parental visiting during out-of-home placement does not have a significant impact on the subsequent stability of reunification. However, it is also important to note that these studies primarily examined quantity of visitations not the quality of the visits. Research on improved quality of parental visitation is still needed.

Family Group Conferencing or Family Group Decision Making (FGDM)

Most studies of family decision-making models have not explicitly examined the relationship between the models and re-entry to foster care. One study that examined this relationship in a randomized, controlled evaluation in California found no significant differences between the groups with respect to substantiated re-reports of child maltreatment or re-entry to foster care (Berzin, 2006). Some studies actually found a higher rate of maltreatment re-reports among families receiving FGDM (County of Santa Clara Department of Family and Children's Services, 1998; Sundell & Vinnerljung, 2004). Authors from these studies suggest that once extended family and communities are successfully engaged, the family may have increased surveillance and, thus, increased reporting of suspected maltreatment.



Implications for Policy and Practice

To review, although only a few specific models and interventions have been empirically shown to have an impact in addressing re-entry to foster care, the programs that have begun to be rigorously studied are listed in this user guide. Two programs that have been shown to be effective in reducing rates of re-entry include the **Homebuilders** program and the **Multidimensional Treatment Foster Care for Preschoolers (MTFC-P)**.

Promising practices include **Parent-Child Interaction Therapy (PCIT)** and **Shared Family Care (SFC)**. Promising safety and risk assessment practices that can help child welfare practitioners reduce risk of failed reunifications and later recurrence include **Child**

Endangerment Risk Assessment Protocol (CERAP) and Structured Decision Making (SDM). Although these practices show promise, more research is needed to demonstrate their effectiveness in addressing re-entry to foster care.

One emerging model of child welfare practice and policy, **differential response**, may also help families that have child welfare involvement to avoid risk of subsequent involvement. This intervention, too, requires more evidence on its effectiveness in reducing risk of maltreatment recurrence.

Two practices have been studied that failed to demonstrate a positive impact on re-entry to foster care. These practices include increased **parental visitation** and **Family Group Decision Making (FGDM)**. Although these practices may positively impact other child well-being and permanency outcomes, they do not appear to reduce rates of re-entry.

Summary of Findings

Factors Associated with Increased Risk of Reentry

Child Characteristics

- Race and age are the most significant predictors of increased risk of reentry related to child characteristics found across studies.
 - Race: African American youth are at greater risk
 - Age: Infants and pre-teens/teens are at greater risk
- Other characteristics of the child that have been found to be a factor in some, but not all studies includes the presence of serious behavior difficulties, emotional of youth.

Family Characteristics

- Several factors related to parent characteristics increased risk of reentry. The most consistent finding across studies around parental factors indicates that parents with a history of substance abuse are at increased risk of their children reentering care.
 - Other parental factors found across multiple in studies to be associated with increased risk of reentry include the following: parental criminal history, domestic violence in the home, parental history of abuse/neglect as a child, inadequate parenting skills, and inadequate parental social support.
 - Consistently found across most studies that examined family and community factors related to reentry found that cases with maltreatment type of neglect and families experiencing poverty were two characteristics that increased risk of reentry.
- In just a few studies that examined neighborhood factors, poor neighborhood conditions (i.e., lack of safe place spaces in a community and increased crime rates) were linked to higher risk of reentry.

Child Welfare Administrative Characteristics

- One of the most consistent findings in studies on reentry to foster care is that very short stays in foster care (foster care placements of 3 to 6 months) is linked to increased risk of reentry.
- Many studies indicate that placement instability (multiple moves and placements) while in foster care increases risk of reentry.
- Studies also indicate that prior CPS reports and/or out-of-home placements increases risk of reentry after family reunification.
- Unmet needs of the family at point of reunification have also been found to be a predictor of reentry.

Protective Factors Associated with Re-Entry

- Placement in kinship foster care, rather than non-relative placement, has consistently been found in studies to be a protective factor for reentry to foster care.
- Several studies indicate that coming from a home where English is not the primary language is a protective factor.
- Ensuring placement stability while in foster care may reduce risk of reentry.

