

Promoting Successful Family Reunification: A Systematic Review of the Relevant Research

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One of the key challenges facing child welfare workers is how to successfully reunite families who have been separated due to abuse, neglect, or the parents' inability to handle unruly children. Each year approximately 500,000 children in the United States reside in out-of-home care (Administration for Children and Families [ACF], 2008) with foster parents, relatives, or in other residential settings. Approximately 54% of those children are reunited with their parents following separations that range from only a few days to several years (Child Welfare Information Gateway, 2008). For many families, the reunification is successful and there is no further need for intervention by the child welfare system. For other families, the children will reenter out-of-home care within 12 months following the family reunification. This process exposes children to further trauma, adds to the family disruption, and requires additional costly services for the family.

In 2000, the Children's Bureau of the U.S. Department of Health and Human Services initiated the Child and Family Services Review (CFSR) to evaluate each state's performance on a variety of outcome measures, including reunification and reentry to care. The CFSR established national standards for reunification and reentry to care, requiring that 76.2% or more of all children in out-of-home care should be reunited with their families within 12 months, and that no more than 8.6% of those who were reunited would return to foster care. Many states found themselves out of compliance on these two measures and began to look for effective methods for promoting successful family reunification.

In Ohio, a decision was made to conduct a systematic review of the best available research literature to identify programs, practices, and policies that are likely to foster successful reunification and to decrease the number of children returning to out-of-home care. Despite numerous excellent literature reviews and books dealing with this topic (Barber & Delfabbro, 2004; Barth, Berrick, Courtney, & Albert, 1994; Berrick, Barth, & Gilbert, 1997; Dougherty, 2004; Haskins, Wulczyn, & Webb, 2007; Littell & Schuerman, 1995, 2002; Marsh & Triseliotis, 1993; Wulczyn, 2004; Wulczyn, Barth, Yuan, Harden, & Landsverk, 2005; Wulczyn, Webb, & Haskins, 2007), a systematic review provides a concise summary of the best available empirical research. This article describes both the methods used to complete the systematic review and a summary of the findings pertaining to family reunification and reentry to care. It concludes with implications for practice and policy and recommendations for future research.

Systematic Review of Family Reunification and Reentry to Care

The purpose of a systematic review is to sum up the best available research on a specific question. This is done by synthesizing the results of several studies. A systematic review uses transparent procedures to find, evaluate and synthesize the results of relevant research. Procedures are explicitly defined in advance, in order to ensure that the exercise is transparent and can be replicated. This practice is also designed to minimize bias. (Campbell Collaboration, 2009; <http://www.campbellcollaboration.org>)

A systematic review is based on a comprehensive examination and appraisal of the existing research, both published and unpublished. The objectives of a systematic review are to (1) conduct a comprehensive, unbiased review of the research literature, (2) describe the review process with enough specificity that it can be replicated or updated by others interested in the topic, (3) appraise the available research for quality and credibility, (4) identify "best practices" based on the best available evidence, and (5) disseminate the results of the review for use by practitioners and policy makers. When these procedures are carefully followed, any bias that might influence the conclusions is minimized.

Systematic reviews offer several advantages over traditional literature reviews and promise to be a useful tool in bridging the gap between practice and research. Systematic reviews begin with a practice or policy problem for which information is needed to guide decision making. With a focus on "what works," a search for relevant research is initiated using explicitly stated criteria to decide which articles will be included and which articles will be excluded from the systematic review. This is done to maximize the transparency of the process and to reduce possible bias that might have an impact on the conclusions that are drawn from the review.



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Perhaps most important, in a systematic review, is that conclusions are not based on a single outcome study but on a compilation of all the available research, providing more valid information on which interventions and programs work for specific populations and under what circumstances positive outcomes might be expected.

Systematic reviews are completed in stages. In the first stage, a practice or policy problem is identified and is translated into a searchable question. The searchable question identifies the nature of the practice or policy problem and the target population, and it determines whether research on a specific intervention is sought or whether the search should look at research on any intervention or policy that has been applied to the problem.

