



**Pergamon**

Children and Youth Services Review, Vol. 18, Nos. 4/5, pp. 335-361, 1996  
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0190-7409/96 \$15.00 + .00

**PII S0190-7409(96)00009-6**

## **An Experiment In Family Reunification: Correlates Of Outcomes At One-Year Follow-Up**

**Mark W. Fraser**

University of North Carolina at Chapel Hill

**Elaine Walton**

Brigham Young University

**Robert E. Lewis**

Utah State Department of Human Services

**Peter J. Pecora**

University of Washington

**Wendel K. Walton**

Provo, Utah

The purpose of this article is to describe findings from an evaluation of a program developed to reunify foster children with their biological parents. In a study with random assignment of foster children to a "routine services" control group or an experimental family reunification service, the experimental condition was found to be effective in returning children to their homes. This report focuses on the rate at which children in experimental and control groups returned home during the service period and afterwards. In addition, the correlates of reunification during the treatment period and return to foster care during the follow-up period are examined. The data suggest that relatively brief and intensive family-centered services can significantly affect reunification rates. The experimental service was superior to routine reunification at the close of treatment and throughout the one-year follow-up period. Consisting of building strong and motivating alliances with family members, the provision of skills training, and assistance with meeting family members' concrete needs, family reunification services appear to offer new promise to children who are placed in family foster care.

Reprints may be obtained from Mark W. Fraser, School of Social Work, University of North Carolina at Chapel Hill, Tate-Turner-Kuralt Bldg, CB #3550, Chapel Hill, NC 27599 [mfraser@email.unc.edu]

Although family reunification has received far less attention than other program initiatives, it has been a central component of child welfare, youth services, mental health, and other related children's services. Since the early 1980s, programs developed to preserve families and prevent out-of-home placements have been used to help families reunify after placement. But reunification has never held center stage in the same way as family preservation. Family reunification has often been an ignored step-child of family preservation, and even today, few agencies have clearly articulated reunification services for children in out-of-home care.

The purpose of this article is to describe findings from an evaluation of a program developed to reunify children in family foster care with their biological parents. In a study with random assignment of foster children to a "routine services" control group where reunification was a primary goal of the foster care plan or an experimental family reunification services (FRS) condition where reunification was the focus of 90 days of intensive casework, the FRS condition was found to be effective in returning children to their homes (see Walton, Fraser, Lewis, Pecora, & Walton, 1993). This report will focus on the rate at which experimental and control children returned home during the service period and after the service period during a one-year follow-up. In addition, it will focus on failed reunifications, i.e. those children who returned home but subsequently returned to foster care. To explore the issue of who benefited and failed to benefit from the experimental program, the correlates of reunification during the FRS treatment period and reentry to foster care during the follow-up period will be examined using survival methods.

### Literature Review

#### *Returning Home from Out-of-Home Care*

Most children who are placed in foster family care or other forms of substitute care hope that they will be reunified with their parents. Studies indicate that somewhere between 50 percent and 75 percent of all children placed out of their homes eventually return home (Committee on Ways and Means, 1991; Fanshel, Finch, & Grundy, 1989; Goerge, 1990; Grigsby, 1990). Whether in child welfare, youth services, or mental health, reunification is a normal occurrence.

But many reunifications fail or occur only after years spent in foster care. Researchers have reported that from 20 percent to 40 percent of those children who return home will be placed again in out-of-home care (Barth, 1995; Courtney, 1995; Goerge, 1988; Maluccio, Krieger, & Pine, 1988; Rzepnicki, 1987; Tatara, 1992; Wulczyn, 1991). Too frequently reunification occurs without resolution of the problems that led to placement. Although the placement of children removes them from the immediate risk of maltreatment or, in the case of ungovernability or mental illness, provides a structure to help children regain control over dangerous or violent behaviors, it may do little to solve the underlying problems that led to out-of-home care in the first place. These problems are often family—rather than child—centered. Without intervention, children's parents may remain drug dependent, their parenting skills may not improve, the family's network of support may not change, and the home may remain dangerous or inhabitable. Similarly, peer, relative, school, and community problems in a child's environment are unlikely to change without the provision of a service that attends to the wide range of conditions that may affect the safety and well-being of children in their families. In short, the dearth of family-centered and larger systems-focused reunification services both constrains opportunities for children to attempt reunification under supervised, supportive conditions and endangers some children who are returned to their homes without adequate safeguards (Hartman, 1993). The lack of systematic reunification services may account in part for the large number of failed reunifications.

The social price of failed reunifications is unknown; however, research on foster care in general shows that continuity in caretaking relationships buffers children from negative life events and stressors. Children in stable placements appear to have greater resiliency (see, e.g., Fanshel, Finch, & Grundy, 1990). In contrast, children who experience multiple placements are at greater risk for poor social, psychological, and academic adjustment. And purely from a fiscal perspective, costs rise when families fail. For these reasons PL 96-272 (the Adoption Assistance and Child Welfare Act of 1980) and, more recently, PL 103-66 (the Family Preservation and Family Support Services Act) require states to make reasonable efforts to reunify with their families all children who are placed in foster and group care.

*Defining Family Reunification*

Family reunification programs should help children return to a safe and supportive home. Reunification is the *attenuated* process of “reconnecting children in out-of-home care with their families” (Maluccio, Warsh, & Pine, 1993, p. 6). For many families reunification involves processes of rebuilding family trust, strengthening attachments, and re-establishing positive family processes and traditions. Reunification programs focus on the provision of services that both promote the full re-entry of children to their homes and, if full reentry is not appropriate, a level of family contact that maintains a child’s bond to and involvement with her/his family. It may take time to accomplish reunification and therefore services that create mechanisms for children to make frequent home visits are an integral part of the reunification process (Warsh, Maluccio, & Pine, 1994). Reunification should be conceptualized as an effort that supports both families and children through a visiting and reconnecting process and beyond (Maluccio, Pine, & Warsh, 1993).

