casey practice digest
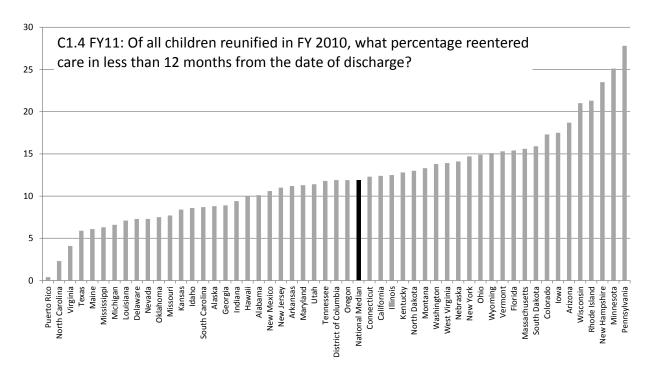
Issue 3 | January 2013 | Re-Entries into Care
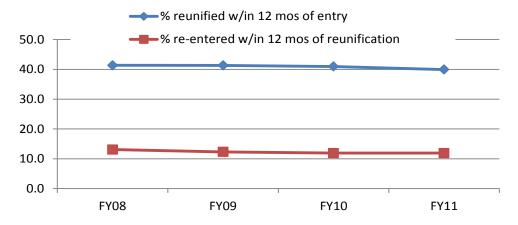
Table of Contents

National Data on Re-Entries

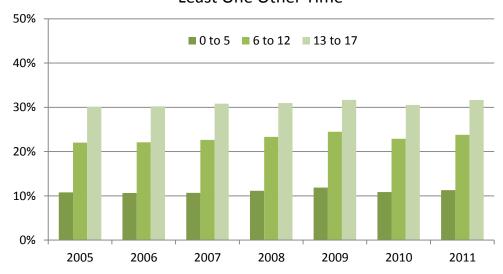C1.4 FY11: Of all children reunified in FY 2010, what percentage reentered care in less than 12 months from the date of discharge?

Nationally, there has been little change in the likelihood of timely reunification, or the likelihood of re-entering care after reunification

—◆— % reunified w/in 12 mos of entry
—■— % re-entered w/in 12 mos of reunification

	FY08	FY09	FY10	FY11
% reunified w/in 12 mos of entry	~41	~41	~41	~40
% re-entered w/in 12 mos of reunification	~13	~12	~12	~12

National: % of All Entries That Have Been in Care at Least One Other Time

■ 0 to 5   ■ 6 to 12   ■ 13 to 17

Nationwide, there has been little change in the proportion of entries that are re-entries. In FY11, 11% of children 0-5, 24% of children 6-12, and 32% of teens entering care had been in care at least one other time.

Children who re-entered care in FY11

Legend:
- In care 1 prior time
- In care 2 prior times
- In care 3 prior times
- In care 4 prior times
- In care 5 or more times prior to this entry

Almost 50,000 children re-entered care in FY11. Of those, 76% had been in care only one previous time. Older youth are more likely to have had additional prior entries. Among all ages, over 3,000 children and youth entered care in FY11 after having been in care on three or more prior occasions.

Why Should State Child Welfare Systems Be Concerned with Re-Entry into Care?

- Children in out of-home care who are in their second (or more) placement episodes reunify at lower rates than children entering care for the first time. These children are at higher risk for growing up in foster care without a permanent family.
- There is a group of children with multiple (more than two) placement episodes. For these children and youth, failed reunifications may be experienced as just another unplanned but anticipated placement change, such that youth are "effectively homeless in care."[1]
- For children who experience multiple placements after failed attempts at reunification, placement instability means frequent moves among caregivers, including parents, relatives, foster parents, and group homes. One might count birth parents as another placement within a larger childhood-long episode of multiple placements. Re-entry into care in its extreme form means that all placements are temporary, including periodic stays with birth parents.[2]
- Among the 2012 Title IV-E Waiver applicant states, three included re-entries among their target goals: Michigan, Washington, and Wisconsin.[3]
- Babies' and toddlers' development is harmed by placement moves, whatever the reason for the move.[4]
- Many school age children re-enter care due to behavior problems. When these placements are interpreted by children and youth as the result of parental rejection, oppositional behaviors greatly increase. According to James Garbarino, an esteemed maltreatment researcher, parental rejection is associated with increases in aggression in diverse cultures around the world.[5]
- Re-entry often follows a recurrence of child abuse or neglect. Chronicity of maltreatment across developmental phases has an especially damaging effect on children's development, according to LONGSCAN studies.[6]