Summary of Findings

Evidence-based Practice to Address Re-entry

Effective Practices

- Homebuilders
- Multidimensional Treatment Foster Care for Preschoolers (MTFC-P)

Promising Practices

- Parent-Child Interaction Therapy (PCIT)
- Shared Family Care (SFC).
- Child Endangerment Risk Assessment Protocol (CERAP)
- Structured Decision Making (SDM)

Emerging Practices

- Differential Response

Failed to Demonstrate Effect

- Parental visitation
- Family Group Decision Making (FGDM)

Implications for Practice and Policy

- Provide greater attention to assessment, planning and follow-up support to maintain children in their home after reunification with their families;
- Assess parental readiness or ambivalence about reunification;
- Utilize effective substance abuse and mental health treatment practices;
- Assess the needs of children and parents early in a case to effectively meet the needs of the entire family;
- Promote placement stability while in care;
- Increase efforts to find, identify, and engage relatives in order to place children in relative homes when out-of-home care is warranted;
- Provide extra support and follow-up services for children with physical, emotional, behavioral health needs;
- Explore the use of resiliency models at individual, family and community levels in developing protective factors to reduce rates of reentry.
- Consider worker caseload size and ability to develop relationships and increase engagement with families in need of services;
- Continue to build partnerships with communities to ensure appropriate services available.

Annotated Bibliography: Reentry to Foster Care

Barth, R. P., Weigensberg, E. C., Fisher, P. A., Fetrow, B., & Green, R. L. (2008). Reentry of elementary aged children following reunification from foster care. *Children and Youth Services Review, 30*(4), 353-364.

This study used data from the National Survey of Child and Adolescent Well-Being with a sample of 273 children between the ages of 5 and 12 years. Findings indicated that reentry into foster care was associated with higher Child Behavior Checklist (CBCL) scores and higher numbers of children in the household of origin.

Barth, R. P., & Jonson-Reid, M. Outcomes after child welfare services: Implications for the design of performance measures. *Children and Youth Services Review, 22*(9-10), 763-787.

The authors review studies of post-child welfare services mortality, serious injury and incarceration to indicate the need for increased attention to post-child welfare services into a broad research agenda and into performance measures. The studies indicate that child welfare systems currently are not keeping children safe after child welfare services end. These authors recommend the inclusion of safety indicators in performance evaluation, including more detailed mortality data, better tracking of moves from child welfare to juvenile or criminal justice systems, and rates of injury. They recommend tracking data for 5 years for children reunified before age 3 and a 3 year follow up for older children because the current 12 month follow up is insufficient to track important outcomes.

Berrick, J. D., Needell, B., Barth, R. P., & Jonson-Reid, M. (1998). *The Tender Years: Toward developmentally-sensitive child welfare services for very young children*. New York: Oxford University Press.

This study looked at data from California from 1989-1995 for 37,455 reunified children ages 0 to 5, of whom 7,125 re-entered foster care. Findings indicate greater rates of re-entry for children ages 0 to 2, African American children, for youth with maltreatment type of neglect, for youth with stays shorter than 6 months, and for non-kin foster care.

Berzin, S. C. (2006). Using sibling data to understand the impact of family group decision-making on child welfare outcomes. *Children and Youth Services Review, 28*(12), 1449-1458.

This study utilized sibling data from California's Title IV-E Waiver Demonstration Project Evaluation in Fresno and Riverside Counties to compare child welfare outcomes for children of families randomly assigned to receive FGDM (Fresno County, n = 110; Riverside County, n = 87) to children of families assigned to receive traditional child welfare services (Fresno County, n = 74; Riverside County, n = 52). Outcomes from both counties suggested no group differences in permanence, including rates of re-entry for families in FGDM and families in traditional services. These findings are consistent with several other studies on FGDM that show no change in re-entry rates while some studies indicate increased rates of re-entry for families in FGDM.