In attempting to define an underlying value base for reunification, the literature on family reunification has embraced beliefs related to family preservation and family support (e.g., Bronfenbrenner, 1979; Bryce & Lloyd, 1981; Fraser, Pecora, & Haapala, 1991; Kinney, Booth, & Haapala, 1991; Nelson & Landsman, 1992). These include:

- A child's safety is paramount. A child should be returned home only when risk is deemed to be no greater than normal, i.e. the probability of harm or other negative outcomes is not greater than that encountered in daily life for other children who reside in their homes in similar communities.
- If properly supported, it is best for children to grow up with their birth families. Families are the fundamental social unit of society for nurturing children, and parents should be supported in their efforts to care for their children.
- Families are diverse. If they are to be successful, reunification services must be provided with sensitivity to cultural, racial, ethnic, and religious traditions.
- Family members should be viewed as the colleagues of foster care and reunification workers.

- All families have the capacity to learn, grow, and change; it is the worker's job to instill hope that change and growth can occur.
- Intervention should bridge the systemic barriers that make home visiting difficult, build on the strengths of biological and (where appropriate) foster parents, and directly address issues that mitigate against reentry.

### *Factors that Promote Reunification*

Based on retrospective examinations of case records and anecdotal reports, various factors and procedures seem to enhance reunification. Turner (1982) reported that chances for satisfactory reunification were increased when (a) the request for the foster placement was not initiated by the birth parent(s); (b) there were few parental problems existing at the time children were removed; (c) the agency's involvement was extensive and intensive prior to return home of a child; (d) the child entered care with definite commitments rather than temporary entrustments; and (e) agency case management was maintained following the return home. Nearly a decade later, Simms and Bolden (1991) found that provision of coordinated direct services to foster parents, foster children, and the biological parents significantly affected the likelihood of successful family reunification. Carlo and Shennum (1989) reported that when a combination of experiential and didactic approaches was used to help parents fulfill their parental roles, significantly more children were reunited with their families. On the basis of anecdotal reports and case record reviews, other studies also suggest that the use of intensive direct services and written contracts may promote successful reunification (Barth, Snowden, Broeck, Clancy, Jordan, & Barusch, 1985/86; Kufeldt & Allison, 1990; Lahti, 1982; Stein, Gambrill, & Wiltse, 1978).

### *Factors that Impede Reunification*

Other factors, however, are reported to impede reunification. Goerge (1988) found that older children with behavior problems were at high risk of failing to achieve stable or permanent relationships. Pine, Krieger and Maluccio (1990) reported that among many obstacles to family reunification were limited funding, territorial disputes among service providers,

and inadequate coordination. Hess and Folaron (1991) reported that parental ambivalence regarding reunification contributed to reunification failure. Based on data from a purposive sample of 101 case records of abused children in San Mateo County, California, Barth et al. (1985/86, pp. 41-42) found that, ". . . families with the least likelihood of having their children reunified were those who had abused their child most severely, had children with school problems, and had the fewest socioeconomic resources, in that order of importance." Two years later, Barth and Berry (1987) summarized the literature on placement outcomes under the permanency planning initiative of PL 96-272. Using as indicators subsequent child abuse, placement stability, developmental outcomes, and children's satisfaction, they concluded that reunification services, as implemented most commonly, fail to keep children safe.

Reflecting the complexities and potential pitfalls in reunification and in spite of the PL 96-272 requirement that foster care case plans include reunification, many caseworkers appear to be reluctant to specify reunification goals (Fein & Staff, 1991). In a detailed study of the reunification process, Goerge (1990) applied event-history models to a sample of 1,200 children from the 50,000 children who were placed out of their homes in Illinois between 1976 and 1984. Among other factors, he observed, "there is a decreasing probability of reunification...as duration in placement increases, and there is a great decline in the probability of reunification after the first few weeks in placement" (Goerge, 1990, p. 422). Thus, as currently implemented in many agencies, reunification appears to be inadequately conceptualized in program-level policies and inconsistently emphasized in case plans.

In spite of the apparent failure of federal initiatives to promote family reunification, some minor successes took place during the 1980s and early 1990s. In 1989, Casey Family Services initiated a reunification services program for 30 families deemed by state agencies to be unlikely to reunify without intensive services. The children were in state foster care or residential facilities because of abuse or neglect. After one year, investigators found 9 (30%) children returned home, 11 (37%) children referred back to the state agencies, while the remaining 10 (33%) youths were still working towards reunification (Fein & Staff, 1991).

### The Utah Experimental Reunification Service

Based on the scant positive research findings and case record data (described above) suggesting that some children may be reunified safely, a 90-day experimental reunification service was developed in the State of Utah. The focus of this report, this service used as its foundation beliefs related to family preservation and family support (described earlier). Emphasis was given to the early return home of children so that services might be provided to support the attachment and reunification process. Assigned six families, workers had the equivalent of a caseload in many family preservation programs (i.e. adjusting for the duration of services). The 90-day service period was selected in order to allow sufficient time for children to visit their homes, and for workers to develop with parents reunification plans that involved skills training and referral to supportive services such as counseling and drug treatment. The service involved: (a) building with parents collaborative relationships that were supportive and motivational; (b) strengthening family members' skills in communication, problem-solving, and parenting; (c) addressing concrete needs for food, housing, employment, health and mental health care; and (4) providing in-home support after initial reentry and during the reconnecting process.