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[1] Barber, James G., and Delfabbro, Paul H. (2006). Psychosocial well-being and placement stability in foster care: Implications for policy and practice. In (Eds) Robert J. Flynn, Peter M. Dudding, and James G. Barber's *Promoting Resilience in Child Welfare* (pp. 157-172). Ottawa, ON: University of Ottawa Press.
[2] Wilson, D. (2000). "Reducing Multiple Placements." Olympia, Washington: Washington State Children's Administration.
[3] For more information about IV-E Waiver states, see: http://www.acf.hhs.gov/programs/cb/news/title-iv-e-waiver-demonstration-projects
[4] Bada, Henrietta S., Langer, John, Twomey, Jean, Bursi, Charlotte, Lagasse, Linda, Bauer, Charles R., Shankaran, Seetha, Lester, Barry M., Higgins, Rosemary, Maza, Penelope L. (2008). Importance of Stability of Early Living Arrangements on Behavior Outcomes of Children With and Without Prenatal Drug Exposure. *Journal of Developmental & Behavioral Pediatrics*, 29(3): 173–182.
[5] Garbarino, J. and Gilliam, G. (1980). *Understanding Abusive Families.* Lexington, MA: Lexington Books.
[6] Casey Family Programs (2013). LONGSCAN Brief: Chronic CPS Referral Histories and the Effects on Children's Development. Seattle, WA: Author.

A Conversation about Re-Entries with Jill Duerr Berrick, author of _Take Me Home: Protecting America's Vulnerable Children and Families_.

What types of children are at highest risk for re-entries?

When I look at the literature on re-entry, it strongly suggests that we know a lot about the characteristics of children who are most likely to come back into care and their birth families. But we know very little about the services that can keep children safely at home with their parents after they have been reunified. The research is in its infancy, and although our child welfare service delivery system is designed to help families stay together, or to help reunite with one another, what really drives a lot of these experiences for children and families are characteristics that are intrinsic to the child and family, over which child welfare workers have no control. For example, in terms of child characteristics, we know that babies and young children are especially likely to re-enter care. From a service delivery perspective that means we might want to provide more intensive services to families with young children. But we don't really know what service typology would be most effective, and we don't know what services would be best offered to 3-year-olds as opposed to services for 10-year-olds in terms of predicting a stable return home. Also, children with behavior problems are more likely to re-enter care. That could mean that we should likely provide specialized behavioral services for these children at the point of reunification. But research doesn't tell us whether specialized behavioral services, or what types of behavioral services, will necessarily reduce the risk of re-entry.

Do you have a sense of why the evidence base is so thin on re-entries?

The evidence base is remarkably thin on the _services_ that can reduce re-entry and promote reunification. They are two sides of the same coin. There has been little investment from the federal government or from philanthropy targeting these critical areas of practice. And importantly, much of the existing research has relied on methodological designs that limit our understanding of the causal mechanisms that could be driving re-entry rates. Instead, a large percentage of available research funds have focused on preventing maltreatment in the first place, or reducing the likelihood of entry into care. These are laudable and important goals, of course, but it means that with the paucity of available research dollars, very little has been dedicated to a rigorous study of reunification and re-entry services.

What are some parent characteristics that place children at higher risk for re-entries?

Some of the characteristics are reminiscent of what used to be called "multi-problem families," families with multiple challenges in multiple domains. So, when you look at the families who are more likely to come to the attention of child welfare services, they may be low-income, have housing instability, mental health needs, substance abuse issues, or social isolation. We've known for 40 years that those are characteristics that predominate in child welfare populations. The families that have these challenges, and particularly the families who experience an accumulation of these challenges, are more likely to re-enter care following reunification. Child welfare caseworkers often don't have the resources they need to help families effectively address these issues. For example, few child welfare agencies have the resources to really

stabilize a family's housing situation. So the resource constraints that child welfare and other services providers experience almost collude to complicate the child welfare story.

