

casey practice digest

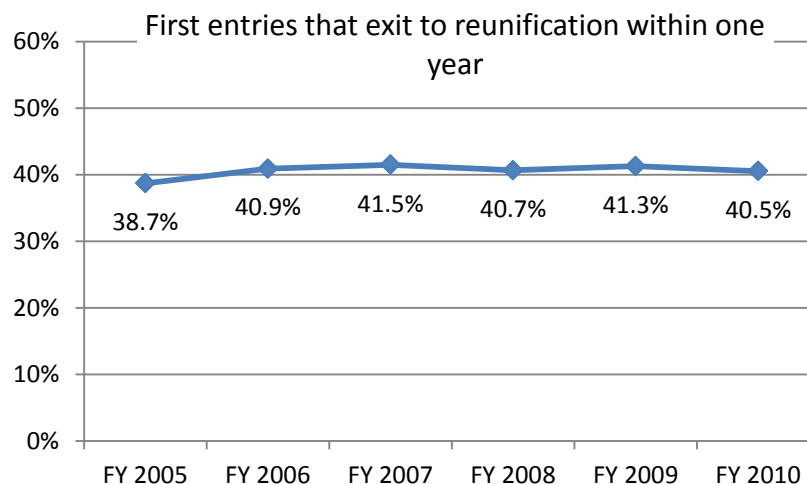
Issue 2 | September 2012 | Reunifications

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National Data on Reunifications

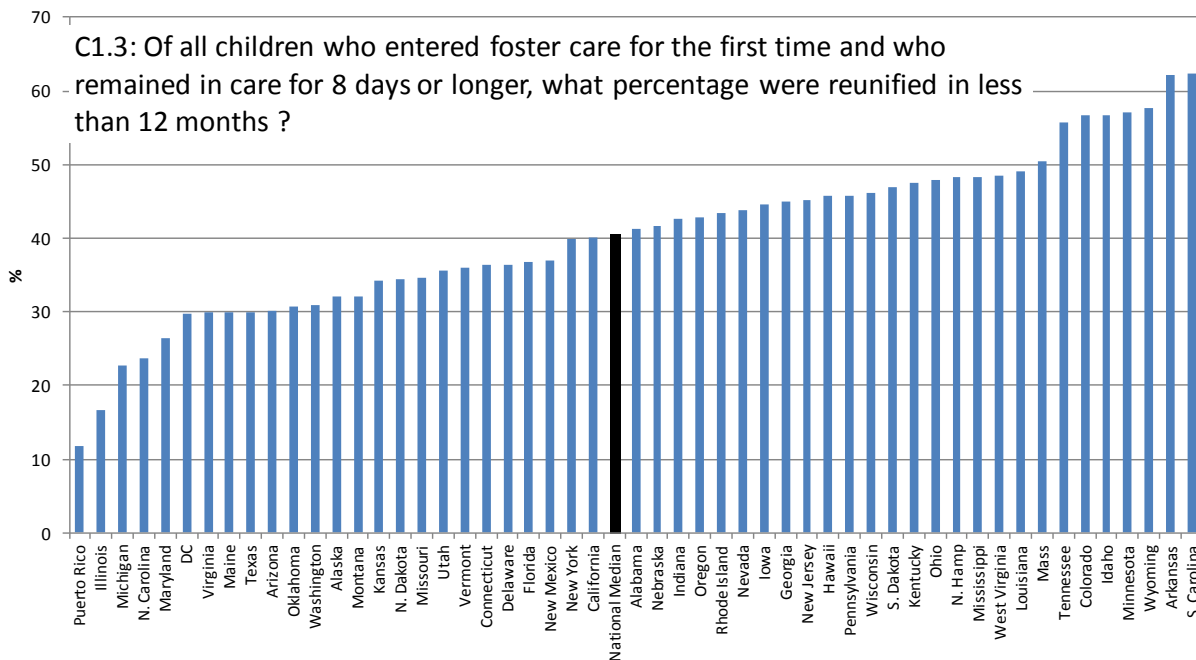
Nationally, there has been almost no change in the proportion of first entries that exit to reunification within one year.¹