In the second stage, an attempt is made to identify all research that is relevant to the search question. This includes articles published in professional, peer-reviewed publications as well as unpublished materials, such as those found in conference presentations or pro-

ceedings, unpublished dissertations, state or county evaluation monographs, or other unpublished research results.

The third stage focuses on evaluating the quality and rigor of the research and on compiling the results of all identified studies in order to assess the state-of-knowledge for the identified problem. A standardized critique is applied to each of the studies to reduce any possible bias that might influence the assessment of the research. The results are compiled to allow easier interpretation and to detect trends in the research that are not evident from the review of a single study.

The final stage of a systematic review is to summarize the current state of knowledge based on the best available research. This information is disseminated to practitioners and policy makers to assist in evidence-based decision making and planning. The stages are summarized in Table 1.

Table 1. Stages of a Systematic Review

Stage	Activities
<i>Protocol Development</i>	<ul style="list-style-type: none"> • Questions to be answered by the review are specified • Inclusion and exclusion criteria to identify relevant research are described • Methods for the review are made explicit • The protocol is discussed with users and modified as needed
<i>Search and Screen Studies</i>	<ul style="list-style-type: none"> • Methods for managing references are identified and set up • Search methods are explicated and implemented (i.e., electronic databases, hand-searches, reference mining, and snowball searching for unpublished studies) • Studies are screened for relevance, and reliability checks are completed on screening procedures • Descriptive mapping of the relevant literature is completed
<i>Extract Data</i>	<ul style="list-style-type: none"> • Articles passing the screening criteria are given a full review • Important data concerning the research methods, outcome measures, intervention, and outcomes are coded on a data abstraction form • Data are coded and entered into software for statistical and conceptual synthesis (e.g., SPSS, Access, NUDIST) • Quality and credibility assessment is completed for each study
<i>Data Synthesis</i>	<ul style="list-style-type: none"> • Numeric, categorical, and narrative data are summarized • Meta-analyses are completed if possible • Narrative empirical synthesis is completed • Conceptual synthesis is completed • Conclusions drawn from the syntheses are presented • Recommendations that are clearly linked to the analyses and synthesis are presented
<i>Final Report</i>	<ul style="list-style-type: none"> • Full technical report is prepared, including a detailed description of the search and analysis methods to promote transparency • Report is presented to the users for discussion of conclusions and recommendations • Plans are made for updating review

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Typically, systematic reviews are used to answer questions about the effectiveness of interventions and policies. However, when a strong body of experimental evidence is lacking, systematic reviews

have also been used to identify trends and promising directions and areas requiring new research. Table 2 provides a summary of the questions guiding this systematic review.

Table 2. Search Questions

Topic	Question
<i>Family Reunification</i>	<ul style="list-style-type: none"> • What interventions or services result in increasing successful family reunification within 12 months of placement for abused, neglected, or unruly youth/children who are returning from out-of-home care?
	<ul style="list-style-type: none"> • What factors are correlated with successful family reunification?
	<ul style="list-style-type: none"> • What are “promising” practices for increasing successful family reunification for abused, neglected, or unruly youth/children?
	<ul style="list-style-type: none"> • What research is needed to develop more effective services and policies to increase successful family reunification for abused, neglected, or unruly youth/children who are returning from out-of-home care?
<i>Reentry to Out-of-Home Care</i>	<ul style="list-style-type: none"> • What interventions or services are effective in reducing reentry to out-of-home care for abused, neglected, or unruly youth/children?
	<ul style="list-style-type: none"> • What factors are correlated with returning to out-of-home care following family reunification?
	<ul style="list-style-type: none"> • What are “promising” practices for reducing reentry to care for abused, neglected, or unruly youth/children?
	<ul style="list-style-type: none"> • What research is needed to develop more effective services and policies to reduce reentry to care for abused, neglected, or unruly youth/children?