In addition to families who experience challenges in multiple domains, parents who have neglected their children are also more likely to experience a subsequent re-entry. Child neglect is highly correlated with most of the difficulties just mentioned (i.e., low income, housing instability, substance abuse, etc.), so these phenomena are probably related.

And finally, parents with poor parenting skills are more likely to see their children re-enter care. That's something child welfare staff can respond to. Research suggests that parents who have better parenting skills at the point of reunification are much less likely to see their kids re-enter care. So I think that all jurisdictions should assess caregivers' capacity to parent their children prior to reunification. If parenting skills are less than adequate, that's probably a signal that the family isn't ready to reunify. Working intensively on developing parenting skills would probably make some inroads on re-entries.

What types of services are most effective in teaching those parenting skills?

In order to change longstanding habits of poor parenting, I think we have to look at least to the adult learning literature and therapeutic methods. We know that parenting skills are a combination of knowledge and behavior. Parents may need to learn how to recognize signs and signals from their children, but they also may need to learn how to respond to those signals. Most parenting classes focus on the knowledge side of the equation. We shouldn't ignore that, because knowledge is important. But many parenting classes ignore the behavioral side entirely. If you or I had a behavior, a habit that we were trying to break, we would quickly realize that learning about it from a cerebral perspective would only get us part-way there. Parenting practices are habit-forming. You might develop a habit of yelling at your kids, or you might have a habit of not waking up in time to get your child to school. So, we have to create parenting skills opportunities that are behaviorally-based, and are connected to what we know about how people change habitual behavior. Imparting knowledge is inexpensive. You can put 50 people in a classroom and show them some slides or movies, and you will have delivered information that is knowledge-based. But, if you're going to change people's behavior—the actions they engage in with their kids, or how they respond when their child does X or Y, that's a much more expensive undertaking. It typically involves coaching, roleplaying, or direct feedback—strategies that are usually more expensive.

Overall, what services are most effective in reducing re-entry?

To answer that question, we can turn to the reunification literature, because these literatures often go hand in hand. Unfortunately, however, we have almost no evidence-based practices in the field of reunification. There are, however, some promising practices. Of course, there is a significant difference between a promising practice and an evidence-based practice. I've

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identified the following programs or approaches, which seem promising based upon the research evidence, but the evidence base upon which they stand are all methodologically compromised. All of the studies in this area rely upon quasi-experimental designs.

The programs and approaches fall into the following categories: (1) Intensive family preservation services, that seek to prevent placement in the first place. Intensive family preservation offers saturated services. Staff are also boundary spanners—they try to identify and respond to the range of family needs rather than being narrowly focused. (2) Programs that promote more intensive and frequent visitation between parents and children may also reduce re-entry. But, we really don't know whether it's the program itself, allowing parents and children to spend time together that's really the lever of change, or whether the families that are more inclined to visit their kids are also more invested in a rapid and stable reunification. (3) Parent Partners—services provided by parents who themselves were previously clients in the child welfare system. These former clients serve as allies to parents, mentoring them through the child welfare and court processes. The data seem to show elevated rates of reunification and reduced rates of re-entry, but we really don't know whether the Parent Partner inspired the parent toward a stable reunification, or whether some intrinsic characteristic in the parent inspired her to accept the Parent Partner services and remain safely reunified. (4) Next, father engagement. When we engage fathers, families are more likely to reunify and they are less likely to re-enter. Ten years ago, we typically didn't offer many services to dads, and now we're doing so to a far greater extent. So, we should continue to be very much interested in engaging with fathers, that's a good practice change. (5) And lastly, Solution-Based Casework, which has a somewhat stronger record in terms of the methodological strengths of the research. Solution-based casework seems to be showing effects on increased reunifications and reduced re-entries. With this approach, you're assessing the practices the parent engages in that compromise their parenting, and then together you develop goals to address those problematic practices that are measurable and objective. Decisions to reunify or to re-enter out-of-home care are based on parents' use of safe parenting practices rather than on their attendance in mandated services.