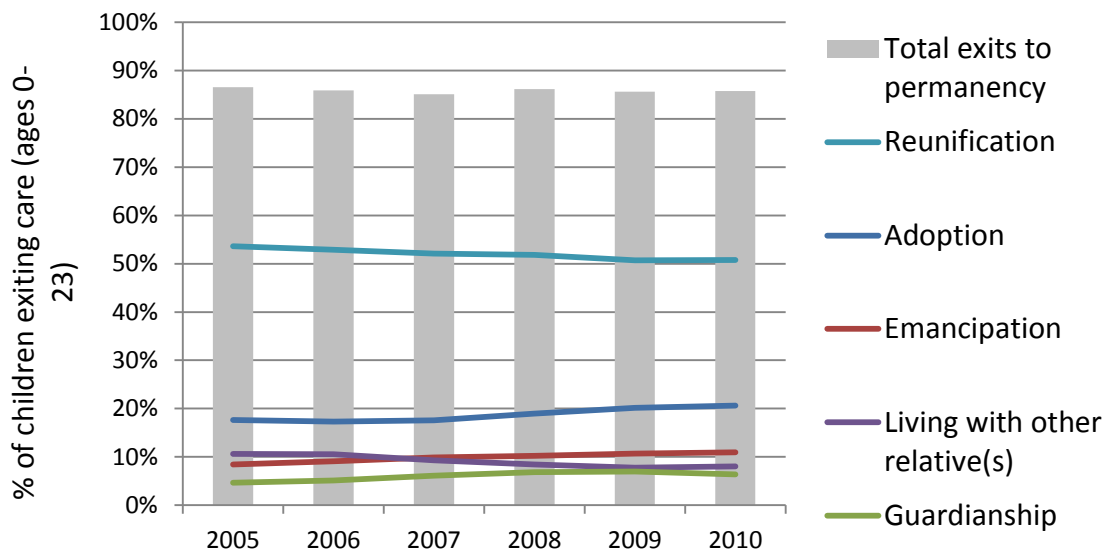
This graph shows the tremendous variation in the likelihood of timely reunification across states. It is important to consider the context when comparing jurisdictions. Variations in policy and practice may impact the way data are reported. Also, the relationship between the overall

¹ Data source: <http://cwoutcomes.acf.hhs.gov/data/overview>

likelihood of a child entering care (rather than receiving in-home services) and the likelihood of timely reunification should be considered.²



This graph provides information on every child who exited care during the federal fiscal year. While there has been no real change in the overall proportion of exits to permanency, the proportion of all exits that are exits to reunification has declined.³



² Data source: <http://cwoutcomes.acf.hhs.gov/data/overview>

³ Data source: AFCARS. Exits not shown include emancipation, transfer to another agency, exit type missing, runaway, and child death.

Casey Practice Digest Interview:
A Conversation about Court Reunification Practices with Judge Constance Cohen, Juvenile Court Judge for the Fifth Judicial District of Iowa

What are the primary barriers you have seen to reunification?

Nearly all of our cases are affected by substance abuse, particularly methamphetamine, and usually they're self-medicating. We typically deal with two kinds of people in our courtroom, people who are taking drugs that they shouldn't be taking and people who aren't taking drugs they should be taking. We're learning more and more about trauma-informed care, and until the real wound is identified and healed, the destructive coping mechanisms will be the default response to stress. Another barrier to reunification is that parents don't engage in treatment early on, and this delay can further limit the time allowed by state and federal deadlines to receive and benefit from services. In the face of methamphetamine abuse, we know that it takes a year for the brain to heal and resume functioning as it did before the abuse began. So, they struggle to maintain housing, maintain a telephone, maintain any semblance of a predictable and consistent life. They may not be able to access the resources that maybe they had before agency involvement because their children have been removed and Title XIX is no longer available to them. Getting those substance abuse and mental health evaluations done early on is so important in order to chip away at those barriers and enable families to access the remedies they need. The more early interventions that we can pour into a case, the better.



What resources are needed to increase reunifications?

What can help reunifications most is eliminating any barriers that can disrupt substance abuse and mental health treatment, such as transportation assistance, or any other assistance we can provide. Dedicating adequate court time and family team meeting opportunities foster a problem-solving approach that is very effective. This approach maximizes use of all the resources and strengths of the family, supports, and services. The more ideas for remedies to those challenges, the better. When a judge puts a stamp of approval on a family plan and rallies people toward common goals that will help the family, progress is expedited. I put those action steps right in my order, and then it becomes a reasonable efforts issue, and something that everyone knows is an expectation. Also, the act of inviting the support people in their circle, including fictive kin, is a really good way to eliminate some of those barriers. For example, determine who can drive mom to her appointments, or provide child care. We also have a "Handbook on Juvenile Court for Parents," produced by our court improvement project which has been a godsend.⁴ The Handbook describes what parents can expect in court and the various stages

“Getting those substance abuse and mental health evaluations done early on is so important in order to chip away at those barriers and enable families to access the remedies they need. The more early interventions that we can pour into a case, the better.”

⁴ The Iowa Children's Justice Initiative's "Handbook on Juvenile Court for Parents," was designed to help parents understand what is going on with their case, what to expect in future hearings, and what their rights and

of the process. There is a glossary to explain technical terms. The handbooks are presented to the parents early on in the case, inside pocket folders, so they can keep their court documents all in the same place. A calendar is also provided to assist them in organizing their appointments.