Biehal, N. (2007). Reuniting Children with their Families: Reconsidering the Evidence on Timing, Contact and Outcomes. *Br J Soc Work*, 37(5), 807-823.

This paper focused on three important elements of reunification: the evidence on the timing of discharge, the evidence on parental contact, and the view that reunion is necessarily a positive outcome for children. The author reviewed literature on re-entry arguing that the evidence as it exists clearly indicates a need for caution when returning abused or neglected children to their families. It is argued that greater attention to assessment, planning and follow-up support is needed if children are to be successfully reunited with their families and that more research is needed into the outcomes of reunification.

Bronson, D.E. (2005). *Re-entry in Child Protective Services: A Rapid Evidence Assessment*. Ohio State University College of Social Work, October 2005 report; retrieved on November 10, 2009 from <http://www.pcsao.org/PCSAOTools/overlay/OhioReEntryReport102005.pdf>

This report reviews evidence and research on re-entry. The author concludes that very little research has been done on interventions to reduce re-entry to foster care following family reunification. The author finds that most of the available research was non-experimental and focused on factors (child, family, and system) associated with re-entry. These findings might help inform the design of future interventions to reduce re-entry. The report included the following list of key factors associated with re-entry:

- *Parental ambivalence about reunification and parental requests for placement*
- *Parental mental illness, substance abuse, or poverty*
- *Family coherence during separation*
- *Placement instability*
- *Children placed in non-relative foster care*
- *Previous failed reunification attempts*
- *Number of service goals and tasks for the family*
- *Children with health difficulties*
- *Lack of reunification services and case management*

Brook, J., & McDonald, T. (2009). The impact of parental substance abuse on the stability of family reunifications from foster care. *Children and Youth Services Review*, 31(2), 193-198.

This study looked at children (N=2682) in Oklahoma who experienced a re-entry into foster care from 1999 to 2003, focusing on children whose primary reason for the initial removal was due to parental substance abuse. Results indicated that children whose reasons for initial placement in foster included caretakers with both alcohol and drug involvement were much more likely to reenter care following reunification than either alcohol or drug involvement alone. However, drug or alcohol involvement as the initial reason for removal was also associated with higher risk of reentry compared to those without any drug or alcohol abuse.

Brook, J., & McDonald, T. P. (2007). Evaluating the Effects of Comprehensive Substance Abuse Intervention on Successful Reunification. *Research on Social Work Practice, 17(6), 664-673.*

This study examines the impact of a substance abuse intervention on family reunification and re-entry of children into foster care. The results of this study indicate that participants actually move slightly more slowly to reunification, and re-entry rates are significantly higher among those children whose parents participate in this service. The authors conclude that more intensive service interventions may not always improve permanency outcomes.

Courtney, M. E. (1994). Factors Associated with the Reunification of Foster Children with Their Families. *The Social Service Review, 68(1), 81-108.*

This study examined data for a random sample of children who entered foster care in California for the first time between January 1988 and June 1991 (N= 8,748). Results indicate that children initially placed in kinship care were less likely to go home in the first few months than other children.

Courtney, M. E. (1995). Reentry to Foster Care of Children Returned to Their Families. *The Social Service Review, 69(2), 226-241.*

This study examined the same administrative data for a sample of children who entered foster care in California for the first time between January 1988 and June 1991 (N= 8,748) to explore the effects of selected child, family, and foster care system factors on reentry. Infants, African American children, youth with health issues, families in poverty, youth placed in non-kin care, youth who had multiple placements while in care, and youth who were in care longer were all found to be at higher risk of re-entry.

Courtney, M. E., Piliavin, I., & Wright, B. R. E. (1997). Transitions from and Returns to Out-of-Home Care. *The Social Service Review, 71(4), 652-667.*

This longitudinal study examined factors associated with reentry to foster care for 21,484 children placed by child welfare authorities in California. Although a previous analysis implies direct effects of race and age on foster care reentry, current results suggest that these effects are mediated by other factors although this study was unable to determine possible confounding variables.