*Relationship-building, hope, motivation, and treatment goals.* Because relationships that build hope, instill confidence, and create capacity for self-examination are a basis for learning (Zamosky, Sparks, Hatt, & Sharman, 1993), the FRS model was based on a positive reaching out to families. Families were called and invited to participate in a special reunification effort. Workers were enthusiastic and, in a supportive way, assertive. Based on the idea that family members cannot change if they feel entrapped and isolated in a coercive environment, if they mistrust the system, if they feel powerless to produce change, and if they have a sense of personal failure, workers offered to help with a wide range of problems that affected family members.

The service was premised on the concepts of attachment and social learning. Workers, who held advanced degrees and were experienced child welfare practitioners, were skilled in building relationships with parents and in providing support. They believed that early and consistent contact between parents and children is a critical element in reunification, and they demonstrated commitment by providing concrete assistance. For a more detailed description of the services, see Lewis, Walton, & Fraser,

1995. The establishment of a strong worker-family relationship was thought to be the basis for both a re-kindling of hope and an examination of self-defeating and possibly negative beliefs that, in some families (especially those with drug-related problems), may impede change (Miller & Rollnick, 1991). In the context of a supportive relationship, the discrepancy between a family's long term goal (of desiring a child to return home) and current behaviors that may be inconsistent with that goal was used as the basis for setting reunification goals. Relationships of trust and self-reflection were sought as the basis for setting treatment goals and energizing the treatment environment to promote reunification.

*Skills training.* The reunification service was designed to build upon family members' strengths and address identified limitations through skills training. Workers assisted family members in refining parenting, communication, problem-solving, and anger management skills. On the basis of an individualized assessment, they provided training to parents that often included skills demonstrations, practice activities, and family homework. Working collaboratively with parents in their homes, workers assisted in establishing activity schedules for home visits, systematic rewards and mild punishments for children's behaviors, monitoring schemas (contracts and charts) for anticipated problems and desired behaviors, family conferences or meetings to set family goals, and other mechanisms to promote stable and safe family functioning during initial visitation and, later, full-time reunification.

*Concrete assistance and support.* Finally, the third element of the FRS was the provision of concrete assistance and support, including referral to ancillary services. In many studies of parent training and family treatment, investigators have reported that family members cannot learn, grow, and change if their primary physical, health, and safety needs are unmet (see, e.g., Wahler & Dumas, 1989). Concrete services were provided both to build trust between the worker and family members, and to enable family members to benefit from learning-centered interventions where both parents and children may be required to try new ways of engaging one another. To benefit from the training activities that are part of many family reunification programs, parents and children could not, we thought, be hungry, drug dependent, in need of medical attention, or worried about physical safety. Working to resolve basic needs by helping family members clean house, aiding parents in obtaining Food Stamp assistance, taking children to receive medical attention, making referrals to



drug treatment programs, and other forms of concrete assistance was considered to be prerequisite for the skills-focused interventions that were a central element of the FRS.

### **Method**

To test the effectiveness of the FRS, a posttest-only experimental design was employed. A group of children ( $n=57$ ) whose families received experimental services was compared with a group of children ( $n=53$ ) whose families received routine reunification services as a component of an overall out-of-home care plan. The families participating in the study were randomly selected from a computer-generated list of foster care caseloads in four child welfare districts across the State of Utah. The caseloads had been screened to include only those families who met the following criteria: (a) the child had been in placement for more than 30 days; (b) the child would not have returned home without services (i.e. reunification was not imminent); (c) reunification was part of an overarching case plan (and was not excluded from the plan for some reason); (d) the child was able to be returned home to at least one parent (i.e. both parents were not deceased, incarcerated, etc.); (e) the child was not thought to be at risk of harm if returned home; and (f) the child was not in a specialized treatment program. On the basis of these criteria, 265 (58.9%) of approximately 450 children in out-of-home care in the four regions were excluded from eligibility for the FRS. Thus the sampling frame consisted of 41.1 percent of all children in foster care in those districts at the time of the study.

Overall, 120 families were randomly selected and invited to participate in the study. Families received modest remuneration for participation in the study. The families were randomly assigned to either the experimental or the control condition. Ten families were lost during the service period but mortality was unbiased, i.e. it did not affect the comparability of the treatment and control groups. Data were obtained from the caregiv-

ers, the caseworkers, and the data base of the participating state child welfare agency.<sup>1</sup>

Supplemented by reports from the caregivers and caseworkers, the results discussed herein are based on the agency's child-in-custody placement history for each of the 110 children. The placement histories form the basis of the agency's payment system and are considered to be accurate daily records of the children's whereabouts when the agency had fiscal responsibility for the child's care. For those periods when a child was out of the home but fiscal responsibility was not with the agency (e.g., when staying with a relative or when incarcerated), her/his whereabouts was obtained from the caregiver and corroborated by the caseworker. Each child's place of residence and subsequent reports of child maltreatment (if any) were tracked for 455 consecutive days. The observation period started with the beginning of the 90-day FRS experimental condition—or corresponding date for a child selected for the control condition—and ended one year after the termination of that 90-day service period.