Describe what best court practices in achieving reunification look like?

In our community, it really starts out of the courtroom with a pre-removal conference. Workers invite the parent to the DHS office, and ask them to bring their children, anyone who can be a support, and if there's anyone who can take custody, bring them, because the children are going to have to be removed. You immediately think that these parents are going to run for the hills, but that actually happened more when we did the knock and announce, resulting in parents running out the back door. Beginning at the pre-removal conference, parents are given a Parent Partner, a parent that has been through the system, having remained clean for 2 years, and has successfully regained custody of their children. The Parent Partner tells the parent that they are there to observe and support them because this experience is very traumatic for everyone involved. If the parent has questions afterwards, the Parent Partner can answer them. The court hearings become very meaningful, because they allow for other family members to be found and support engagement of non-custodial parents. Getting the paternity tests done early on in the case is very important. The results may affect ICWA eligibility, because Indian heritage might be on the father's side. We explain to the mom that even if the dad is horrible, his aunt may be very appropriate and able to keep the child in the family. Family placements generally result in more liberalized family contact.

“This relationship building has enhanced our ability to frontload services and reduce the trauma involved in removals, because we know that when we remove children, we traumatize them.... There is no excuse for not getting the very best of services organized and delivered to them.”

Can you tell us about your Safe Babies Court Teams⁵ project?

We've also been a Model Court⁶ through the National Council of Juvenile and Family Court Judges since 2000. So, we had the opportunity before the Court Teams opportunity came up to build relationships and problem-solve, and already had a good community for collaboration and information-sharing beforehand. Court Teams first started in Florida with Judge Cindy Lederman and Dr. Joy Osofsky. They developed a checklist for questions that every judge should ask about infants' and toddlers' mental health and well-being. Then they put together a court project where Dr. Osofsky came to court and started training people on doing attachment assessments, dyadic therapy, Parent-Child Interaction Therapy, and accessing entitlements through Part C of the IDEA, which were going woefully underutilized. So, that was the beauty of it; it wasn't going to cost the agency anything extra. These are entitlements under federal law. Using attachment assessments and dyadic therapy, the therapists work with the babies and the parents to build and repair relationships—because so many of our parents were not parented well. They don't know the critical importance of

responsibilities as a parent. The Handbook can be found here:

<http://www.iowacourts.gov/wfdata/files/ChildrensJustice/resources/2008ParentHandbookwfinaff.pdf>

⁵ For more information on Safe Babies Court Teams, see the Zero-to-Three website:

<http://www.zerotothree.org/maltreatment/safe-babies-court-team/>

⁶ For more information on Model Courts, see "Model Court Protocol: Leadership, Innovation, and Accountability." Available at: <http://www.ncjfcj.org/resource-library/publications/model-courts>

the repetitive movements, and how soothing that is, and how you have to talk to your baby, and how you have to sing to your baby. I tell the parent that the problem is not about what happened, it's about what happened to you that allows you to make these decisions, so let's figure this out. And then as a judge, I can apply what I've learned about trauma-informed care to judicial decision-making. We can use the brain science that's evolving so quickly to convince people that they need to make changes. For example, I can tell the parent that there's medical evidence that children who are exposed to domestic violence suffer more brain damage than a child who is actually physically abused. Judy Norris, our Court Teams Coordinator, coordinates all of these services for families, because the timeframes are so short. She reinforces what's happening in court and everywhere else, and she's also a connector in the community. She was able to bring new partners such as visiting nurse services and Headstart to the table so that we could start working with them more closely. This relationship building has enhanced our ability to frontload services and reduce the trauma involved in removals, because we know that when we remove children, we traumatize them. Also, we're getting these kids into early access services to support their health, development, and well being. There is no excuse for not getting the very best of services organized and delivered to them. Our outcomes have always been really positive, and I think it's because of the frontloading and the relationships we've built.

Do families receive any type of post-reunification support services?

The Parent Partners stick around, they're available to the parent 24-7. As part of our process, we have different phases, and the last phase is self-sufficiency. We help to make sure they have healthy connections in the community, and they know they can always call their DHS worker or in-home worker to get some referrals, or just check in. We really try to educate the parents about how to get the help they need, when they need it. We can keep the case open after reunification after up to one year, and we can do more hand-holding, and make sure they're well on their way to a permanent solution. Our focus on engaging the extended family also creates lasting safety nets.

Are there policy changes that would improve opportunities for reunification?

