



**FACTORS AFFECTING REENTRY
INTO FOSTER CARE IN
SAN MATEO COUNTY**

FINAL REPORT – January 31, 2006

Submitted to:

County of San Mateo
Human Services Agency
Children and Family Services
400 Harbor Boulevard, Building B
Belmont, CA 94002

Project Officer:

Judy Knowlton

Project Director:

Dr. Ursula Bischoff

The SPHERE Institute
500 Airport Blvd., Suite 340
Burlingame, CA 94010

Factors Affecting Re-entry into Foster Care in San Mateo County

Executive Summary

The County of San Mateo System Improvement Plan (SIP) of 2004 calls for a report assessing the needs of staff, community partners, parents, and youth for supports that increase stability for families after children return home from foster care. This report addresses two primary questions: What factors are associated with cases in which children and youth re-enter foster care? What services or supports are needed to reduce the likelihood that children will re-enter foster care?

To answer these questions, this study analyzed findings from previous research reported in a review of the literature, data obtained from cases in which children re-entered foster care in San Mateo County in calendar year 2003, content from the County's Child Welfare Services Self Assessment and System Improvement Plan developed in 2004, and a focus group of social workers who carried cases in which children returned to foster care in 2003; it concludes with recommendations for specific ways to improve practice and tailor services to better meet the needs of families during the case planning and post-reunification process.

1. Previous Research on Foster Care Re-Entry

A review of the literature indicates that children who return to foster care are more likely to have required intensive care related to health or behavioral problems, experienced prior maltreatment, and more frequent changes in placement. They are also more likely to have fractured relationships with their parents, and to have been placed voluntarily in out-of-home care. Children living in poverty are also more likely to return to foster care.

Parents of children who return to care are affected by multiple problems; substance abuse, criminal history, inadequate parenting skills and low intellectual ability are among the personal challenges these parents typically face. In addition, they frequently lack social networks and other forms of social support, and may also exhibit mental health problems and report intergenerational patterns of conflicted family relationships. They also experience difficulty in acquiring basic necessities, such as housing, transportation and employment.

Research points to parent training as a core requirement for supporting successful family reunification. Instruction in basic parenting skills, including life skills such as homemaking, budgeting, communication and anger management, have been proven central to successful reunification. Studies show it is also important for parents to build positive relationships and participate in the civic life of their communities. Other service recommendations include educational, counseling, and other support services for children, and strategies that serve to maintain familial bonds, including strengthening foster and birth parent relations.

Studies also make clear that, besides the content of services provided, the timing and duration of service provision is critical. Authors consistently make the case for the active management of this transition period by increasing services along with visitation before the point of reunification and then continuing stepped-up services for a period following reunification

before tapering provision off. Further, in light of the reality that most parents of foster care re-entry children are burdened by multiple problems, public and private service providers need to work collaboratively as active participants in the reunification process.

2. Re-Entry in San Mateo County

San Mateo County has a high rate of reunification, and also a relatively high rate of re-entry. Initial analysis suggests counties that have higher rates of child re-entry also have higher rates of family reunification. In other words, it may be that a focus on family reunification increases the likelihood of a child re-entering the system. Evidence of such a pattern has also been observed nationally.

San Mateo County offers a wide range of services that aim to prevent the placement of children in out-of-home care. Many of the programs and services provide the types of support associated with successful reunification described in studies on foster care re-entry. Moreover, the County's case planning process aims to involve various stakeholders, including birth families, in the assessment and servicing of the child's case through team-based approaches. The determinations made by these teams help link the child and family with the array of concrete support services offered directly by the County and/or by participating community-based organizations.

The SIP specifically outlines systemic changes that aim to more closely integrate service provision, as well as to increase the active involvement all parties in the reunification process. The County invests considerable effort in prevention services and works closely with various agencies and community-based organizations. However, upon a review of the Self-Assessment and SIP, it is not clear to what extent reunification services reflect an articulated process that can be monitored and managed. It is also unclear to what extent the set of services offered parents aim to impart lasting life skills to families, particularly in helping parents develop their own social networks.