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Jill Duerr Berrick is Zellerbach Family Foundation Professor at the UC Berkeley School of Social Welfare, Co-Director of the Center for Child and Youth Policy, and author of *Take Me Home: Protecting America's Vulnerable Children and Families*.

Recent Study Identifies Modifiable and Non-Modifiable Risk-Factors for Re-Entry

A 2012 study by Lee, Jonson-Reid, and Drake sought to describe modifiable and non-modifiable risk factors for re-entry into foster care.[7] Using longitudinal administrative data from a large metropolitan Midwestern area, the authors looked at children who entered foster care for the first time following at least one report of maltreatment, and were then reunified. Whereas previous studies found that between 16% and 40% of children who leave care will re-enter care, the authors found that 37% of sample children re-entered care. While high, this re-entry rate could be expected as the follow-up period was longer, allowing for the identification of more re-entry cases over time.

The study considered a series of potential risk-factors for re-entry, including: caregiver and child-level risks; fixed individual and neighborhood-level characteristics; patterns of placement moves and time in care; provision of services and supports; and policy changes. The following factors were found to increase the likelihood of children re-entering foster care after reunification:

Non-modifiable risk-factors for re-entry
- Residential mobility, the only neighborhood-level factor found to be significantly associated with re-entry, may be a proxy for lower availability of social supports.
- Older children with a history of at least one physical abuse report were at higher risk for re-entry.
- Children whose parents had multiple risk factors (e.g., no high school diploma, mental health diagnosis, substance abuse history, criminal record, or teen parents) prior to the initial entry had higher rates of re-entry.
- Welfare receipt (AFDC/TANF) was associated with higher risk of return to foster care, yet this relationship disappeared as reunification time increased, suggesting that AFDC/TANF receipt may be most relevant to children who re-enter quickly.
- Children who entered foster care before the Adoption and Safe Families Act of 1997 passed had a markedly higher chance of returning to care. While the policy change was associated with better re-entry outcomes, other systemic and implementation factors could not be ruled out as alternative drivers of these improvements.

Modifiable risk-factors for re-entry
- Children who spent most of their placement time with relatives were associated with decreased risk of re-entry, compared to children placed in other settings.
- Children who had medium-length placements had a higher risk of re-entry than those exiting after brief stays.
- Families who did not receive in-home services during or after foster care were at higher risk for re-entry compared to children receiving these services.
- Children receiving special education services were at higher risk for return to foster care, consistent with other findings that children with disabilities are at higher risk for victimization.

The authors conclude that receiving both child welfare and non-child welfare services, during and after foster care, are important to these families in improving their permanency outcomes. This finding points to signs for hope, suggesting that changes to current service systems can result in better downstream outcomes for reunified families.

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[7] Lee, Sangmoo, Jonson-Reid, Melissa, and Drake, Brett (2012). Foster care re-entry: Exploring the role of foster care characteristics, in-home child welfare services and cross-sector services. *Children and Youth Services Review*, 34, 1825-1833.

Programs and Practices to Reduce Re-Entry

Whereas the evidence base around risk and protective factors for reunification and re-entry is more developed, limited evidence exists for effective programs and agency practices that promote successful reunification. Currently, these programs and practices cannot be considered to be evidence-based programs for preventing reentries. A review of the literature seeking out any evidence that demonstrated better reentry outcomes identified the following programs and practices:

Programs
Homebuilders
- Homebuilders is a home- and community-based intensive family preservation and reunification treatment program, designed to avoid unnecessary placement of children and youth into foster care, group care, psychiatric hospitals, or juvenile justice facilities. The program model engages families by delivering services in their natural environment, at times when they are most receptive to learning, and by enlisting them as partners in assessment, goal setting, and treatment planning.
- Homebuilders showed faster rates of reunification, with comparatively lower rates of re-entry that sustained over time in a Utah study,[8] yet a multi-state evaluation found no significant differences in most outcomes.[9] This study also identified concerns that Homebuilders was not implemented to a high degree of fidelity in some sites.
- Homebuilders has been reviewed by the California Evidence-Based Clearinghouse in the area of Reunification, and was rated as a Level 2 out of 5, as "Supported by Research Evidence." For more information, see: http://www.cebc4cw.org/program/homebuilders/