The Safe Babies Act needs to be passed. The Violence Against Women Act needs to be reauthorized, so that we can keep moving forward with the practices that we know work. CAPTA needs to be enforced. There are effective solutions in CAPTA and in Fostering Connections. It has some critically important information about the importance of family placement and educational stability, but there have never been any regulations written—no carrots, no sticks, so nobody really knows what it means. We need to educate people about the plasticity of the brain, and apply this new knowledge across the board. We know what the science is, and it makes no sense to keep it from judges, who generally have very little training before assuming the dependency bench. As a result, everybody will be better off. Trauma-informed care needs to be available to parents, and everyone involved in the case needs to understand its value.

Assessments of Safety and Risk: Implications for Reunification from Out-of-Home Care⁷

Child welfare caseworkers and supervisors increasingly use standardized measures to assess risk and safety factors among families where there has been an allegation of maltreatment. Few empirical studies have used these assessment measures to assess family reunification or other outcomes for children and youth in out-of-home care. In their article in *Protecting Children*, authors Melissa Wells and Melissa Correia examined the relationship between reunification outcomes and child welfare caseworkers' initial assessments of safety and risk.

The state in which this analysis was conducted uses "Structured Decision Making" (SDM) (Children's Research Center). During the comprehensive assessment process, caseworkers are required to complete a risk assessment and a safety assessment tool. In order to understand whether certain characteristics known at the time of the initial assessment were predictive of outcomes later in the case, the authors combined data from the SDM tools with two other sources of administrative data.

Child and placement characteristics were obtained from the state's longitudinal foster care placement file (Chapin Hall), created by The Center for State Foster Care and Adoption Data, a partnership of the American Public Human Services Association (APHSA) and Chapin Hall at the University of Chicago. Information about allegations of maltreatment were compiled from 6 years of National Child Abuse and Neglect Data System (NCANDS) files compiled from the state's NCANDS submissions.

The research asks: Are there specific child characteristics, risk and safety considerations, or case level characteristics known at the time of the initial assessment that may have an impact on the future likelihood of reunification? Several variables known at the time of the initial assessment were found to be related to the likelihood of reunification later in the case. The results were as follows:

- Children from families with prior CPS agency history (defined as an open family services case prior to the completion of the risk assessment tool) were 25% less likely to reunify than were children from families without prior agency history.
- Children identified as having diagnosed special needs at the time of the initial assessment were 23% less likely to reunify as compared to other children.
- Children from families in which the initial assessment was for neglect were 35% less likely to reunify.
- Children with primary caregivers under age 30 at the time of the initial assessment were 31% less likely to reunify than were other children.
- Children from homes where the primary caregiver was believed to be lacking in self-esteem at the time of the assessment were 48% more likely to reunify than were other children. This finding is difficult to explain. It is not clear how child welfare caseworkers assess self-esteem, which may be considered as less tangible indicator than other risk measures (such as parental age or previous case history.) It is also possible that the current service array effectively improves parenting capacity for those caregivers whose self-esteem was connected to a lack of parenting skills.

One additional child level variable, placement type, was found to be related to the likelihood of reunification:

⁷ Wells, M. & Correia, M. (2010). Assessments of Safety and Risk: Implications for Reunification from Out-of-Home Care. *Protecting Children*. Vol 25, Number 3, 90-106.

- Children whose primary placement setting was congregate care were to the least likely to reunify. Compared to children in congregate care, children in family foster homes were 65% more likely to reunify and children in kinship foster homes were 85% more likely to reunify.

These findings are consistent with prior studies that have found lower rates of reunification for children with behavior problems and neglected children, but different than studies finding lower rates of reunification for children in kinship care.

The results provide some evidence that child welfare caseworkers are able to identify maltreatment risk in families that may impact reunification outcomes. It may be that the individual items included in the SDM risk assessment tool could be used to better match services for families with multiple risk factors. However, it is unknown whether families identified as having these risks are considered priority cases for specialists or other targeted interventions. Similarly, while some families are encouraged to work with integrated community-based family service agencies, it is unclear whether agencies focus on serving families known to be experiencing specific risk factors. While SDM assessments may be used in decisions about which cases to open for services, these instruments are not designed to direct child welfare caseworkers toward specific, evidence-based interventions for specific risks.

The authors suggest that future research should examine whether families assessed as high risk receive targeted, evidence-based interventions, as well as examining outcomes associated with these interventions. Analyses could examine family strengths and other protective factors, perhaps identified using SDM Family Strengths and Needs Assessment tools or similar instruments. In situations where families are identified as experiencing specific risks, the authors recommend that child welfare agencies should carefully assess families' stressors as well as strengths when developing permanency plans.