Davis, I. P., Landsverk, J., Newton, R., & Ganger, W. (1996). Parental visiting and foster care reunification. *Children and Youth Services Review, 18(4-5), 363-382.*

Findings from this study, as part of a larger follow-up investigation of permanency planning for children in foster care, showed that the visitation between mothers and children in care was the strongest predictor of reunification, but no association was found between parental visiting and recidivism of reunified children at a 12 month follow up.

DePanfilis, D., & Zuravin, S. J. (1999). Predicting child maltreatment recurrences during treatment. *Child Abuse & Neglect, 23*(8), 729-743.

This was a prospective study of 446 families who had experienced a substantiated report of child abuse or neglect during the sampling year. Data were collected and coded from archival sources for 5 years following the index report. Results indicated that predictors of reentry were child vulnerability (defined as child mental health problems, child developmental problems, and the presence of a child under the age of six in the household), family stress (as defined as having multiple children closely spaced together), partner abuse, social support deficits, and an interaction between family stress and social support deficits.

English, D. J., Marshall, D. B., Brummel, S., & Orme, M. (1999). Characteristics of Repeated Referrals to Child Protective Services in Washington State. *Child Maltreatment, 4*(4), 297-307.

This study examined foster care recidivism based on an ecological model of child maltreatment using data from 12,329 referrals. Findings indicated that re-referral rates increased with the increasing number of prior referrals and placements in foster care. Other risk factors for re-referral were a history of domestic violence, history of caregiver child abuse/neglect (CA/N) as a child, and substance abuse. African American youth, maltreatment cases and urban youth were at greater risk of re-referral.

Festinger, T. (1996). Going home and returning to foster care. *Children and Youth Services Review, 18*(4-5), 383-402.

The study described 210 children and families returning home from foster homes and examined factors related to reentering care. Results from the data analysis indicated that decreased parenting skills and less social support were the strongest predictors of reentry within 12 months of leaving care. Reentry during the second year was linked to the number and severity of caregiver problems.

Fluke, J.D., Shusterman, G.R., Hollinshead, D., & Yuan, Y.T. *Rereporting and Recurrence of Child Maltreatment: Findings from NCANDS*. (Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 2005).

This study followed children for up to 5 years using a multiyear, multistate case level National Child Abuse and Neglect Data System (NCANDS) data set. The data indicated that approximately one-third of children were re-reported within 5 years although most subsequent reports occurred within a few months after the initial report. This study indicated that white children were more likely to be re-reported compared with African-American children, which is contrary to other studies' findings. Children who received services were more likely to be re-reported than children who did not receive services. As the age of victims increased, the likelihood of their experiencing recurrence decreased. Victims were more likely to experience recurrence if their caregivers abused alcohol.

Frame, L., Berrick, J. D., & Brodowski, M. L. (2000). Understanding Reentry to Out-of-Home Care for Reunified Infants. *Child Welfare, 79(4), 339-369.*

This study reviewed the case records of 88 randomly selected infants who had been reunified with their families, 32% of whom reentered care within four to six years of their reunification. The factors predictive of reentry included parental criminal history and substance abuse, and being placed in non-kin care. Factors that were not linked to re-entry in this study included parental visitation or length of aftercare services.

Fraser, M. W., Walton, E., Lewis, R. E., Pecora, P. J., & Walton, W. K. (1996). An experiment in family reunification: Correlates of outcomes at one-year follow-up. *Children and Youth Services Review, 18(4-5), 335-361.*

The study used random assignment to evaluate a program, Homebuilders, developed to reunify foster children with their biological parents. The data suggest that relatively brief and intensive family-centered services can significantly affect reunification rates. The experimental service was superior to routine reunification at the close of treatment and throughout the one-year follow-up period. (Please see the attached Evidence-Based Guide for more details on this study).