Shared Family Care
- Shared Family Care (SFC) is an intensive family preservation program that places the parent and children together in a home of a mentor family to provide coaching, skills, and resources to meet treatment goals. The host families, who serve as mentors, are families from the community who receive extensive training in child welfare issues and safety, child development, parenting, conflict resolution, community resources, and other important issues related to family preservation.
- SFC demonstrated effectiveness among specific groups, with children re-entering care at lower rates; however the study used a small sample size.[10]
- SFC has been reviewed by the California Evidence-Based Clearinghouse in the area of Reunification, but lacks the necessary research evidence to be given a Scientific Rating. For more information, see: http://www.cebc4cw.org/program/shared-family-care/

Multidimensional Treatment Foster Care
- Multidimensional Treatment Foster Care (MTFC) is a resiliency-based model promoting and enhancing family strengths for both the child and parent(s). MTFC aims to decrease

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[8] Walton, E., Fraser, M. W., Harlin, C., & Lewis, R. E. (1995). Intensive family reunification services: A conceptual framework and case example. *Family Preservation, 34*(2), 51-67.
Walton, E., Fraser, M. W., Lewis, R. E., Pecora, P. J., & Walton, W. K. (1993). In-home family-focused reunification: An experimental study. *Child Welfare, 72*(5), 473-487.
[9] Westat, Inc., Chapin Hall Center for Children. (2002). *Evaluation of family preservation and reunification programs: Final report.* Arlington, VA.: James Bell Associates, Inc.
[10] Barth, R., & Price, A. (2005). Shared Family Care: Child protection and family preservation in action. In J. Scott & H. Ward (Eds.) *Safeguarding and promoting the wellbeing of children, families and communities* (pp. 197-227). London: Jessica Kingsley Publishers.

problem behavior and increase developmentally appropriate and pro-social behaviors in children and adolescents in need of out-of-home placements.

- MTFC has demonstrated some promising results. For teenage youth who are living in or at-risk of living in a group home, MTFC showed a lower rate of re-entry into foster care or the juvenile justice system. Evaluation results have also indicated that MTFC is more cost-effective and leads to better outcomes than residential treatment models.[11]

Agency Practices
Kinship Care

- A Rhode Island study of more than 3,200 reunified children found a 16% rate of substantiated maltreatment at 12 months following reunification, 23% at 24 months and 30% at 3 years.[12] The authors found that children who exited from non-relative foster care were nearly twice as likely to be re-maltreated as those exiting from a relative foster home placement. Kinship or relative placements are often associated with greater planning and occurrence of parental visitation while in care. The authors additionally found that length of stay in out-of-home care did not influence the substantiated maltreatment rate following reunification.
- An Illinois study found much higher (10:1) rates of re-entry for reunified children than for children who were adopted or placed in guardianship status.[13] The authors attributed the difference to child characteristics at removal, greater stability of kin placements, and gate-keeping exercised by courts and agencies over re-entry options. The authors suggest that kin caregivers were able to keep track of children returned to low-income, troubled families, and contact the child welfare caseworker if children were unsafe following reunification. Note that kinship care was associated with lower rates of re-entry until child characteristics and IV–E eligibility were controlled for, at which point most or all of the differences in re-entry rates between kin and non-kin care disappeared. IV–E eligible children returned to birth parents from kinship homes had higher rates of re-entry than IV–E eligible children who exited out-of-home care from non-kin homes.

Differential Response

- A basic premise of differential response (DR) is that child safety, which is often measured through re-report rates and initial foster care entry rates, will not be compromised as a result of implementing differential response tracks. This premise has been validated by a large body of research evidence demonstrating the same or lower re-report and entry rates for those families receiving a differential response. Fewer studies examined DR's effect upon re-entry rates, but the re-entry rate was found to be lower for differential response families in Oklahoma.[14]

Regular Parental Visitation

- Frequent and regular parent-child visits help children, youth, and parents maintain continuity of their relationships and build more positive relationships. Visits can provide

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[11] Smith, D., Chamberlain, P., Eddy, M. (2010). Preliminary Support for Multidimensional Treatment Foster Care in Reducing Substance Use in Delinquent Boys. *Journal of Child & Adolescent Substance Abuse,* 19, 343-358.