Table 3. Search Methods

Search Method	Description
<i>Electronic Databases</i>	<ul style="list-style-type: none"> • See full report (Bronson, Saunders, Holt, & Beck, 2008) for list of electronic databases searched.
<i>Hand Searching of Child Welfare Journals</i>	<ul style="list-style-type: none"> • The table of contents was reviewed for seven journals identified as most likely to contain relevant research.
<i>Conference Presentations</i>	<ul style="list-style-type: none"> • Conference proceedings for 2007 (Society for Social Work and Research, Council on Social Work Education, and the Campbell Collaboration) were reviewed for relevant references.
<i>Citation Searches/ Reference Mining</i>	<ul style="list-style-type: none"> • The bibliographies of all articles selected for full review were mined for additional articles. A search was done for any title that appeared relevant.
<i>Contact With Identified Experts in the Field</i>	<ul style="list-style-type: none"> • Phone calls and discussions with colleagues in the U.S. engaged in child welfare research, especially in the area of reunification.
<i>Snowball Method</i>	<ul style="list-style-type: none"> • All links and leads to additional material suggested by relevant Web sites or electronic databases were followed to locate additional resources.

Project Methodology

Between April 2007 and February 2008, the authors completed a systematic review of the research literature to identify strategies to promote successful family reunification and to reduce reentry to care for abused, neglected, and unruly children. This effort extended an earlier rapid evidence assessment (REA) of research dealing with reentry to care (Bronson, Helm, Bowser, & Hughes, 2005), which was completed to provide information on the factors associated with reentry into foster care. This earlier review included only published articles dealing with reentry to care for children who were in out-of-home placements due to abuse or neglect.

The current project is a systematic review that expands upon the work completed in 2005 by including the following:

- research on family reunification,
- studies that address services for unruly children and youth, and
- unpublished research reports (“grey” literature).

This effort is also more expansive than a typical systematic review. The inclusion criteria were broad and included all empirical articles (not just experimental or quasi-experimental studies) dealing with reunification or reentry. In many systematic reviews, only experimental or quasi-experimental research is included, but the research questions for this review demanded a broader perspective to identify important trends in the field, even if those trends are not based on rigorous quantitative research.

Search Strategies

Several methods were used to locate relevant research on family reunification and reentry to care. Table 3 provides a summary of the approaches employed (see on previous page).

Every attempt was made to identify all available research pertaining to reunification and reentry in child welfare services. The search included materials available as of February 2008 and earlier as well as English language resources in the United Kingdom, Scandinavia, Australia, and East Central Europe.

Keywords – The keywords used in the electronic database searches were developed to capture references that addressed (1) the problem question (issues of family reunification and reentry to care), (2) the population of interest (abused, neglected, or unruly children), and (3) type of service.

Review Process – The review process consisted of several steps, such as establishing clear criteria for including or excluding articles, assessing the quality and rigor of the research, and synthesizing the relevant research.

Inclusion and Exclusion Criteria – Each report considered for the systematic review had to comply with the criteria that were established for the project. To be included in the final empirical analysis the report had to

1. deal with family reunification following a foster care placement or reentry to out-of-home care following family reunification
2. be based on work with abused, neglected, or unruly children

3. report on (a) an empirical study evaluating programs intended to increase family reunification or decrease rates of reentry into out-of-home care after reunification, or (b) research to identify factors associated with reunification or reentry to care
4. be written in English.

Nonempirical materials (i.e., literature reviews and conceptual papers) that did not satisfy the inclusion criteria were used to identify common practices and trends in the field but are not included in this summary.

Assessing Research Quality

The quality and credibility of the research articles used in the systematic review were appraised in two stages. In the first, all empirical studies were rated on the rigor of the research using a standardized rating scale called the Maryland Scale of Scientific Methods (Sherman, 1998). The scores ranged from 1 to 5, and higher scores were associated with more rigorous research. Only studies given a rating of 4 or 5 (i.e., quasi-experimental or experimental studies) were included in the analysis of effective programs. Second, the articles were reviewed for any obvious biasing factors or conflicts of interest that could influence the research.