3. Case File Review

Thirty cases in which children had been reunified with their families, and subsequently returned to foster care between January and December 2003 were reviewed for this study. The children were equally distributed by age and gender; approximately half were African American, twenty-five percent were Caucasian, and ten percent were Hispanic and Asian. About sixty percent of the children had all siblings in foster care; fifteen percent had no other siblings in care.

Seventy percent of these children had health or behavioral problems; 30 percent had been exposed to an illegal substance while the mother was pregnant; 23 percent were diagnosed with a mental health condition; and 40 percent were reported to have behavioral problems characterized by uncontrolled aggression and unresponsiveness to authority figures. 27 percent had been diagnosed with a developmental delay or medical condition; and most of these children had multiple special needs. Two of the youth had substance abuse problems.

The children's experiences in the child welfare system varied widely; just over 40 percent had previous child welfare history. The time between the first referral and initial removal averaged two years. On average, the children were in care for one year, experienced three placements and were assigned six social workers, with maximum numbers of these changes reaching 13 and 14 instances, respectively. The time between the court's decision to approve family reunification and the child's physical return home ranged from 4 days to two weeks. Finally, an average of 79 days passed after reunification before the child re-entered care.

The mothers/guardians ranged in age from 21 to 51 and averaged 39 years old; they were most often the single custodial caregiver at the time of the child's initial entry into care. Most of the mothers in the sample suffered from multiple problems; 67 percent had substance abuse problems at their child's initial entry to care; 62 percent had a criminal record, which often involved multiple incidents, including drug-related and violent offenses. Housing and employment instability affected roughly half of these mothers throughout their involvement in child welfare services. Forty-three percent of the mothers had mental health issues at their child's initial entry into care, although the issues were not always specified. Nearly one quarter of these mothers had previous CPS history. In only two cases was it reported that the mothers were not struggling with any of the issues described above.

The fathers/guardians were slightly older than the mothers, averaging 42 years, and ranging from 25 to 55 years old. All of the fathers had criminal records, primarily consisting of multiple drug-related and violent offenses. Over half were reported as having a substance abuse problem at the child's initial entry into foster care. Only a few fathers reported difficulties with housing or employment instability. None of these fathers had previous CWS history.

General neglect and parental absence/incapacity was the grounds for the child's return to care in more than three-fourths of the cases in the sample. Severe neglect, emotional abuse, and substantial risk were the reasons cited for re-entry in two cases (7%) each. In this sample, physical abuse occurred only once and there were no reports of sexual abuse. In 26.6 percent of observed cases, there was more than one substantiated allegation of abuse or neglect that led to foster care re-entry.

Of the issues facing the parents in these cases, substance abuse was the single most commonly cited problem (40 percent) resulting in a second removal of a child from his or her home. 23 percent of the children in the sample were voluntarily relinquished by their parents or guardians. The absence of one or both parents led to re-entry in 5 (17%) of the cases, and the same number of re-entries were due to the mother's criminal activity. A parent's unresolved mental health condition and an incident of domestic violence involving a parent or guardian resulted in re-entry for two children (7%) each.

Besides these significant problems requiring long-term treatment and monitoring for behavioral change, the parent-child relationship for a large share of these cases was reported as deeply damaged. 40 percent of the mother-child relationships were characterized as severely impaired, and for 42 percent of father-child pairs, there was no relationship at all. The child's behavior contributed to foster care re-entry in 7 cases (23% of the sample). In half of these cases, the parent or guardian relinquished custodianship. In four of these cases, the child's behavior was

considered out-of-control, and three other children ran away from home. In three of these cases, the child's behavior was the only reason for re-entry.

