

*Promising Practices in
Reunification*

Susan Dougherty

For
The National Resource Center for Foster Care & Permanency Planning
Hunter College School of Social Work
A Service of the Children's Bureau
April 2004



Promising Practices in Reunification

Little in the literature helps us identify programs that are successful in achieving lasting reunification of children in out-of-home care with their families. Much of the research has looked at characteristics of children and families that help or hinder reunification, but not at whether children are able to remain in their homes over time, or what their long-term outcomes are in safety and well-being (Littell & Schuerman, 1995; Maluccio, 1998; Wulczyn, 2004).

The National Resource Center for Foster Care and Permanency Planning (NRCFCPP) has worked with some programs that seem to be moving toward faster, safer and lasting reunifications. However, as there is little research to prove that these programs actually do work, we have chosen to highlight several practices we believe are important components of reunification programs that appear to be achieving good results. These practices are:

- placement decision-making;
- parent-child visiting;
- intensive services;
- resource parent/birth parent collaboration; and
- aftercare services.

These are by no means the only practices that should be incorporated into a reunification program, nor do they provide a guarantee of success when used individually or in combination. Rather, they represent some of the important building blocks on which a comprehensive system of reunification can be based.

Placement Decision-Making

It can be argued that timely and successful reunifications begin with the initial placement into out-of-home care. Because three of the other four practices we are highlighting are dependent on the ability of the birth parents to interact regularly with the agency, the child and the resource family, they cannot be incorporated into the reunification program without placements that not only permit, but actively encourage those interactions.

Some of the hallmarks of programs that make placement decisions resulting in reunifications are:

1. **Involvement of the family through processes such as family group conferencing**, which can lead to decreased time in care. Families who participate in decision-making – not just in terms of where the child will live while in out-of-home care, but to also to discuss issues such as long-term safety and well-being and extended family supports for reunification – are empowered to engage with the agency in finding solutions that work with family strengths.
 - For a brief discussion of the connection between family conferencing and reunification, see Wilmot, L.E. (2000). It's not too late: The use of FGDM processes to achieve family reunification. *Protecting Children*, 16(3), 34-38.

2. **When placing with kin is not possible, children should be placed in their own neighborhoods, communities, and schools.** Neighborhood-based family foster care helps to keep children connected with their friends, schools, churches, and culture, but more importantly allows for frequent parent-child visiting. Targeted recruitment efforts provide the agency with a sufficient pool of competent resource families who reflect the ethnic and racial diversity of children in need of out-of-home care in the communities from which the children come.

The Family to Family Initiative created by the Annie E. Casey Foundation has neighborhood-based family foster care as one of its fundamental goals.

- For information about programs that work to keep children in their neighborhoods, see Annie E. Casey Foundation. (n.d.). *Shortening children's stays in temporary care. Part one: Policies and practices*, pp. 43-45.
 - For information about targeted recruitment for neighborhood-based family foster care, see Annie E. Casey Foundation. (n.d.). *Recruitment, training, and support*, pp. 14-16.
 - Both of these are volumes of *Family to Family Tools for Rebuilding Foster Care*, available at: <http://www.aecf.org/initiatives/familytofamily/tools.htm>
3. **Competent legal representation of birth parents**, which enables families to take a more effective role in court proceedings. In a pilot program in Washington State parents were provided with attorney representation. Results indicated a number of improved outcomes, including increased numbers of reunifications.
 - For information about this pilot, see Oetjen, J.A. (2003). Improving parents' representation in dependency cases: A Washington state pilot program evaluation. *Technical Assistance Brief*. Reno, NV: National Council of Juvenile and Family Court Judges. Available: http://www.pppncjfcj.org/html/TAbrief_washstatepilotprog.html

Parent-Child Visiting

Visiting between parents and their children in foster care is generally considered to be the most important factor contributing toward timely reunification. Visiting maintains the connection between parents and child during placement and allows the worker to assess the readiness of parent and child for reunification.