### *Subjects*

The children in the FRS condition were primarily Caucasian (82.7%) and about 11 years of age (10.8).<sup>2</sup> The youngest two children in the study were one year of age and the oldest child had just turned 17 years. About a quarter of the children (22.8%) were under six years of age and roughly half (52.6%) were between the ages of 13 and 17 years. Of the 57 children in the treatment condition, 33 (57.9%) were female. Child behavior was the most frequent reason for placement (28.1%), followed by neglect (24.6%), parent-child conflict (14.0%), sexual abuse (10.5%), physical abuse (8.8%), and other parent-related problems. On average, children had been in 2.8 previous placements, with a range of from one to seven prior placements. The length of prior placements ranged from one to 85 months, with a mean of 10.7 months. At intake, the children in the FRS

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<sup>1</sup> For a comprehensive discussion of the study methodology, including the data collection instruments and procedures, see Walton (1991) and Walton, Fraser, Lewis, Pecora, & Walton (1993).

<sup>2</sup> These data supersede the Walton et al. report by the inclusion of information that was previously missing.

condition had been in their current placements for 7.2 months (median=5; SD=6.4).

The typical family in the FRS group consisted of four persons who lived together in a rented home. All but five of the primary caretakers were female. Primary caretakers were 33.7 (SD=6.6) years of age, on average, and they had completed 12 years of education. Most households (75.4%) had a second adult—usually a male—who provided occasional assistance in child care. Only seven (12.3%) homes contained both birth parents. A majority (52.1%) of the families had at least one employed adult, but approximately one-half (56.1%) of the families had annual incomes of less than \$10,000. Most families (66.7%) were affiliated with the predominant religion of Utah—The Church of Jesus Christ of Latter-day Saints (Mormon), but more than half (54.4%) indicated that religion was unimportant to them. After random assignment, treatment and control families were compared on a number of demographic variables, and no significant differences were found between the groups.

## Findings

### *During the 90-day Service Period*

Shown in Figure 1, the survival functions for time in foster care differed significantly for the two groups. The number of days from start of the treatment period until a child returned home was significantly shorter for families in the FRS experimental condition. Of the 57 children in the FRS group, 55 (96.5%) made a full reentry within the 90-day service period -- the remaining two children (3.5%) never returned during the 455-day observation period. For the 55 children who were reunified, the average reentry occurred in 20.7 (SD=22.0) days. (Children returned to the homes of relatives, as in private or state-sponsored kinship care, were not counted as successes.)

Of the 53 children in the control condition, 17 (32.1%) returned home during the 90-day period and 11 others (20.8%) returned during the post-treatment, 12-month follow-up period. The 17 children who made a full reentry during the 90-day period did so, on average, in 44.6 days from the start of the study period (SD= 30.2). For the 28 children in the control condition who reentered sometime during the study period of 455 days,

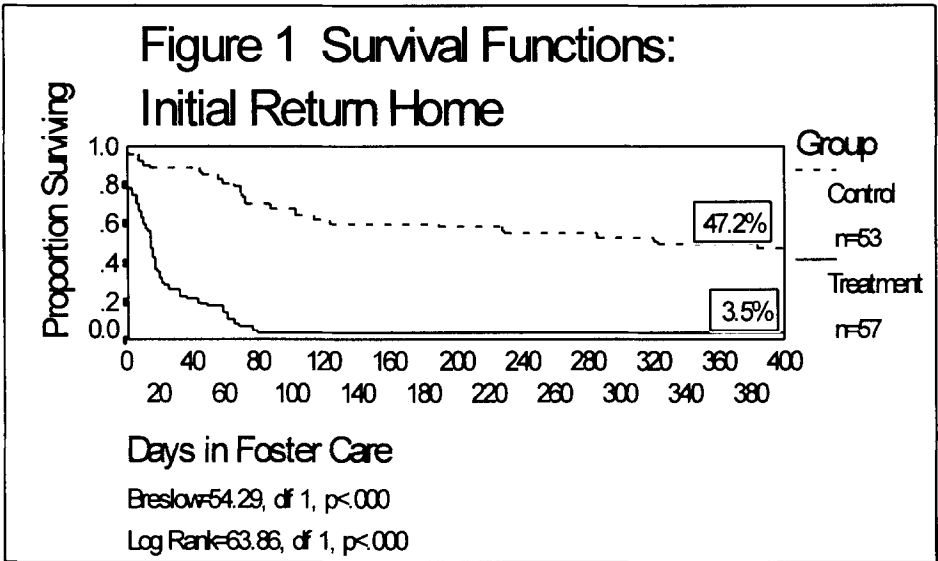
**Table 1**  
**Family and Service-related Factors Associated with Returning Home for the**  
**FRS Treatment Group: Zero-Order Proportional Hazards Analyses for**  
**Reunification during the 90 Service Period (N=57)**

Variable	B	Exp(B)	Wald*	Sig
<u>Family-related Factors</u>				
Number of people in household	.186	1.205	6.106	.014
Education (years) of primary caretaker	.152	1.164	3.919	.048
Age of primary caretaker	.054	1.055	6.814	.009
Age of child (years)	.117	1.124	10.934	.001
Initial placement related to parent (not child) problem	-.760	.468	6.722	.009
Initial placement related to ungovernability (child)	.564	1.758	3.027	.054
Initial placement related to child (not parent) problem	.580	1.787	3.590	.058
Number of address changes in past 5 years	-.148	.863	2.861	.091
Importance of religion in home	.233	1.262	3.002	.083
Income over \$20,000 per year	.645	1.907	3.229	.072
<u>Service-related Factors</u>				
Percent of time spent in referral	-.038	.963	7.854	.005
Achieved at least 50% of treatment goals	-.597	.551	3.154	.076

\*The Wald statistic is the square of the ratio of the coefficient to its standard error. For large samples, under the null hypothesis that the true value of the coefficient is 0, it has a chi-square distribution.

the average time from the start of the study period to initial return home was 113.0 days, with wide variation (SD=108.5). Thus, the FRS appears to have been effective in both returning children home and accelerating the reunification process.