Results

Overview of Available Research

Eight hundred titles were initially reviewed for inclusion in the systematic review. Ultimately, only 71 articles reported on empirical research; 6 articles (reporting on five separate studies) were judged to be quasi-experimental or experimental and 65 articles reported on correlational or qualitative research. Table 4 shows the types of empirical articles that were identified.

Only Level 4 and Level 5 studies are able to provide some degree of causal analysis. The paucity of rigorous research on programs to increase successful reunification and decrease reentry to care limits the definitive conclusions that can be gleaned from the existing research.

Table 4. Frequency: Maryland Scale Ratings

Level 0: Qualitative studies	8
Level 1: Single group or correlational	40
Level 2: Group comparison (non- equivalent groups)	12
Level 3: Group comparison (equivalent groups)	5
Level 4: Quasi-experimental	3
Level 5: Experimental	3
Total	71

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Experimental and Quasi-experimental Research

Table 5 provides a summary of the experimental and quasi-experimental studies only. These are the most rigorous of the available studies.

Although these studies are the most rigorous available, each has significant limitations that interfere with being able to draw definitive causal conclusions about the effectiveness of the intervention.

While some significant weaknesses exist for each of these studies, they provide service models that appear to be promising. Three of the experimental or quasi-experimental studies evaluated the effectiveness of intensive family services to support successful family reunification, one examined the importance of matching services to need, and one highlighted the benefits of working with parents to improve their skills in dealing with their unruly children. Even though the results are somewhat inconsistent across studies, it is

Table 5.
Experimental and Quasi-Experimental Research on Reunification and Reentry

Authors	Treatment Model	Outcome Variables		Findings
		Reunification	Reentry	
Choi, S. (2006); Choi & Ryan, (2007)	Service matching and recovery coaches (services to substance abusing mothers)	Likelihood of reunification; Completion of substance abuse treatment		Matched services seemed to lead to a high likelihood of reunification. Mothers who received matched concrete services were more likely to achieve reunification than those with unmatched needs or no needs. Findings are correlational in nature.
Fisher, Burraston & Pears (2005)	Early intervention foster care program	Length of time in care; number of placements	Occurrence of reentry to care	Unable to draw conclusions regarding effectiveness of the intervention. However, children who did not receive the EIFC were more likely to have failed placements and reenter care.
Jones, Neuman, & Shyne (1976)	Intensive family preservation services	Length of time in care		No differences between group who received intensive family preservation services and group who received regular services. Conclusions can't be drawn about service effectiveness.
Stein & Gambrill (1979)	Intensive services to enhance parental decision making	Timely permanency decisions		Children who received the intervention were more likely to be leaving care at the end of the study. Unable to draw further conclusions from research.
Walton (1991, 1996, 1998) Walton, Fraser, Lewis, Pecora & Walton, 1993)	Homebuilders family preservation services	Number of days in home	Family functioning (parental attitudes, family assessment, and self-esteem)	Children who received the intervention were more likely to be in their biological home at the end of 90 days and at 12 months. However, results were somewhat inconclusive. The 6-year follow-up indicated that children who received the intervention were more likely to be stable at that time.

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safe to conclude that these programs have some positive benefits for the participating families. The common characteristics of these programs include (1) increased contact between workers and parents (small worker to family ratios, 24-hour availability), (2) parent contacts with child, (3) parenting skills training (including cognitive-behavioral models), (4) mental health and substance abuse services to parents, (5) concrete services to the family (transportation, job training, housing, respite care, day care, home-maker assistance), and (6) social support networks. The research suggests that these services decrease the amount of time children spend in out-of-home care, improve family functioning, and increase family stability.

Correlational and Qualitative Research

The correlational and qualitative research findings tend to be consistent with the results of the more rigorous research. However, some additional factors that may be related to successful reunification were identified. Until more rigorous research is done, however, the causal connections between these factors and reunification outcomes are unknown. Some of the factors that were presented in these studies are shown in Table 6.