[12] Connell, Christian M., Vanderploeg, Jeffrey J., Katz, Karol H., Caron, Colleen, Saunders, Leon, and Kraemer Tebes, Jacob (2009). Maltreatment following reunification: Predictors of subsequent Child Protective Services contact after children return home. *Child Abuse and Neglect*, 33, 218–228.

[13] Koh, E.; Testa, M.F. (2011). *Children discharged* from *kin* and non-*kin* foster homes: Do the risks of foster care re-entry differ? *Children and Youth Services Review*, 33 (9): 1497-1505.

[14] Shusterman, Gila R., Fluke, John D., Hollinshead, Dana M., and Yuan, Ying-Ying T. (2005). Alternative Responses to Child Maltreatment: Finding from NCANDS. *Protecting Children,* 20 (2&3): 32-43.

parents with opportunities to learn and practice parenting skills and give caseworkers opportunities to observe and assess family progress.
- Children and youth who have regular, frequent contact with their families are more likely to reunify and less likely to re-enter foster care after reunification.[15]

Contracting and Funding Allocations
- In a multi-level longitudinal analysis of individual and contextual risk factors, Yampolskaya and colleagues (2011)[16] found that at an agency level, lower average expenditures per child and contracting out case management services were associated with faster re-entry rates. As a result, re-entry may be improved by quality assurance among contractors and performance-based contracting. The authors indicate that allocating funding resources more efficiently to prevent entries and re-entries, which is allowed under Title IV-E waivers, can improve re-entry outcomes and offset out-of-home care costs.

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[15] Mallon, G. (2011). *Visiting the heart of reunification*. Presentation retrieved from the National Resource Center for Permanency and Family Connections website: http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/family-child-visiting.html

[16] Yampolskaya, S., Armstrong, M.I., and King-Miller, T. (2011). Contextual and individual-level predictors of abused children's reentry into out-of-home care: a multilevel mixture survival analysis. *Child Abuse and Neglect,* 35(9): 670-679.

Policy Implications of Research on Foster Care Re-Entries

The research on re-entries highlights the importance of policy in a number of key areas:

- Kinship care: A number of studies have found lower rates of re-entry among children placed with relatives, compared to those placed with non-relatives. State policies on kinship care address a range of issues, including: preference for relative caregivers; identification and notification of relatives; training, support, and licensure of kinship caregivers; kinship navigator services; and relative guardianship assistance, among others.
- Placement stability: Research has shown that foster care placement instability increases the risk that children will re-enter care. In addition to making greater use of kinship care, which is generally more stable than non-kin care, some states have adopted policies such as provision of respite care, emergency crisis response, and family group decision-making to reduce placement instability.
- Decision-making: Successful reunification depends upon a thoughtful assessment of a parent's readiness and capacity to provide safe care. Policies should create a framework for clear and consistent decision making that involves caseworkers, judges, GALs, CASA volunteers, service providers, and families. Such a framework should include the use of appropriate assessment tools.
- Parent-child visitation: Regular and meaningful visits between parents and their children in care improve the chances for successful reunification. Thoughtful policy guidance on visitation should emphasize the importance of visitation and include a discussion of purpose, planning (including location, frequency, length and participants), supervision, documentation, and transportation, among other things. Special consideration can be given to visitation with incarcerated parents. For examples of state policies and practice guides, see the following:

  - Minnesota's "Child and Family Visitation: A Practice Guide to Support Lasting Reunification and Preserving Family Connections for Children in Foster Care" http://www.ourkids.us/SiteCollectionDocuments/Handbooks/Visitation%20Minnesota's%20Guide.pdf
  - Illlinois' Placement and Visitation Services Procedures, 301.210: http://www.state.il.us/dcfs/docs/ocfp/procedure/Procedures_301.pdf
  - Idaho's Standard for Visitation between Parents, Siblings, Relatives and Children in Out-of-Home Care: http://www.healthandwelfare.idaho.gov/Portals/0/Children/AbuseNeglect/VisitationStandard.pdf

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