*Bivariate correlates of initial return home in the FRS.* Within the treatment group, a number of family- and service-related factors was associated with the hazard for reunification, that is the odds of returning home at any given time in the 455-day study period (for more information on the application of hazards analysis to child and family services, see Fraser, Pecora, Haapala, & Popuang, 1992; Fraser, Jenson, Kiefer, and Popuang, 1994). On balance, children from larger households headed by an older caretaker who had more years of education returned home more



Consistent with descriptive studies of reunification, children who had been placed for parent-related reasons—child abuse, neglect, and sex abuse—returned home at a slower rate. Families that had had fewer address changes in the past 5 years, that placed greater importance upon religion, and that had incomes over \$20,000 were more quickly reunified.<sup>3</sup> Families with problems that required workers to make additional referrals for supportive services and counseling were less likely to be reunified. Curiously, families with lower levels of treatment goal attainment were reunified more rapidly. Shown in Figure 2, this suggests that some families may have been reunified without regard to changes in behavior and living conditions in the home, or alternatively, that some treatment goals may have been related to improving child or parent functioning in areas not critical to reunification (but important to family members). On balance, the findings are similar to other findings in the field of family preservation, where families with comparatively fewer problems and more personal resources have been found to benefit from service, while families

<sup>3</sup>Religious affiliation *per se* (belonging to any one of several common religious organizations) was not correlated with reunification.

with comparatively more complex problems gain less from service (see, e.g., Fraser, Pecora, & Haapala, 1991; Nelson & Landsman, 1992).

*Multivariate correlates of initial return home in the FRS.* Shown in Table 2, a multivariate hazard model for reunification suggests that three factors account for service outcomes.<sup>4</sup> Older children were more likely to be returned home. Controlling for the age of the child, training in family problem-solving and parenting exerted a positive influence on reunification. When workers encountered problems that required making referrals to outside resources, reunification was significantly slowed.

*After Initial Reentry: Was Reunification Successful?*

*Among the children who were reunified,* the survival functions for time at home did *not* differ significantly for the experimental and control groups. Children in the FRS condition spent 351.3 days (SD=146.7) in their homes, while children in the control condition spent 310.3 days (SD=136.3) in their homes. The difference appears to be due to the accelerated reunification rate in the treatment condition but there was wide variation. This suggests that children in the treatment condition who were reunified fared about as well as children who were reunified in the control condition. Shown in Figure 3, reunifications under the experimental FRS appear to be as stable as reunifications that occur under routine supervision and services.

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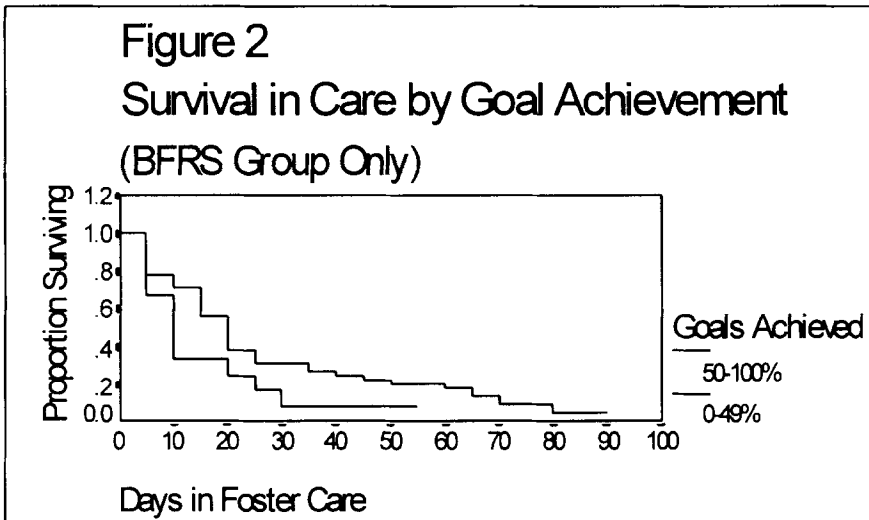
<sup>4</sup> This model met assumptions for proportionality and was confirmed using a more robust and computationally simple alternative technique. Ordinary-least-squares (OLS) regression of Days in Foster Care (the rough equivalent of survival time without adjustments for censoring) on the three explanatory variables from the hazard model produced a significant equation ( $F=11.774$ ,  $p<.0001$ ) with a Multiple R coefficient of .632. All three explanatory variables entered significantly and exerted an influence on reunification in the same direction as in the hazard model. (NOTE: A logistic regression approach would fail to converge because a binary dependent variable of reunified/not reunified lacks variation. Therefore OLS was used.)