Information available from the case files regarding the range of services offered and the parents' participation was not comprehensive, and therefore difficult to assess. Based on the available documentation, the service most frequently offered was alcohol or drug (AOD) treatment, and roughly half of the mothers in the sample were referred to counseling and therapy services. Provision of other types of services for mothers was reported in less than half of the observed cases. Some cases noted that the mothers were unable to participate in or complete a program because there were no available service providers. After reunification, service provision increased in certain areas including cash assistance, AOD testing, individual and family counseling, and job training; however, service participation and completion rates decreased.

4. Social Worker Focus Group

Social workers who participated in the focus group suggested that parents need improved access to parenting skills, drug treatment, housing and financial and medical assistance supports. They support team case planning approaches, but view these as ineffective if there are not sufficient resources in the community to which families can be referred for assistance. They believe social workers should be developing a common language with parents, through experiencing first-hand the services and training in which the parents participate, and improving their cultural sensitivity and competence. Parents expect to, and need to, hear a consistent message from all service providers with whom they interact, especially from child welfare social workers. Their specific suggestions include: increasing workers' understanding of parenting classes and child development, of treatment services and drug testing, and of current trends in local drug-related crime.

They indicated families require intensive support services immediately prior to and after reunification to help parents resolve multiple, acute problems, mitigate future risks to the children, and to effectively manage the reunification process. They specifically suggested expanding the home visiting and concrete supports that Family Care workers provide. In addition, all stakeholders need to be better informed about the processes and requirements affecting families' participation in child welfare services; and the processes themselves should be more closely integrated to better support efforts toward successful reunification. This requires improving communication and relations between parents and the Agency, which can be achieved, in part, by assuring parents are informed and increasing the cultural awareness of social workers.

5. Recommendations

Practice Improvements

Expand and monitor implementation of TDM – to assure families are more fully aware of and engaged in the processes leading to reunification and that sufficient resources exist in their communities to support them.

Enhance the quality and increase the frequency of family assessments – Parents' attendance in treatment and training services is not necessarily an accurate predictor of successful reunification. Rather, the level of participation and behavioral change must be tracked. Increased monitoring of the family's situation and of the parent's progress at many points of service, and especially during visitation and in-home services, is recommended.

Improve communication and collaboration - A collaborative relationship can be cultivated between social workers, service providers, and parents by keeping parents and service providers informed about CWS policies and procedures, developing the cultural competence of social workers and service providers, and by social workers demonstrating familiarity with services and classes in order to cultivate a common language and establish clear expectations.

Service Improvements

Increase access to drug treatment, counseling, skill-building and concrete services – It is critical to assure that parents can access drug treatment and violence prevention services. Services for adults who have a history of criminal activities should be explored.

Individual and group counseling services should be more available, to assist children, parents, and foster caregivers in preparing for the difficulties that may accompany the reunification process. Services aimed at maintaining family bonds should be enhanced, as they promote continuity of family relationships and permit a more accurate assessment of progress in parenting skills, and behavioral change in both child and parent. The active involvement and support of the foster caregiver in family visitation should be encouraged, as it often eases transitions.

Skills-training for parents is essential; these services, including parenting, job, life-skills training and instruction in development of a supportive social network, should be offered as early as possible, ideally before the child returns home. Parents' ability to develop skill in communication, problem-solving, anger management, homemaking, budgeting and job training will have lasting impact and greatly increase their prospects of self-sufficiency. In the short run, services that alleviate immediate critical needs such as sufficient food, clothing and healthcare are imperative. Improving access to adequate housing would support significant advancement for many of these families.

Directly related to the quality of parenting skills is the quality of the parent's social network. Just as an evaluation of a parent's social network needs to be a component of the assessment process, services need to include helping a parent develop his or her own supportive social network, and, when relevant, helping the parent to identify and avoid negative relationships. Establishing parent support groups and promoting a mentor-like relationship between the parent and the foster parent is recommended.

Improve timing and duration of services - particularly in cases involving parents with substance abuse issues, treatment services must commence at the outset of CWS activity. Extended and consistent service provision for families with acute and chronic difficulties allows

for more accurate assessment of a parent's progress. Skill building services should begin before children are returned home.