Behavioral Problems Following Reunification of Children in Long-Term Foster Care⁸

While safe reunification of children in foster care who return home is usually considered a successful outcome, little is known about the children's long-term functioning and well being. Studies have found that children who stay in foster care longer have more serious behavioral challenges more than children who have shorter stays in foster care.² Studies have also found that children reunified from long-term foster care have significantly more problems (e.g., legal involvement stemming from delinquent or other forms of illegal behavior, substance abuse, self destructive behaviors) when compared to children who are not reunified. This finding has been attributed to poor parenting styles, exposure to risk factors, and the difficulties that family members experience as they adjust to being together again.⁹

Jennifer Bellamy, a researcher at the School of Social Service Administration at the University of Chicago, used data from 604 children in the National Study of Child and Adolescent Well-being (NSCAW) to determine how reunification impacts a child's behavioral health following long-term foster care when compared to children who were not reunified and remained in foster care. Long-term foster care was defined as children who had been in out-of-home care for approximately 12 months, and their placement into out-of-home care occurred before an investigation of child maltreatment or a period of in-home services. Children's internalizing and externalizing behaviors were tracked when reunification occurred (baseline), and then again at 18 and 36 months after reunification.

As summarized in Tables 1 and 2, study results suggest that:

- Reunified children showed an increase in internalizing behaviors post-reunification and an initial increase in externalizing behaviors which steadily declined between 18 months and 36 months after reunification
- Reunified children had lower rates of externalizing behavior problems when compared to children in foster care.
- Children in foster care had consistently higher rates of internalizing and externalizing behaviors when compared to reunified children.
- Children in foster care were more likely to experience behavioral problems; however these problems were linked to age and tend to decrease over time.

Table 1 (Internalizing Behavior Problems)

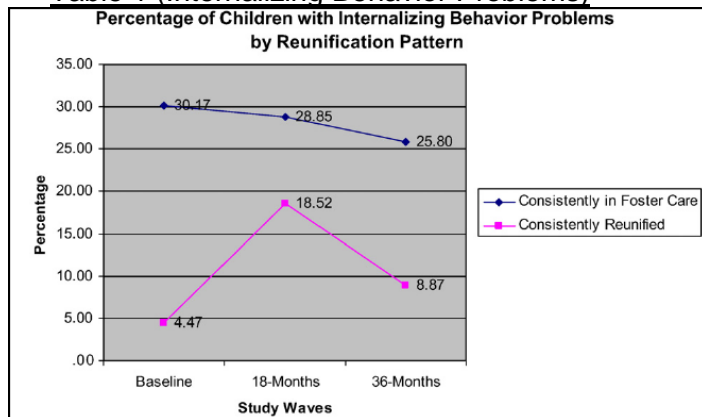
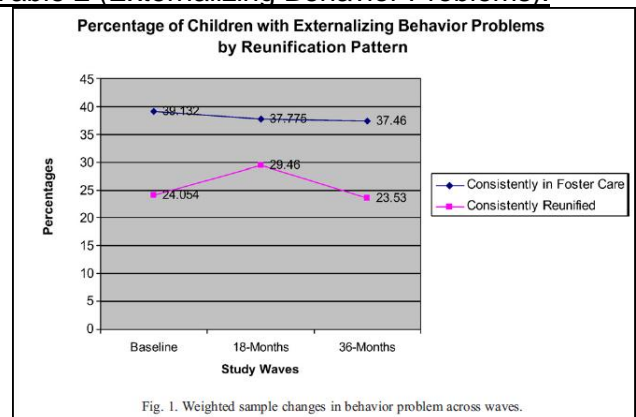


Table 2 (Externalizing Behavior Problems)



⁸ Bellamy, J.L. (2007). Behavioral problems following reunification of children in long-term foster care. *Children and Youth Services Review*, 30, 216-228.

⁹ Taussig, H.N., Clyman, R. B., & Landsberk, J. (2001). Children who return home from foster care: A 6-year prospective study of behavioral health outcomes in adolescence. *Pediatrics*, 108, e10.

Bellamy suggests that the increase in internalizing behaviors in reunified children may be caused by an increase in exposure to risk (e.g., caregivers' poor mental health, poverty, stressful living situation). She further suggests that the negative impact of the exposure to these risk factors may be mitigated by improving caregivers' mental health post-reunification.

Reunification is generally encouraged; it remains an initial focus of most service plans, and is used widely as a child welfare performance measure of effective practice. However, reunification can be a potentially stressful time for both the family and child. Unfortunately, many services end or are time limited following reunification when a child's exposure to risk factors increases—thereby increasing the likelihood of youth experiencing behavioral health challenges. Bellamy argues that efforts must be made to serve families before, during, and after foster care to best address behavior challenges in this vulnerable population of children.