**Table 2**  
**Family and Service-related Factors Associated with Returning Home for the**  
**FRS Treatment Group: Multivariable Proportional Hazards Analyses for**  
**Reunification during the 90 Service Period (N=57)**

Variable	B	Exp(B)	Wald*	Sig
Age of child (years)	.105	1.110	8.221	.004
Percent of time spent teaching parenting and family problem-solving skills	.200	1.222	4.391	.036
Percent of time spent in making referrals	-.345	.709	11.795	.001

\*The Wald statistic is the square of the ratio of the coefficient to its standard error. For large samples, under the null hypothesis that the true value of the coefficient is 0, it has a chi-square distribution.

		df	Sig
Beginning -2 Log Likelihood	355.667		
Ending -2 Log Likelihood	329.671		
Overall Chi-Square	22.598	3.000	.000

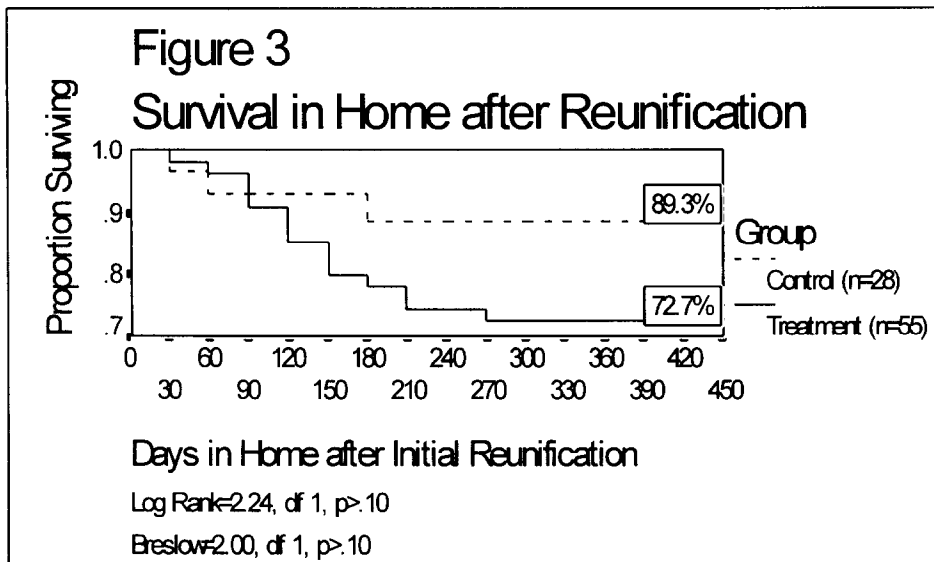


A remarkable feature of this comparison is that these were, undoubtedly, not equivalent groups. FRS workers were successful in reuniting all but two of the families with whom they worked. In contrast, almost half (25 of 53) of the children in the control group were never returned home. Thus, in treatment cases, nearly a full range of case difficulty (in the sample) appears to have been surmounted to effect a return home. On the other hand, workers in the control condition appear to have been comparatively less successful in dealing with the full range of case difficulties. Even if it were assumed that the cases contained in the FRS success group had posed no greater difficulty for achieving reunification than the reunited control cases, the relatively larger proportion of successful reunifications achieved by FRS appears promising. At the conclusion of the study period, 70.2 percent (40 of the 57) of the FRS cases remained home as opposed to 47.2 percent (25 of 53) of the control cases. The difference of 23.0 percent suggests that FRS was crucial in nearly a quarter of the cases in the experimental group. It appears to have provided an opportunity for children, who might otherwise not be reunited, to be reunified with their families.

*FRS failed reunifications.* Fifteen (27.3%) of the 55 reunifications in the FRS condition failed, and children were returned to foster care. On average, these 15 children had made an initial full reentry during the first 21.1 days of FRS ( $SD=22.4$ ), and they remained with their families for an average of 121.0 days ( $SD=59.0$ ). Only three children in the FRS condition returned to care during the treatment period. The remaining 12 children, whose reunifications failed after the close of the FRS, spent an average of 74.7 post-treatment days in their homes.

Shown in Figure 3, differences between the FRS and control groups emerge after the 120th day of reunification. After that point, seven FRS children were returned to care while one control group child was returned to care. These seven children had been reunified with their families within 25 days of the start of the FRS and remained with their families for an average of 170.4 days. But perhaps suggesting the need for longer supportive services, five of these seven failures occurred within a two to three month period after the close of treatment. The other two failures occurred 116 and 166 days respectively after the close of the FRS.





Child-related behavior problems accounted for most of the failed reunifications. Case and fiscal payment records indicated that 11 of the 15 failures were explained by ungovernability and delinquency. No child was placed for child abuse, but the remaining four cases involved neglect. In three of these cases, the reunification worker had requested on-going foster-care case supervision, and thus the reunification worker was involved in the decision to terminate reunification and initiate placement efforts. In the one case where supervision was terminated, the child was reunified with his parents on the 43rd day of treatment. The case was closed at the end of the treatment period, that is 47 days later. A neglect petition was filed 42 days after the case closure. Therefore, there was one case where the combination of the FRS and foster care service did not operate to protect a child during the service and follow-up periods.

*Control group failed reunifications.* In the control condition, 25 of 28 (89.3%) children made a full re-entry and remained with their families. Three (10.7%) of 28 reunifications failed. The three children who returned to care made an initial full reentry, on average, in 64.7 days (11, 59, and 124 days) from the start of the study period, and they remained in their homes about 77 days (30, 23, and 178 days one-by-one). Respectively, they were returned to care because of oppositional behavior, family con-

flict, and oppositional behavior plus complications due to a developmental disability. A higher (but statistically not significant) proportion of full reunifications in the control group was successful, suggesting that the support from the treatment may have assisted families in reentry but was insufficient in helping some families remain together.