System Improvements

Increase the frequency of the family's contact with all providers in the system prior to and following reunification. In addition to increasing the number of services that can be tailored to meet families' needs and ensuring that social workers are well-informed of the existence of these services, expanding the number of Family Care Workers and Community Workers would make it possible to increase in-home contact with families, improve relations with Agency and increase tracking the family's progress.

Integrate points of service contact into a fully articulated system in which the provision of specialized services and the participant's progress is regularly monitored and reported back to all relevant stakeholders. As most families are challenged by multiple problems, public and private service providers need to work collaboratively as active participants in the reunification process. A tightly integrated system of service provision and progress feedback can vastly improve the level of assessment achieved by social workers and service providers. Greater integration requires the clear definition of roles, and targeted training to ensure that all stakeholders are informed of CWS policies and processes.

Improve consistency in the assignment of social workers to a child's case. High rates of social worker turn-over and a family's experience of frequent shifts in social worker assignment undermines the efforts to promote stability; incentives are needed to encourage longevity in the social worker workforce, and methods use to determine case assignments should be reviewed.

Factors Affecting Re-entry into Foster Care in San Mateo County

TABLE OF CONTENTS

1	Introduction.....	1
2	Factors Associated with Foster Care Re-entry	2
2.1	Core Themes in the Literature	2
2.1.1	Children.....	2
2.1.2	Parents/families.....	4
2.1.3	Communities	5
2.1.4	Summary	5
2.2	Recommended Services and Strategies	5
2.2.1	Accessibility and Participation	6
2.2.2	Array	6
2.2.3	Roles	9
2.2.4	Summary	10
2.3	Re-entry in San Mateo County	11
2.3.1	Service Array in San Mateo County	12
2.3.2	Areas for Improvement	14
2.3.3	Summary	18
3	Case Review and Focus Group	19
3.1	Re-entry Cases in San Mateo County	19
3.1.1	Child Characteristics.....	19
3.1.2	Parent and Family Characteristics	21
3.1.3	Factors Affecting Re-entry	23
3.1.4	Summary	28
3.2	Social Worker Focus Group.....	28
3.2.1	Support Services	28
3.2.2	Strategies and Roles.....	30
4	Discussion and Recommendations.....	33
4.1	Recommendations for Change.....	35
4.1.1	Practice Improvements.....	35
4.1.2	Service Improvements	35
4.1.3	System Improvements.....	37

Table of Figures

Figure 1:	Problems Reported for Children in Foster Care Re-entry Cases.....	20
Figure 2	Problems Reported for Mothers at Time of Child’s Initial Entry to Foster Care.....	21
Figure 3	Mothers’ Substance Abuse Problems at Time of Child’s Initial Entry to Foster Care.....	22
Figure 4	Types of Abuse and Neglect Reported at Initial Removal and Re-entry.....	23
Figure 5	Reported Reasons for Foster Care Re-entry.....	24
Figure 6	Services Provided to Mothers Before and After Reunification.....	25
Figure 7	Mother’s Participation in Pre-reunification Services.....	26
Figure 8	Mothers Participation in Post-reunification Services.....	26

1 Introduction

The County of San Mateo System Improvement Plan (SIP) of 2004 calls for a report assessing the needs of staff, community partners, parents, and youth for supports that increase stability for families after children return home from foster care. Many factors affect the successful reunification of children with their families. This study will examine cases in which children re-entered foster care in San Mateo County, content from the Child Welfare Services Self Assessment and System Improvement Plan, and collect data from social workers who carried cases in which children returned to foster care, in order to generate recommendations for specific ways to improve practice and tailor services to better meet the needs of families during the case planning and post-reunification process.

This report addresses two primary questions:

- What factors are associated with cases in which children and youth re-enter foster care?
- What services or supports are needed to reduce the likelihood that children will re-enter foster care?