Reinstating Parental Rights as an Alternate Path to Permanency¹⁰

The Midwest Evaluation of Adult Functioning of Former Foster Youth confirms that many youth who age out of foster care maintain close relationships with family members and that some even return to live with the same birth parents they were removed from. Over 67% of the 19-year olds in the study who left foster care at age 18 reported being either very close or somewhat close to their biological mothers. Even larger percentages reported being close to grandparents and siblings. Almost 17% reported that they were living in the home of their biological parent(s) and another 18% were living in the home of another relative. The study of these youth at age 19 found that “these family ties are associated with increased odds of being employed or in school at age 19.”¹¹

Although young adults living with biological parents decreased to 7.6% at age 21, the study participants continued to report close ties with family, including social support and financial help. The study encourages policymakers, child welfare administrators and courts to give more consideration to supporting these strong family ties. “That these ties are not being given adequate consideration is evidenced by the fact that nearly half of the young people in our study reported that the rights of their parents had been terminated by the juvenile court.”¹² Few youth who age out of care receive services to assist with reconnecting or reunifying with their birth families, including birth parents whose parental rights were terminated. A number of jurisdictions, however, are taking a second look at birth parents who were initially ruled out as permanency resources. At least 10 states have enacted statutes that authorize courts to reinstate parental rights that were involuntarily terminated years before, based on the belief that parents can change.¹³ Little is known about the effect of these statutes on achievement of permanency for “legal orphans” as states do not appear to be systematically tracking or reporting on the outcomes of reinstatement proceedings.

We do know that states have taken varying approaches in the following areas:

- When and under what circumstances a petition may be filed;
- Whether a trial home visit is required;
- The role of the child welfare agency regarding provision of reunification services;
- Criteria for entry of an order reinstating parental rights; and
- The effect of reinstatement on the earlier termination of parental rights.

These statutes raise a number of issues that will require thoughtful implementation by child welfare agencies, attorneys and courts. Agency attorneys, for example, may not be enthusiastic about reinstating the parental rights they worked hard to terminate years before. Providing notice to eligible youth and birth parents of the right to petition for reinstatement is another issue that most statutes do not address. Agencies must also consider the effect of this legislation upon reinstatement on eligibility for services such as independent living services, education and training vouchers, tuition waivers and other services to support transition to adulthood. Most statutes do not address the effect of reinstatement on siblings. If a trial home visit is required,

¹⁰ Getman, S. & Christian, S. (2011). Reinstatement of Parental Rights: Another Path to Permanency? *Protecting Children*. 26(1).

¹¹ Courtney, M. E., Dworsky, A., Cusick, G. R., Keller, T., Havlicek, J., & Perez, A. (2005). *Midwest evaluation of adult functioning of former foster youth: Outcomes at age 19*. Chicago, IL: University of Chicago, Chapin Hall Center for Children.

¹² Courtney, M. E., Dworsky, A., Cusick, G. R., Keller, T., Havlicek, J., & Perez, A. (2007). *Midwest evaluation of adult functioning of former foster youth: Outcomes at age 21*. Chicago, IL: University of Chicago, Chapin Hall Center for Children.

¹³ These states, in order of enactment, are CA, NV, WA, LA, IL, OK, HI, NY, ME and NC.

how would that affect a youth who wants to end his or her legal orphan status but does not want to physically reunify? According to the authors, more information about the effect of these statutes and issues that arise with implementation will be helpful to the field and to policymakers who are considering the creation of this new path to permanency.

Casey Practice Digest Book Review: **Take Me Home: Protecting America's Vulnerable Children and Families**¹⁴

Jill Duerr Berrick is a distinguished scholar who was a co-author of The Tender Years, one of the most important books on child welfare published in the 1990s. In recent years, Berrick has published articles on re-entry into care and concurrent planning, among other subjects.

Take Me Home is about permanent planning for children in foster care and unlicensed kinship care, and about the foster care system itself. However, this book is an incomplete treatment of complex subjects, and lacks an in-depth analysis of post-reunification services, re-entry into care, reunification criteria, promising programs for substance abuse or co-occurring disorders or more unusual approaches to reunification such as shared family care and intentional communities.

The greatest strength of Berrick's book is embodied in six case studies of parents who lost custody of children due mostly to substance abuse and neglect and then (sometimes after years) regained custody of some of their children. These are powerful candid stories of addiction, chronic family violence and criminal histories told in the voices of parents with no apologies for bad behavior and no punches pulled. These stories have the potential to challenge any policy framework. Berrick is skilled in adding narrative which fills out the stories without reducing their emotional impact. In these stories, young children were severely neglected by hopeless, helpless parents addicted to drugs until child welfare agencies made out-of-home placements, usually initially with relatives. The relatives entrusted with care of the children were themselves troubled and often drug abusers as well. Much of the care these children received from both relatives and non-relatives was substandard at best. Relatives often returned young children to the custody of substance abusing parents for days or weeks at a time without the knowledge or permission of child welfare caseworkers. When children were placed in non-relative care, they were often moved from home to home and /or physically abused. Some of the mothers continued to have children who were removed one by one by child welfare agencies from the mother's care. After substantial periods of time and numerous reunification plans, some of the parents reported making a mysterious transformative commitment to recovery and gradually regained custody of some or all of their children.