Fuller, T. L. (2005). Child safety at reunification: A case-control study of maltreatment recurrence following return home from substitute care. *Children and Youth Services Review, 27(12), 1293-1306.*

Using a case-control design of client case records and administrative data, this study examined the factors that predict short-term (i.e., within 60 days) maltreatment recurrence among 174 families with children returning home from their first stay in substitute care. Results from the analysis indicated seven variables uniquely added to the prediction of maltreatment recurrence: 1) child age; children under age 12 were at higher risk and infants up to age 1 were at the highest risk, 2) caretaker mental illness, 3) number of placements, 4) type of placement (kinship placement more likely to re-enter), 5) length of time in placement, 6) number of children in the home at reunification, and 7) the interaction between household structure at reunification and the presence of siblings returned home with the index child.

Fuller, T. L., Wells, S. J., & Cotton, E. E. (2001). Predictors of maltreatment recurrence at two milestones in the life of a case. *Children and Youth Services Review, 23(1), 49-78.*

This article highlighted findings from two studies that evaluated the Illinois CERAP, which was developed as a safety assessment tool. Results indicated that some factors of maltreatment recurrence (age of the youngest child; single-parent household; number of child problems, such as physical, emotional, behavioral; type of maltreatment and case disposition) were the predictors of short-term recurrence for investigation cases. Five days after the case had been opened for intact family services, the absence of a completed CERAP form and lack of service provision both were predictors of recurrence of maltreatment. At both milestones, the number of previous indicated reports on the perpetrator and the presence of multiple caretaker problems (e.g., alcohol/drug dependency, domestic violence) were predictive of short-term maltreatment recurrence.

Hess, P. M., Folaron, G., & Jefferson, A. B. (1992). Effectiveness of Family Reunification Services: An Innovative Evaluative Model. *Social Work, 37(4), 304-311.*

This article discussed an evaluative tool to determine the case activities and family characteristics contributing to successful reunification. Some of the problems identified in the tool were caseload size and caseworker turnover, insufficient community resources, the number and severity of parents' problems, insufficient involvement of foster parents in decision making, the child's willingness and ability to adapt to return, and the parents' attitude about reunification.

Hindley, N., Ramchandani, P. G., & Jones, D. P. H. (2006). Risk factors for recurrence of maltreatment: a systematic review. *Archives of Disease in Childhood, 91(9), 744-752*

This article highlighted findings from a systematic review of cohort studies investigating factors associated with substantiated maltreatment recurrence in children. Sixteen studies met the inclusion criteria. The factors most consistently identified as predicting future maltreatment included: number of previous episodes of maltreatment, neglect (as opposed to other forms of maltreatment), parental conflict, and parental mental health problems. The risk of recurrence was highest in the period soon after return home (within 30 days) and diminished thereafter.

Jones, L. (1998). The social and family correlates of successful reunification of children in foster care. *Children and Youth Services Review, 20(4), 305-323.*

This exploratory study examined the correlation of successful reunification with social and environmental variables (i.e., income, housing, social support, and family structure). Administrative and case record data were analyzed for 445 children, aged birth to 12, removed from their homes from 4/29/90 to 10/1/91. Findings indicated that children from families in poverty (as expressed by inadequate housing and receipt of AFDC) represented the greatest risk from the social environment for successful reunification. Children with medical or behavioral problems and non-white children were more likely to reenter foster care.

Jonson-Reid, M. (2003). Foster Care and Future Risk of Maltreatment. *Children and Youth Services Review, 25(4), 271-294.*

This study explored administrative data of youth (N=1,915) who were re-reported or re-entered care after reunification. Findings from this study indicated that children with shorter lengths of stay (under 3 months) were more likely to be re-reported for maltreatment and more likely to re-enter foster care. Younger children in this study were more likely to be re-reported but not more likely to re-enter care. Non-white male youth between the ages 10-14 were more likely to be re-reported for maltreatment. Placement with kin was linked to reduced risk of reentry but also linked to longer stays in care. Prior receipt of AFDC and placement instability while in care were both correlated to higher rates of re-entry into out-of home care.