Effective visiting does not limit contact between parent and child to short visits in the agency office. Some of the components of parent-child visiting that can help lead to reunification described in Burke and Pine, 1999 are:

- structuring visits in ways that enhance opportunities for parents to practice and enhance their caregiving skills;
- scheduling visits at the home of foster families, at times that include increasingly more challenging situations such as meal times and bedtimes, and for longer periods of time;
- including parents in activities that allow them to be part of their children's lives, such as school activities, doctor appointments and recreational opportunities; and
- encouraging foster parents to interact with birth parents.

Parent-child visiting can be a component of residential care as well as family foster care. Nashua Children's Home in New Hampshire, which serves children between the ages of 6 and 18, considers family involvement to be essential to the success of their program. Children visit at home, but parents also visit at the facility, joining their children for activities such as mealtimes. Contact throughout the child's stay in the Home ensures that parents stay involved in the lives of their children. Contact information for Nashua Children's Home can be found on their website at <http://www.nashuachildrenshome.org/>

According to Lorrie Lutz, a consultant in social service reform and former Commissioner for Child Protection and Juvenile Justice Services for the State of New Hampshire, placement of a child in out-of-home care – particularly an adolescent who may have challenging behaviors – allows the family to “close the hole” where the child was if there is insufficient contact during placement. Attempts at reunification in such a family are more difficult, because the family becomes used to not having the child present. Good reunification programs, she says, do not allow the family to get comfortable with the child's absence. Visiting, particularly in ways that involve the parents and child together in family activities, promotes a continued involvement that makes sure this doesn't happen.

- Extensive information about visiting can be found in Wright, L. E. (2001). *Toolbox no. 1: Using visitation to support permanency*. Washington, DC: CWLA Press.
- Information about state policy in visiting can be found in Hess, P. (2003). *Visiting between children in care and their families: A look at current policy*. New York: National Resource Center for Foster Care and Permanency Planning Available: http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/family-child-visiting.html

Intensive Services

Intensive family-based services are often cited as a critical component of effective reunification programs. A study of the Utah Family Reunification Services project found that children whose families received such services were much more likely to be reunified within 90 days and to remain at home one year later. This study, and the Family Reunification Program of the Michigan Family Independence Agency that employs intensive services, are described in Child Welfare League of America, 2002.

The National Family Preservation Network (2003) recommends that intensive family reunification services should include the following components:

- Staff are available on call, 24 hours a day, 7 days a week
- Caseloads are limited to two to four families
- Families see a reunification worker within three days of referral
- Most reunification services are delivered in the family's home
- Intensive services are provided 5 to 20 hours per week
- Services are available during evenings and on weekends
- Services are limited to 60 to 90 days.

Intensive in-home services for reunification focus on making sure that families are able to meet the basic needs of their children. Parents are given hands-on learning experiences in areas in which they are experiencing problems such as meal planning, food shopping, and meal preparation or housekeeping tasks.

Part of the challenge of providing intensive in-home services is the difficulty in funding them. Because Title IV-E monies may only be used for eligible children and for routine care, they are generally not available for the types of services described here. Jurisdictions must be creative in finding ways to use Title IV-B funds, TANF monies, the Social Services Block Grant, and targeted case management under Medicaid.

- Some states have obtained IV-E waivers for intensive services in family preservation and reunification programs. For information about waiver programs in California and Mississippi, see the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/initiatives/cwwaiver/options.htm>

Resource Parent/Birth Parent Collaboration

Making resource parents equal partners in the permanency team empowers them to step up and participate in working with birth families toward the goal of reunification. Resource parents who facilitate parent-child visiting, teach and mentor birth parents in parenting skills, and participate in placement conferences are contributors to the reunification effort.