*Bivariate correlates of failed reunifications in the FRS group.* At the bivariate level, many factors distinguished FRS children whose reunifications failed from those whose families remained together. Shown in Table 3, children who had been placed previously out of their homes had higher odds of returning to care. Children whose initial placements were related to parent-child conflict or ungovernability were more likely to be returned to foster care. Parental employment and treatment goal achievement reduced the likelihood of placement, as did parent-reported satisfaction with the reunification program itself. When workers reported more phone contact, provision of transportation, crisis intervention, and skills training the odds of returning to care increased.<sup>5</sup>

*Multivariate correlates of failed reunifications in the FRS group.* Pressing the limits of the sample size for this kind of analysis, an eight variable hazard model was fit to the data.<sup>6</sup> (See Table 4.) Controlling for other factors, children whose initial placements were related to ungovernability tended to return to foster care. Parental employment and age de-

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<sup>5</sup>As discussed by Schuerman, Rzepnicki, and Littell (1994, p. 271) this and similar findings are likely due to the statistical problem of confounding. In service research, the amount and type of service are often correlated both with service outcomes and case characteristics. Because workers provide more services to families who are at greatest risk and because high risk families have a greater likelihood of negative service outcomes, statistical analyses may show that the provision of greater amounts of service is correlated with more negative service outcomes. Multivariate analyses in which case characteristics are included can sometimes, but not always, control for this phenomenon.

<sup>6</sup>This model met assumptions for proportionality and was partially confirmed using a more robust and computationally simple alternative technique. Logistic regression of a binary outcome (returned to care versus remained home) on the eight explanatory variables from the hazard model produced a significant equation ( $\chi^2=36.172$ ,  $df=8$ ,  $p<.0001$ ) in which five of the eight variables from the hazard model entered significantly and one -- ungovernability -- entered as a trend ( $.05>p<.10$ ). Each of the six variables entered in a directionally similar way as in the hazard model. Thus, the statistical adjustments for censoring in the hazard model appear to result in the addition of two explanatory variables: number of prior placements and percent of time in skills training. Using data from the eight explanatory variables, the logistic model permitted the correct classification of all but four (92.7%) children.

creased the odds of returning to care. Families in which children had previously been placed in foster care were less likely to remain reunified. In the same vein, children who had more than one placement were more likely to return to care.

**Table 3**  
**Family and Service-related Factors Associated with Returning to Foster Care after Initial Family Reunification in the FRS Treatment Group: Zero-Order Proportional Hazards Analyses for Returning to Foster Care (N=55)**

Variable	B	Exp(B)	Wald*	Sig
<u>Family Factors</u>				
Number of children previously placed out	.716	2.045	6.326	.012
Initial placement related to parent-child conflict	1.396	4.039	4.637	.031
Parent is employed	-.926	.396	2.854	.091
Initial placement related to parent (not child) problem	-.970	.379	2.754	.097
Initial placement related to ungovernability (child)	.870	2.387	2.722	.099
<u>Service-related Factors</u>				
Average goal achievement during FRS	-1.052	.349	14.916	.0001
Achieved at least 50% of treatment goals	-2.039	.130	14.604	.0001
Total hours of phone contact with family	.079	1.082	6.010	.014
Total hours providing transportation for family	.109	1.116	6.367	.012
Percent of time spent in crisis intervention	.238	1.268	6.724	.009
Percent of time spent in teaching parenting and family problem-solving skills	.024	1.025	4.050	.044
Satisfaction with the FRS Program	-.074	.928	4.586	.032

\*The Wald statistic is the square of the ratio of the coefficient to its standard error. For large samples, under the null hypothesis that the true value of the coefficient is 0, it has a chi-square distribution.

**Table 4**  
**Family and Service-related Factors Associated with Returning to Foster Care**  
**after Initial Family Reunification in the FRS Treatment Group:**  
**Multivariable Proportional Hazards Model for Returning to Foster Care**  
**(N=55)**

Variable	B	Exp(B)	Wald*	Sig
<u>Family- and Child-related Factors</u>				
Initial placement related to ungovernability (child)	1.618	5.042	3.466	.063
Primary caretaker is employed	-1.477	.228	5.090	.024
Primary caretaker age	-.188	.829	4.506	.034
Number of children previously placed out	1.543	4.676	10.457	.001
Number of prior placements	.567	1.763	5.781	.016
<u>Service-related Factors</u>				
Average goal achievement during FRS	-.682	.506	3.868	.049
Percent of time spent in making referrals	-.752	.471	5.362	.021
Percent of time spent in teaching parenting and family problem-solving skills	.590	1.804	6.072	.014

\*The Wald statistic is the square of the ratio of the coefficient to its standard error. For large samples, under the null hypothesis that the true value of the coefficient is 0, it has a chi-square distribution.

	-2 Log Likelihood	df	Sig
Beginning	116.014		
Ending	80.073		
Overall Chi-Square	37.037	8.000	.000

Three service-related factors were associated with the durability of the reunifications. Mean goal achievement during the 90-day treatment period and the percent of treatment time spent by workers in making referrals for supportive services increased the odds of success. Families who achieved more goals during the treatment period were more likely to remain together during the follow-up period. Referral to ancillary services may have assisted these families after the close of the FRS. Probably con-

founded with uncontrolled risk factors, FRS that was characterized by a high percentage of time (25% or more) spent in skills training was relatively less successful in promoting durable reunifications. We posit that families with greater skills deficits both received more skills training and, because of their deficits, had a higher risk of failure.

### **Discussion**

Family reunification is a natural and normal aspect of child welfare and other services where children are placed out of their homes. Unfortunately, too little emphasis has been afforded the development of systematic processes for helping children return from out-of-home care to their homes. Our data suggest that relatively brief and intensive family-centered services can significantly affect reunification rates. As shown in Figure 1, the FRS was superior to routine reunification services in promoting reunification. Differences were significant at the close of treatment and throughout the follow-up period. Consisting of building strong and motivating alliances with family members, the provision of skills training, and assistance with meeting family members' concrete needs, family reunification services appear to offer new promise to children who are placed in foster care.