Kimberlin, S. E., Anthony, E. K., & Austin, M. J. (2009). Re-entering foster care: Trends, evidence, and implications. *Children and Youth Services Review, 31(4), 471-481.*

This literature review examined the research on foster care re-entry, including risk and protective factors related to re-entry and results of evaluative studies of program models on reducing foster care re-entry. Findings indicated that risk factors linked to re-entry include child characteristics (i.e., increased health, behavior or mental health issues; African American children; infants, pre-teens and teens). Family characteristics linked to higher risk of re-entry include: family poverty, parental substance abuse, type of maltreatment of neglect, parental ambivalence, lack of parenting skills, lack of social support, increased total number of parental problems, number of children living the home, and youth with siblings in care. Administrative characteristics included extremely short stays in foster care (3 to 6 months), increased number of placements while in care, type of placement (with increased risk for group homes and decreased risk for kin placements), unmet needs at time of reunification, and prior involvement with child welfare system. Protective factors for avoiding re-entry include: children from non-English speaking homes, children placed with kin, and longer stays in care. This author also highlighted resiliency models as a potential avenue for increasing individual, family and community level protective factors. This review looked at specific interventions targeted to reduce re-entry. Findings suggested that increased parental visitation and Family Group Decision Making has not been linked to improved rates of re-entry. Homebuilders and Shared Family Care show promise as models to reduce risk of re-entry.

Koh, E. (2007). *Predictors of re-entry into foster care.* . Paper presented at the Conference of the Society for Social Work and Research. from <http://sswr.confex.com/sswr/2007/techprogram/P6705.HTM>

This study examined longitudinal data in Illinois for a sample of 73,972 children who had been discharged from their first episode of out-of-home care. Results indicate that the African-American and children with mental health disabilities were more likely to re-enter out-of-home care. Risk of re-entry also increased when children entered the system at a younger age or when they left at an older age. Longer stays in care and placement stability while in care reduced the risk of re-entry.

Marshall, D. B., & English, D. J. (1999). Survival Analysis of Risk Factors for Recidivism in Child Abuse and Neglect. *Child Maltreatment, 4(4), 287-296.*

This study used an ecological context to explore the relative importance of risk factors for chronic recidivism in child abuse/neglect. Results from this analysis indicated that families at highest risk of recidivism include the following: families in which parents had a history of abuse or neglect as children, maltreatment of children began at an early age, having children with developmental delays, and having multiple victims in the family. Results also indicated that the amount of time to re-referral decreased with increasing number of prior referrals.

McDonald, T., Bryson, S., & Poertner, J. (2006). Balancing reunification and reentry goals. *Children and Youth Services Review, 28*(1), 47-58.

This study examined the relationship between reunification and reentry rates for 33 Oklahoma counties in 2002. Findings indicated a relationship between early reunification (before 6 months) and higher re-entry rates. However, this study also found that very early reunification (within 30 days) correlated to reduced re-entry rates. Possible explanations for this finding included agencies using out-of-home placements as emergency respite or that children were inappropriately removed from their home in the first place.

Miller, K. A., Fisher, P. A., Fetrow, B., & Jordan, K. (2006). Trouble on the journey home: Reunification failures in foster care. *Children and Youth Services Review, 28*(3), 260-274.

The study included a very small sample (N=16) of foster children who, at reunification with their birth parents, ranged in age from 4-7 years. Findings indicated that income, child age, and type of maltreatment were not linked to risk of re-entry. Parents in substance abuse treatment, lower parenting skill level, inappropriate use of discipline, and poorer quality of neighborhoods (i.e., homes that were well kept and access to safe place spaces) were all linked to increased risk of re-entry. Child utilization of special educational services and child utilization of individual, family or group therapy was associated with decreased risk of reentry.

Shaw, T. V. (2006). Reentry into the foster care system after reunification. *Children and Youth Services Review, 28*(11), 1375-1390.