We answer these questions by first presenting a summary of recent literature on factors associated with foster care re-entry, and examine factors thought to affect re-entry in San Mateo County, as described in the Self-Assessment and SIP. We then describe the results of a review of cases in which children and youth re-entered foster care during the calendar year 2003, and findings from a focus group of social workers who carried cases in which children returned to foster care in that year. We analyze these data by comparing factors affecting successful reunification set forth in the literature review, and those drawn from the case file review; consider these against the community feedback expressed in County Self-Assessment and SIP, and assess the factors affecting re-entry and needs for supports that promote successful reunification, in light of the more current information reported by the focus group of social workers. In conclusion, we present recommendations for practice and system changes that can help improve the likelihood of successful reunification and reduce the chance that children will re-enter care.

2 Factors Associated with Foster Care Re-entry

Most children leave foster care through reunification with their birth parents (Wulczyn 2004, Festinger 1996, Courtney 1995, Needle et al. 2004, U.S. Department of Health and Human Services 2004). This study explores those cases in which reunification is attempted and is not successful. This section presents a review of recent literature on factors associated with foster care re-entry, and information on foster care re-entry in San Mateo County, including existing services that help families achieve successful reunification, and improvements to these services outlined in the Self-Assessment and SIP.

2.1 Core Themes in the Literature

Foster care re-entry, or recidivism, is defined as a case in which a child leaves the system to be reunited with his or her family or legal guardian but later returns to foster care. Because states have dissimilar methods of recording and maintaining child welfare systems data, noticeable variation exists in reported re-entry rates (Courtney 1995, Festinger 1996, Jonson-Reid 2003, Maluccio & Fein 1994, Frame, Berrick & Brodowski 2000). For instance, some states do not differentiate between re-entry as defined above and cases in which a child re-enters the system after running away from a foster care placement. The timeframe within which re-entry is examined also contributes to differences in re-entry rates, as rates reported for the period of two to three months after reunification are considerably higher than those reported after several years (Courtney 1995, Festinger 1996, Wulczyn 2004). Most of the studies reviewed here observe cases of foster care re-entry occurring within twelve months of reunification. Some studies focus on a particular age group of foster children and some investigate a single child welfare agency or program. Nonetheless, all studies conclude that multiple factors affect re-entry into the foster care system. These factors can be categorized as child-related, parent- and/or family-related, and community-related.

2.1.1 Children

Numerous child characteristics have been explored in relation to foster care re-entry. These characteristics range from those specific to a particular child's situation (e.g health issues, behavioral problems, type of maltreatment experienced, placement history), to broader demographic factors (race or ethnicity, age, economic status). In general, the literature reveals that factors specific to a child's case are clearly associated with re-entry, while the relationship of broad demographic categories to re-entry is less consistent.

Specific aspects of a foster child's situation determine the type and intensity of services required to maintain that child's health and safety once he or she is reunited with his or her family. These same factors tend to be strongly related to the likelihood of re-entry into foster care. For instance, cases in which the child required more intensive care because of **health problems** (Courtney 1995, Wulczyn 2004) or **behavioral problems** (Allen & Bissell 2004, Cordero 2004, Farmer 1996, Fisher, Burraston & Pears 2005, Fraser, Walton, Lewis, Pecora & Walton 1996, Jonson-Reid 2003, Courtney 1995, Jones 1998) were closely associated with foster care re-entry. Similarly, various forms of **prior maltreatment** indicate varying levels of risk to children upon rejoining their families. Research suggests that such differences are correlated with the severity of the problem and the intensity of services that are required to reduce the risk.

For example, children who initially entered foster care due to a substantiated case of neglect or physical abuse were found to re-enter the child welfare system at higher rates than those who experienced other types of maltreatment (Jonson-Reid 2003). In comparisons of neglect and physical abuse cases, re-entry is more likely among children who suffer neglect, especially when the neglect stems from parental substance abuse (Courtney, Piliavin & Wright 1997, Lewandowski & Pierce 2004, Terling 1999, Wells & Guo 1999).