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Table 6. Factors Associated With Success or Failure of Family Reunification

Category	Specific Factors
<i>Child Characteristics</i>	<p>Age – infants and children under 2 years of age and teenagers have higher rates of reentry and less successful reunification.</p> <p>Race/Ethnicity – minority children often remain in care longer or reenter care more frequently.</p> <p>Type and Nature of Problems – children with health or behavioral problems were less likely to reunify or were more likely to reenter care.</p> <p>Gender – contradictory findings.</p>
<i>Parent/Family Characteristics</i>	<p>Parental Engagement (i.e., involvement and contact) – frequent, positive contact is generally good, but involvement could be proxy for general parent-child relationship or parental ambivalence.</p> <p>Parental Constellation – children from single-parent families are more likely to reenter care.</p> <p>Presence of Parental Problems – substance abuse, disabilities, mental illness, incarceration or lack of adequate housing decrease chance of successful reunification.</p> <p>Number of Children – reentry is more likely when multiple children are reunited with family at the same time, and likelihood of reentry increases with the number of children in the family.</p>
<i>Service Characteristics</i>	<p>Placement Characteristics – time in placement and numbers of placements were suggested to increase the risk of reentry; treatment foster care increased the likelihood of reunification.</p> <p>Types of Services – reentry more likely if there is not adequate support network for families or if families with unmet service needs; kinship placements delay or decrease reunification</p>

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A number of program models have been evaluated using nonequivalent comparison groups or no comparison group. More research using rigorous evaluation designs are needed before definitive conclusions can be drawn about the effectiveness of these programs. However, preliminary studies are promising. These models can

be grouped into the following categories: (1) intensive family preservation/reunification programs, (2) recovery coaches and services matching, (3) early intervention foster care, (4) concurrent planning, (5) court-based services, (6) the Manatee model, and (7) an assessment and treatment model. Table 7 provides a brief summary of each of these models.

Table 7. Program Models for Improving Reunification and Decreasing Reentry to Care

Type of Model	Key Components
<i>Intensive Family Preservation/ Reunification Services</i>	<ul style="list-style-type: none"> • Rapid referral response and 24/7 availability • Home-based • Small caseloads • Increased worker contact with parents, family members, and children • Concrete services (e.g., financial assistance, medical services, housing assistance, day care, etc.) • Family preservation services prior to reunification and post-reunification • Use of cognitive and behavioral approaches with family • Less than 90 days of service • Continuous family assessments • Support team consisting of involved parties from the court system, CPS, the foster care agency, and other individuals • Participation from parents, foster care staff, and foster families • Behavior modeling and opportunities to practice new behaviors
<i>Recovery Coach and Service Matching</i>	<ul style="list-style-type: none"> • Use of supportive person assigned to work with mother through substance abuse recovery process • Use of services that were intended to match the specific needs of the mother from both agency and maternal perspectives
<i>Early Intervention Foster Care Program</i>	<ul style="list-style-type: none"> • Extension of the multi-dimensional treatment foster care program for adolescents designed for use with preschool-aged children • Preservice and in-service training for foster parents • Ongoing and intensive support from program staff • Counseling for children • Parent training • Emphasis on concrete encouragement for prosocial behavior • Close supervision of youth by caseworkers (daily) • Small caseloads (10–12) • Pre-service and in-service training for foster parents • 24-hour a day case worker availability • Relies on a points-based behavior management program for youth in the foster home • Use of treatment team with clearly defined roles • Close monitoring of peer associations
<i>Concurrent Planning</i>	<ul style="list-style-type: none"> • Assessment of reunification prognosis within 90 days of placement • Development of simultaneous reunification and permanency plans for the child • Placement with caregivers who are willing to adopt but also support the reunification process • Full disclosure to birth parents of the plans and effects of out-of-home care • Frequent parental visits • Timely permanency is the goal • Case conclusions are made based upon observed parental behavior

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Table 7. Program Models for Improving Reunification and Decreasing Reentry to Care (cont'd)