This study looked at a sample of 6,021 children who re-entered foster care within one year of reunification. Findings from this study indicated that infants, African American and Native American children, children who entered care due to neglect, children with shorter lengths of stay, parental substance abuse and families with lower income, and placement with non-kin are at highest risk for reentry. Findings also indicated that families whose primary language is not English had a reduced risk of reentry while the presence of siblings in foster care increases risk of re-entry. The findings of increased risk for African Americans and Native Americans hold true even after accounting for potential confounding variables (such as poverty), indicating the effect of race in increased risk of re-entry may suggest racial bias in the child welfare system.

Terling, T. (1999). The efficacy of family reunification practices: reentry rates and correlates of reentry for abused and neglected children reunited with their families. *Child Abuse & Neglect, 23*(12), 1359-1370.

This study utilized both quantitative and qualitative methodologies to identify re-entry rates and correlates of re-entry for abused and neglected children returned to their families by CPS. Results of this study indicate that 37% of reunified children re-entered the system within 3 years. Correlates of increased risk of re-entry include: abuse type of neglect, CPS history, parental competency, African-American and White children (relative to Latino children), criminal history and substance abuse of parents, and

decreased social support of parents. This author suggested that tools to assess risk at time of reunification were inadequate at the time of the study.

Wells, K., & Guo, S. (1999). Reunification and reentry of foster children. *Children and Youth Services Review, 21*(4), 273-294.

This longitudinal study examines the data of 2,616 children first entering care in 1992 and 1993 in Ohio. Findings indicated that older children, African American children, youth with higher numbers of placements, maltreatment type of neglect, placement with non-relatives and shorter lengths of stay in care were all associated with increased risk of re-entry.

Wells, S., Ford, K., & Griesgraber, M. (2007). *Foster care case types as predictors of case outcomes*. Paper presented at the Conference of the Society for Social Work and Research. from <http://sswr.confex.com/sswr/2007/techprogram/P6991.HTM>

This study found that case types were significant in predicting both outcomes of placement stability and re-entry to care. Certain case types were associated with highest risk of re-entry, including: children under one year of age from all race/ethnic groups and children with behavior problems ages 11 and older from all race groups. Other case types that had high re-entry rates were children with emotional difficulties and children ages 11 and older for all race groups.

Westat and Chapin Hall Center for Children. (2006). *Assessing the context of permanency and reunification in the foster care system [Electronic Version]*. Report to Department of Health and Human Services, Assistant Secretary for Planning and Evaluation. Retrieved January 30, 2010, from <http://aspe.hhs.gov/hsp/fostercare-reunif01>

The authors used administrative data in California to examine reentry rates within 12 months of reunification (n=8068). The study found the following factors linked to higher reentry rates: younger children (ages under 1 year) and children between the ages of 12 and 14 had the highest reentry rates; Black children were more likely to reenter care compared to White and Other (non-Hispanic) children; children placed in group homes were more likely to reenter than other placement types; children who had more than one placement while in foster care reentered at a higher rate; and short stays in care increased the likelihood of reentry. Several other factors were found to be associated with lower reentry rates: Hispanic children were less likely to reenter care compared to White and Other (non-Black) children; and children in relative care were less likely to reenter than children in non-relative foster care.

Winokur, M., Holtan, A., & Valentine, D. (2009). *Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment*. *Cochrane Database of Systematic Reviews*(1).

This systematic review of kinship care indicated that the results of multivariate studies generally support the findings that children in kinship care are less likely to re-enter out-of-home care or have a disrupted placement than are children in non-kin foster care.

Wood, J. M. (1997). Risk predictors for re-abuse or re-neglect in a predominantly Hispanic population. *Child Abuse & Neglect*, 21(4), 379-389.

This study examined data for 409 substantiated maltreatment cases in El Paso, Texas to determine if indicators of recurrence of maltreatment developed by the National Council on Crime and Delinquency (NCCD) would be predictive with Hispanic communities. The findings indicated that a substantial number of NCCD risk indicators can validly predict re-abuse/re-neglect in predominantly Hispanic populations in the United States.

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