A child's **placement history** in the foster care system in terms of duration and stability also affects the chances of re-entry. The risk of re-entry increases with the number of placements a child experiences while in foster care (Fisher, Burraston & Pears 2005, Courtney 1995, Jonson-Reid 2003, Wells & Guo 1999). In addition, research suggests that as the length of time in foster care increases, so do the chances of successful reunification. Children in care for less than 90 days have the highest re-entry rates (Courtney 1995, Frame, Berrick & Brodowski 2000, Jonson-Reid 2003, Wells & Guo 1999, Wulczyn 2004). Interestingly, Wulczyn (2004) interprets these findings as a reflection of a **parent-child relationship** capable of sustaining itself over a long period apart and does not see a causal relationship between the length of time in foster care and successful reunification. Children whose last placement was in **kinship care** before rejoining their birth parents were less likely to re-enter foster care (Courtney, Piliavin & Wright 1997). However, children **placed voluntarily** in CWS were more likely to re-enter care (Festinger 1996).

As mentioned above, the literature contains conflicting findings regarding the relationship between most demographic factors and foster care re-entry. Despite this, some conclusions regarding demographic factors are fairly straightforward. **Poverty**, defined by a child's AFDC eligibility status, was one of the most significant factors determining re-entry (Courtney 1995, Jones 1998, Jonson-Reid 2003, Allen & Bissel 2004).¹ Less conclusive are the suggested patterns in the **race or ethnicity and age** of re-entry children. Studies positing a relationship between race/ethnicity and re-entry find that African American children are more likely than Caucasian children to re-enter foster care, and Hispanic children are the least likely of the three ethnic groups to re-enter care (Jones 1998, Wells & Guo 1999, Courtney 1995). Conflicting results regarding age reflect the widely disparate age ranges observed in the reviewed reports. Wulczyn (1991) found that regardless of race or ethnicity, children aged 10-12 at the time of first entry had the highest re-entry rates. However, Courtney (1995) found the rate of re-entry for 7-12 year-olds to be lower than that for infants or adolescents. Festinger (1996) found no significant relationships between age, gender, race/ethnicity, and re-entry. Finally, after employing a different sample selection method², Courtney, Piliavin & Wright (1997) suggest that the associations of race and age with re-entry are more complex than reported by Courtney (1995) and that the effects of race and age are mediated by other, unidentified factors (665).

¹ Terling (1999) points out that determining income and the source of income of families in the child welfare system is problematic.

² The 1997 sample does not include children leaving long-term care and only five percent of the sample was 13 years or older while this age group made up nearly 15 percent of the 1995 sample.

2.1.2 Parents/families

The parents of children who re-enter foster care usually suffer from multiple problems, one or more of which precipitates re-entry. According to the research, the most frequently cited reasons for re-entry were parental problems such as substance abuse, hostility and abusive behavior toward the child, parenting difficulties, child neglect, and service refusal or noncompliance (Festinger 1996, Cordero 2004, Terling 1999, Wells & Guo 1999, Wulczyn 2004).

More than any other single problem, parents in cases where children re-enter care are challenged by **substance-abuse issues** (Courtney, Piliavin & Wright 1997, Lewandowski & Pierce 2004, Terling 1999, Wells & Guo 1999, Festinger 1996, Frame, Berrick & Brodowski 2000, Wulczyn 2004, Fein & Staff 1993). Parents with alcohol or substance abuse problems more frequently demonstrate ambivalence toward reunification (Cordero 2004, Wulczyn 2004). Typically linked to substance abuse and/or prostitution, a parent's **criminal history** is also a factor associated with foster care re-entry (Terling 1999, Festinger 1996). In fact, according to Frame, Berrick & Brodowski (2000) re-entry was four-times more likely in cases with maternal criminal history.