Type of Model	Key Components
<i>Court-based Services</i>	<ul style="list-style-type: none"> • Increased court reviews from 180 days to 90 days
<i>Manatee Model</i>	<ul style="list-style-type: none"> • For children with emotional and behavioral problems • Case management • Long-term residential services • Placement counseling • Adoption
<i>Assessment and Treatment</i>	<ul style="list-style-type: none"> • Assessment of relationships to understand importance and dynamics occurs via 15–20 hours of face-to-face contact with child and family members • After assessment, conference is conducted to provide feedback to parents and offer recommendations to the court • Treatment plan is implemented with the primary goal that parents will achieve accountability for the maltreatment of their child • Additional goals are identified and services such as counseling, psychotherapy, medication, and crisis intervention are utilized to meet these goals

Conclusions

Without a body of conclusive research on effective reunification services, it is necessary to examine the entirety of the empirical literature for suggestions on promising practices and common themes. The following practices have been identified from the available empirical literature. None has yet been rigorously evaluated, but all have preliminary support from the existing research and suggest practices that promise to assist reunifying families. These are categorized as pre-reunification services, post-reunification services, strategies to reduce reentry to care, and special programs for unruly children/youth.

Pre-reunification Services

- Assess parental ambivalence about reunification and reunification readiness, using methods similar to those included in the North Carolina Family Assessment Scale for Reunification (NCFAS-R), and address the issues that are identified.
- Prepare a detailed service plan for families.
- Involve parents in case planning and arrange regular contact with the child.
- Schedule regular home visits for the child when possible to insure child's safety.
- Identify family needs and match them with available community services prior to reunification.
- Provide parenting skills training to prepare parents to deal with behavioral difficulties exhibited by the child.
- Develop training programs for workers on how to engage parents.
- Work with parents, children, kinship caregivers, and foster parents to prepare for reunification in a unified and consistent manner.

Reunification Services

- Offer intensive, in-home services with low worker-to-family ratios.
- Match services to client-identified needs for individualized programming.
- Offer multi-component services to address the complex issues presented by family reunification. These would include mental health services for the parents, stress management support, concrete services (e.g., housing, financial, job, and transportation), substance abuse programs, counseling, and homemaker assistance.
- Anticipate family issues and provide preventive services based on pre-reunification assessments of family strengths and needs. Services should be in place at the time of reunification to prevent the need for reentry to care.
- Provide special health care services (e.g., respite care, nurses and aides, and social supports) for children with health needs.
- Provide concrete services in an effort to minimize family stresses.
- Offer different services for families with children in care due to neglect than for families with children in care due to other types of abuse or dependence.

Reducing Reentry to Care

- Use assessment tools, such as NCFAS-R, to determine the appropriateness of and best timing for reunification.
- Identify family factors that have been correlated with reentry and provide specialized services. For example, develop programs for older youth who are reunifying and for parents with infants and young children.

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- Introduce cognitive-behavior programs to deal with child behavior problems and train parents in the use of behavioral parenting methods.
- Maintain reunification services for at least 12 months after reunification.

Special Considerations for Unruly Children

- Work with courts to create expedited review processes.
- Deal with parental ambivalence about reunification with unruly children.
- Provide services similar to the Multidimensional Treatment Foster Care program in Oregon and work with parents and foster parents to implement a consistent behavior management program.

Systematic reviews of the available research may not always provide clear-cut answers as to which programs are the most effective when there is limited rigorous research. But, as is the case in this review, a systematic look at the research can identify gaps in knowledge and suggest a starting point from which to design and evaluate new interventions and programs. This review clearly demonstrates the need for continued research into programs that will foster successful family reunification and decrease the likelihood of reentry to care for abused, neglected, and unruly children. It also suggests that a unitary approach (i.e., a one-size-fits-all program) will not be the best solution.

The existing outcome studies and other empirical work that identify factors associated with successful reunification provide the best starting point for developing reunification services that are tailored to the specific needs of individual families. Future evaluative research on reunification programs can also benefit from overcoming some of the limitations of previous research by using more rigorous research designs that lend themselves to better addressing issues of effectiveness and efficacy. As more rigorous outcome research becomes available, answers to the question “What programs work the best for which families and under what circumstances?” will be more easily attained. Until then, we must use the best available research to guide practice and policies for successfully reunifying families served by the child welfare system.



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