Child welfare agencies / staff, relative and non-relative caregivers frequently do not appear in these stories in a flattering light. Some of the parents were deeply angry regarding the treatment they received from caseworkers and their own family members; but they did not minimize the fact or extent of their addiction and neglect, and most were grateful for being coercively pushed into treatment programs. In these stories, "The path to reunification suggests a lonely experience that speaks largely to issues of compliance and less to changes in real-life circumstances," Berrick states. The children in these stories were poorly protected and served in out of home care; and permanent planning did not occur for them in a timely way. A few ended up with birth fathers, but most experienced several transient placements with kin and non-kin foster parents, as well as birth mothers. Berrick is at her most eloquent in commenting on the experience of one of these mothers:

When Tracy was working to reunify with Asia, Raymond, Amber and Tyson [all of her children], she needed to learn how to engage in positive parenting experiences, she needed a coach to help her learn techniques for managing her

¹⁴ Duerr Berrick, Jill (2009). *Take Me Home: Protecting America's Vulnerable Children and Families*. New York: Oxford University Press.

children's now challenging behaviors; she needed support in responding to their needs in their new dyadic, intimate, day to day relationship. Tracy also needed concrete help establishing a home for her children. She needed an apartment in a new community, away from the familiar triggers she associated with the drug use of her past. She needed furniture, phone service, kitchen paraphernalia, bedding, clothes—Tracy needed all of these and had none. She needed an enriched child care program for her youngest and after school programs for the others. She needed reliable transportation.... She needed another bed, sheets and blankets. What Tracy needed was income to clothe and feed a very large family. What she got was another generic parenting class.

As a cogent indictment of common reunification practice, this passage can hardly be improved on.

Berrick proposes a framework for reunification practice in which families whose prospects for reunification appear remote 6 months after their child's placement would be given two caseworkers: 1) to work with the parents, 2) to work with the child and the foster family or relative caregiver who will become the permanent family for the child if reunification within a reasonable period of time is not possible. Berrick explains that "The two-worker model has the effect of shining a bright light on the child's need for permanency and pushing reunification workers to make honest assessments about parents' actual changed behavior, rather than their hoped for change." Berrick believes that "a single social worker cannot see children's need for permanency clearly when juxtaposed with parents' emotional wells of pain; thus decision making at critical junctures may be impaired." Berrick recommends that permanency decisions be made 12 months after out of home placement, both to better meet the needs of children for permanent families and also to limit the emotional uncertainty of alternative families caring for children in a concurrent planning framework. Unfortunately, Berrick does not go on to describe a set of reunification services which could be offered parents during the critical 6 month period before Courts make final permanency decisions. The lack of reunification services tailored to the needs of parents and children is a recurrent theme in the parents' stories in Take Me Home. Intensified case management in the absence of better services and resources is likely to result in more termination actions rather than more reunifications. In addition, Take Me Home eloquently articulates the needs of parents seeking reunification for emotional support and regular feedback on their progress; needs increasingly met in many jurisdictions by mentoring programs and the structure of family treatment drug courts.

Additional Resources

California Evidence-Based Clearinghouse: Evidence Supporting Reunification

<http://www.cebc4cw.org/topic/reunification/>

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) provides information about program effectiveness for selected child welfare related programs. While the CEBC was developed to be California-specific, the site also lists programs that may be less well-known in California, but were recommended by the Topic Expert for that Topic Area. The site is searchable by topic area or program characteristics, and includes

ratings based on the research evidence supporting the program and child welfare relevance. A scientific rating of 1 represents a practice with the strongest research evidence and a 5 represents a concerning practice that appears to pose substantial risk to children and families. Some programs do not currently have strong enough research evidence to be rated on the Scientific Rating Scale and are classified as NR - (Not able to be Rated).

There is also a section pertaining specifically to screening/assessment tools. Ratings based on reliability and validity are provided. A topic search for "Reunification" highlights several programs: Homebuilders, Project Connect, Michigan Family Reunification Program and Shared Family Care. However, additional related programs can be reviewed by searching topics such as "Parent Partner Programs," "Father Involvement Interventions," or more specific interventions such as "Domestic/Intimate Partner Violence: Batterer Intervention Programs," or "Substance Abuse Treatment (Adult)."