Although we scored reentry to care as a service failure, it is a failure only in the sense that a reunification goal was not realized. In fact, returning to care may be the best and safest option for an endangered child. On the basis of both initial reunification and reentry to care data, the findings suggest that families do not benefit uniformly from reunification services. Older children, children for whom the original placement reason was child-related (usually ungovernability) were apt to be returned to their homes more expeditiously. However, children with behavior problems also returned to care more quickly. Ungovernability was associated with failed reunification, as were such factors as number of prior out-of-home placements and the age and employment status of primary caretakers. Comparing family related factors, a quick initial reunification was associated positively with household size, caretaker age, and education. Consistent with prior research on reunification, families with children previously placed out-of-home or with a young or unemployed primary caretaker were more likely to fail after reentry.

Two apparently different causal models operate on initial reentry and the stability or durability of reunification.<sup>7</sup> Older children with child-related causes of placement, with older parents who were more highly educated, were more quickly returned to their homes. This is reasonable in light of the intervention model, which placed a premium on returning the child home at the beginning of a service period and the provision of in-home support throughout a 90-day reunification period. The essential question to be answered prior to permitting the reentry of a child to her/his home environment was whether, even considering the increased worker time available to supervise the situation, a child was at substantial risk in residing at home. An older child, with child-related causes of placement, could probably be returned home with less risk of maltreatment. In contrast, a younger child returning to a situation with potentially serious parental or home deficits might require considerably more protective support and effort to effect a safe reunification. Thus the correlates of initial reentry appear conditioned on an understanding of the developmental and age-based vulnerabilities of children.

Paradoxically, the child characteristics which appear to have allowed expediting the initial return home, may also have contributed to the instability of some reunifications. During the follow-up period, a lower rate of success was observed in families who had behaviorally disordered children. This finding is consistent both with Goerge's data and with a prior study of intensive family preservation services in which interventions appeared to be relatively less successful with adolescents and children who have behavioral problems (Fraser et al., 1991).

As in an earlier study (Lewis, 1990; Lewis, 1991), goal achievement during treatment was a predictor of success over the follow-up period. Curiously, however, goal achievement was negatively correlated with initial reentry. One might posit that a residual group of cases which required little more than emphasizing reunification—rather than long term out-of-home care—may have existed. Thus for some children reentry may have resulted from comparatively simple changes in agency policies and administrative practices. Once reentry was made, however, success in achieving treatment goals was highly correlated with the durability of reunifications during the 12 month follow-up.

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<sup>7</sup>In fact, many different causal models probably operate (R. M. Goerge, personal communication, May 25, 1995).

While this study builds upon and extends a rich literature on the transition of children from foster care to their homes (see, e.g., Emlen, Lahti, Downs, McKay, and Downs, 1978; Festinger & Botsko, 1994; Goerge, 1990; Hess, Folaron, & Jefferson, 1992; Maluccio, Fein, and Olmstead, 1986; Stein et al., 1978; Warsh, Maluccio, & Pine, 1994), many challenges face child welfare policy-makers and practitioners who are interested in reunification. It is clear that family reunification is complex and potentially dangerous. Not all families benefit equally from brief reunification services. Commenting on brief service models, Besharov (1994, p. 445) recently argued that, "...long-term follow-up is often needed to reinforce the progress made and to build upon it." In part, our data support this perspective, for after the 120th day of reunification the FRS survival function appears to depart from that of the control condition (see Figure 3). New studies, using varying periods of service and larger sample sizes, would be beneficial in developing a clearer understanding of who benefits and fails to benefit from brief services. Given the increased risks that may accrue when policies actively promote family reunification and recognizing that children sustain some risk in all placements, more work is needed to develop better methods for identifying which youth should *not* be reunified -- either because of their volatile behavior or because their parents are unlikely to improve their functioning. For some situations, placement with relatives with guardianship or adoption may be the most appropriate options.

On the positive side, it is clear that the bulk of children in the FRS condition were re-established safely in the custody of their birth parents. And included in this group is a sub-group of children who, without FRS, may never have reunified with their families. Across the 455 day study period, the FRS children spent more time—the mean difference was 175 days—in their homes when compared to the children in the control group. At a rate of \$60 per day, this would constitute a savings in foster care expenses of \$10,500 per child. However, the cost of the FRS and potential risks to children whose reunifications fail must be factored into equations. A reunification service that succeeds only in transferring costs from child welfare to juvenile justice, mental health, or other agencies cannot be considered successful. Future work should include long-term follow-up with cost benefit analyses.

With the growing backlog of children in foster care (Goerge, Wulczyn, & Harden, 1994) and the widespread recognition that placement

prevention services may not be appropriate for all families, family reunification offers child welfare agencies an alternative approach for dealing with children at-risk. In the context of adequate training for and supervision of workers, a multiple-strategies intervention consisting of concrete services, supportive counseling with referral to ancillary agencies, and skills training appears superior to routine foster care supervision. Conceptually and qualitatively different from family preservation (for more detailed discussion and analysis of differences and similarities between family preservation and FRS, see Lewis, 1994), family reunification services hold renewed promise for children in substitute care. As we approach the turn of the century, it may be time to synthesize the best of the permanency planning reform efforts of the 1980s with the most rigorously-tested family-based service interventions in efforts to actively promote family reunification while, at the same time, holding the safety of children paramount.

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