Several of the programs mentioned earlier, including the Utah Family Reunification Services, encourage resource families to act as mentors to birth parents as an important component. Another is Permanency Plus in New Hampshire, which combines the services of a home-based counseling agency, NH Easter Seals, and the Department of Children, Youth and Families. These organizations team up to provide a combination of home and community-based treatment for families when children are temporarily removed from the home in first time placements because of child abuse/neglect. Resource parents are recruited and trained with the understanding that they will be actively involved with the placement and reunification plan and should reunification not occur, agree to provide a permanent home for children placed with them.

A program that takes resource family mentoring much further is shared family care, in which the child enters care along with his or her birth parent. One such program is operating in Contra Costa County, California. The birth parent(s) move into the resource family's home for about six months. In addition, birth parents are served by a family support team that helps identify goals, develop a plan for achieving them, and provides intensive case management services and links to community resources. Families also receive six months of aftercare services based upon individual needs.

- For more information about shared family care, see the website of the National Abandoned Infants Assistance Resource Center at the University of California, Berkeley: http://socrates.berkeley.edu/~aiarc/information_resources/shared_family_care.html

The Family to Family Initiative of the Annie E. Casey Foundation uses the idea of “building bridges” to represent the process of spanning the gap between foster parents and birth parents. They list four stages of contact: basic, meetings on neutral territory, visits to the birth family’s home, and birth family visiting the child at the foster family’s home. For each stage, there are tips for social workers, birth parents and foster parents. These are described on pages 36-40 in the Family to Family tool *Recruitment, training and support*, available at <http://www.aecf.org/initiatives/familytofamily/tools.htm>

For additional information on foster parents as mentors to birth parents, including ideas for gaining staff acceptance, recruitment, training, and support, see Dougherty, 2001. *Toolbox no. 2: Expanding the role of foster parents in achieving permanency*. Washington, DC: CWLA Press.

Aftercare Services

Reunification is the preferred permanency “outcome,” but that doesn’t mean it is an event; like other forms of permanence, it is a process that needs to be sustained with post-permanency services. Birth parents need many of the same kind of services and supports that are often given to adoptive parents, guardians, and other permanent caregivers. In addition, they may need other services that specifically address the issues that brought the child into care in the first place. The provision of such services can be quite challenging in reunification for a number of reasons, including the following:

- Some birth parents are ambivalent about parenting and being reunited with their children.
- Birth parents may receive conflicting messages from the child welfare and legal systems about their skills and ability to adequately parent their children. Reactions to real or perceived negative attitudes may be played out in ways that look like noncompliance.
- After complying with case plans that may have required significant life changes in order to regain custody of their children, birth parents may simply want to end any involvement with the child welfare system.

Nevertheless, post-reunification services and supports are considered to be essential by most child welfare professionals. Services should be tailored to the individual needs of the child and family, and fall into a number of categories:

- clinical services such as individual, couples, or family therapy, substance abuse treatment, domestic violence intervention, or crisis intervention;
- material or financial services such as income support, job training, health care coverage, or housing assistance; and
- support networks such as day care, respite care, peer support groups, linkages with the health and education systems and other community-based services.

The intensity of needs may vary as the family experiences challenges or crises after the child returns home. Effective programs will respond to this fluctuation with higher levels of wrap-around services when they are needed.

- For information about post-reunification services, see Freundlich, M., & Wright, L. (2003). *Post-permanency services*. Washington, DC: Casey Family Programs. Available: <http://www.casey.org/Resources/Publications/PostPermanency.htm>

Additional Reunification Practices

A number of previous efforts have been made to describe individual reunification programs in various jurisdictions, and we recommend the resources listed below as guides to identifying programs for models of practice:

- Christian, S. (2001). Returning home from foster care: What policymakers need to know. *NCSL State Legislative Report, 26(12)*. Available: <http://www.ncsl.org/programs/cyf/slr2612.htm>
- Howard, D.E., & Caskey, R. (2002, Summer). Structuring designs in foster care: Michigan's family reunification assessment. *Permanency Planning Today*, 12-14. Available: <http://www.hunter.cuny.edu/socwork/nrcfcpp/newsletters.html>
- Leashore, B.R. (1999, Spring/Summer). Family support and reunification: A community resource model. *Permanency Planning Today*, 12-14. Available: <http://www.hunter.cuny.edu/socwork/nrcfcpp/newsletters.html>
- McNeely, S. (2001, Summer). Family group decision making as a time limited reunification service. *Permanency Planning Today*, 10-11. Available: <http://www.hunter.cuny.edu/socwork/nrcfcpp/newsletters.html>

We also endorse the following policy and practice recommendations from Casey Family Programs (Dougherty, 2003, 4-5):

Agencies seeking to ensure that that all children for whom reunification is an appropriate plan are identified and returned to their parents' custody in a timely manner should consider the following areas of policy and practice:

- Use strengths-based assessment methods for determining what services should be provided, with a particular focus on employment and treatment of substance abuse.
- Provide timely, appropriate treatment for substance abusing parents.
- Undertake advocacy efforts at the local, state, and national levels to increase the availability of a broad spectrum of treatment resources.
- Explore alternative drug treatment practices such as family drug courts, collaborations between child welfare and substance abuse agencies, focus on issues of women as parents in treatment programs, peer support groups, family-focused, strengths-based multidisciplinary approaches, and using the System of Care Model.
- Implement innovative, focused casework such as that done in Cuyahoga County, Ohio. Social workers attend a 40-hour training program on chemical dependency, and advanced training and discussion on difficult cases are provided by chemical dependency agencies. A two-unit Sobriety, Treatment and Recovery Team (START) program, consisting of pairs of social workers and

paraprofessionals in recovery, work in families where the mother or infant has tested positive for drugs at birth.

- Consider non-traditional ideas such as residential treatment programs in which children are placed with their mothers during treatment or programs such as Shared Family Care, in which parents who have completed treatment programs live with the children in the homes of mentors who can continue to guide their process of becoming self-sufficient in recovery.
- Provide training for caseworkers to help them better assess the ability of parents to sustain reunification and to understand the nature of addiction and the phases of recovery.
- Provide post-reunification services and supports.

The NRCFCPP believes that a successful reunification program is just one component of an effective child welfare system that integrates prevention, protection, in-home and out-of-home services, a full range of permanency options (reunification, adoption, guardianship, placement with kin and other planned permanent living arrangements) and post-permanency supports and services into a system of care that serves children and families at whatever point they need assistance.

References

Burke, B.C., & Pine, B. (1999, Spring/Summer). Family reunification: Necessary components and skillful practices. *Permanency Planning Today*, 10-12. Available: <http://www.hunter.cuny.edu/socwork/nrcfcpp/newsletters.html>

Child Welfare League of America. (2002, March). Family reunification. *Research Roundup*. Available: <http://www.cwla.org/programs/r2p/rrnews.htm>

Dougherty, S. (2003). *Practices that mitigate the effects of racial/ethnic disproportionality in the child welfare system*. Casey Family Programs. Available: <http://www.hunter.cuny.edu/socwork/nrcfcpp/policy-issues/mitigating-disproportionality.html>

Little, J.H., & Schuerman, J.R. (1995). *A synthesis of research on family preservation and family reunification programs*. Washington, DC: U. S. Department of Health and Human Services. Available: <http://aspe.os.dhhs.gov/hsp/cyp/fplitrev.htm>

Malluccio, A.N. (1998). Assessing child welfare outcomes: The American perspective. *Children & Society*, 12, 161-168.

National Family Preservation Network. (2003). *Intensive family reunification services protocol*. Buhl, ID: Author. Available: <http://www.nfnpn.org/reunification/>

Wulczyn, F. (2004). Family Reunification. *The Future of Children*, 14(1). [Online]. Available: <http://www.futureofchildren.org/index.htm>