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Topic: Reunification

Definition for Reunification:
Almost half a million children are in foster care or other out-of-home placements in the United States. For 50% of these children, the case goal is reunification, or returning them to their biological parents, as quickly and safely as possible. To assist with reunification, child welfare provides services to the child and the child's parents. These services are time-limited and geared towards addressing the causes for the child's removal and placement into foster care. While reunification services are specific to the cause for removal, there are common services that should be considered for all families. These include visitation between parent and child, visitation between siblings (if separated), and case management services from the social worker. Other services that are typically part of reunification services are parent training, anger management, substance abuse treatment, mental health treatment for the child and parent(s), and domestic violence services, many of these areas have been reviewed by the CEBC.

Scientific Ratings in this topic:

- 1 - Well-Supported by Research Evidence
- ✔ 2 - Supported by Research Evidence
- ✔ 3 - Promising Research Evidence
- 4 - Evidence Fails to Demonstrate Effect
- 5 - Concerning Practice
- ✔ NR - Not able to be Rated

[Learn more about the scale](#)

Programs in this topic area

Here are your search results for programs in the area of *Reunification*:

The programs listed below have been reviewed by the CEBC and, if appropriate, been rated using the Scientific Rating Scale.

Programs with a Scientific Rating of 2 - Supported by Research Evidence:

- [Homebuilders® – detailed view](#)
Topics: Interventions for Neglect, Post-Permanency Services, Reunification, Family Stabilization
Families with children (birth to 18) at imminent risk of placement into, or needing intensive services to return from, foster care, ...

Programs with a Scientific Rating of 3 - Promising Research Evidence:

- [Project Connect – detailed view](#)
Topics: Reunification
High-risk, substance-affected families involved in the child welfare system. Family risks may include the following: Poly-substance abuse and dependence, domestic ...

Scientific Rating:

2

Supported by Research Evidence
See scale of 1-5

Child Welfare Relevance Level:

High

See descriptions of 3 levels

Jump to...

- [Brief Description](#) • [Essential Components](#) • [Child/Adolescent Component](#)
- [Parent/Caregiver Component](#) • [Group Format](#) • [Recommended Parameters](#) • [Delivery Settings](#)
- [Homework](#) • [Languages](#) • [Resources Needed to Run Program](#) • [Minimum Provider Qualifications](#)
- [Education and Training Resources](#) • [Implementation Information](#)
- [Relevant Published, Peer-Reviewed Research](#) • [References](#) • [Contact Information](#)

Brief Description

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The information in this program outline is provided by the program representative and edited by the CEBC staff. The **Homebuilders®** program has been rated by the CEBC in the areas of: [Interventions for Neglect, Post-Permanency Services, Reunification and Family Stabilization](#).

- **Target Population:** Families with children (birth to 18) at imminent risk of placement into, or needing intensive services to return from, foster care, group or residential treatment, psychiatric hospitals, or juvenile justice facilities.

Once a specific program is selected, users can view a brief description and the essential components of the program. The detailed report includes additional information such as the resources and qualifications required to implement the program, training resources, and a summary of the relevant published, peer-reviewed research.

The CEBC is a vital resource for Child Welfare Agencies looking to implement evidence-based interventions.

The Child Welfare Information Gateway (CWIG) Reunification Page

<http://www.childwelfare.gov/permanency/reunification/>

CWIG promotes the safety, permanency, and well-being of children, youth, and families by connecting child welfare, adoption, and related professionals as well as the general public to information, resources, and tools covering topics on child welfare, child abuse and neglect, out-of-home care, adoption, and more. A service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, they provide access to print and electronic publications, websites, databases, and online learning tools for improving child welfare practice, including resources that can be shared with families.

Child Welfare Information Gateway Issue Brief: Family Reunification: What the Evidence Shows,¹⁵ including CFRs and reunification, research on reunification, examples from the field, and program support for reunification. Available at:

http://www.childwelfare.gov/pubs/issue_briefs/family_reunification/family_reunification.pdf

About the **Casey Practice Digest**

The Digest is intended to provide Casey staff with access to the forefront of research, policy and practice developments, bridging the gap between research and practice. Each issue is centered on a topical theme, and will include an interview with an expert source, maps and graphics displaying current trends at a high level, reviews of cutting-edge research with policy and practice applications, as well as resource links for further exploration. Digest editors include Casey staff from Data Advocacy, Knowledge Management, Public Policy, and Research Services Teams.

¹⁵ Child Welfare Information Gateway. (2011). *Family reunification: What the evidence shows*. Washington DC: U.S. Department of Health and Human Services, Children's Bureau.