Parenting difficulties can spring from a range of challenges facing caregivers, including inadequate parenting skills, limited intellectual capacity, minimal social support, and mental health issues. Festinger (1996) reports inadequate **parenting skills** as among the strongest predictors of re-entry into foster care. In this study, 74.1 percent of caregivers whose children re-entered care were rated as having fair or poor skills in at least two of the following areas: understanding child development, quality of communication, consistency of discipline, and handling conflict. Parenting aptitude may be related to intellectual capacity. Terling (1999) found that 27 percent of the parents of reentrants exhibited **low intellectual functioning**, and a lack of understanding or acceptance of CPS actions in their cases. Perhaps, not surprisingly, given their insufficient parenting skills, Terling (1999) also found that 67 percent of parents in these cases had a history of CPS reports (see also Frame, Berrick & Brodowski 2000, Fraser, Walton, Lewis, Pecora & Walton 1996).

In addition to deficient parenting skills, these parents often lack a supportive **social network**, or maintain negative relationships characterized by domestic violence and/or substance abuse (Festinger 1996, Terling 1999, Wulczyn 2004, Allen & Bissell 2004, Fein & Staff 1993). In fact, Festinger (1996) concluded that an absence of **social support** was one of the most common problems facing parents of reentrants. For instance, when asked to estimate the number of family members, neighbors, or friends their clients could turn to for support, social workers indicated that almost half (45.8%) of the caregivers in re-entry cases had "none" or "a few" (Festinger, 1996, 388). These parents were also half as likely as successful reunifiers to be involved in any community organizations (Festinger 1996). Further exacerbating the difficulties outlined above, parents in re-entry cases often display **mental health problems** and negative intergenerational **family patterns**, and may even have a history of psychiatric hospitalization (Festinger 1996, Cordero 2004, Allen & Bissel 2004).

Service refusal or noncompliance by the parent is a common reason for re-entry (Festinger 1996, Cordero 2004, Terling 1999, Wells & Guo 1999, Wulczyn 2004, Frame,

Berrick & Brodowski 2000). In view of the multiple problems facing re-entry parents, it is not surprising that they are typically prescribed more post-reunification services than parents who successfully reunite with their children (Festinger 1996). Although most support services are targeted to the parent's needs, the successful provision of such services depends on the active participation of the parent, which is difficult to guarantee and track.

2.1.3 Communities

The families of children who re-enter foster care typically live in an environment characterized by poverty and structural deficiencies, or those basic necessities that are thought to characterize stable communities (Fraser, Walton, Lewis, Pecora & Walton 1996, Jones 1998, Allen & Bissell 2004, Frame, Berrick & Brodowski 2000, Wulczyn 2004, Festinger 1996, Harburger & White 2004, Jonson-Reid 2003, Maluccio & Fein 1994, Fein & Staff 1993). These families often lack basic necessities, including adequate housing, employment opportunities, and job skills, as well as the means to provide sufficient food, clothing, and medical care. Jones (1998) contends that economic deprivation and the resulting housing inadequacy and dangerous surroundings, pose the greatest threats to successful reunification. Harburger & White (2004) point out that neglect is the primary reason for entering foster care, and inadequate housing is one of the main factors associated with neglect. Families in such difficult financial straits also demonstrate concrete needs such as diapers and sufficient food (Fraser, Walton, Lewis, Pecora & Walton 1996, Jones 1998, Allen & Bissell 2004, Frame, Berrick & Brodowski 2000, Wulczyn 2004, Festinger 1996, Harburger & White 2004, Maluccio & Fein 1994). Studies point out that, in addition to serving families with limited economic means, the child welfare system disproportionately serves communities of color, African American communities in particular (Wulczyn 2004, Courtney 1995).

2.1.4 Summary

Overwhelmingly, parental problems are the most critical factors affecting re-entry into foster care. These problems are directly related to the social and environmental stressors characteristic of poverty. While there remain inconsistencies in the child-factors related to re-entry, there are far fewer variations in results concerning the parent-factors that affect re-entry. Besides structural deficiencies in areas such as employment opportunities or adequate housing, most of the problematic parent issues such as substance abuse, intellectual capacity and mental health cannot be remedied in the short-term. Nonetheless, all the reviewed studies make recommendations that center on expanded and tailored service provision and emphasize the need for managing an extended reunification process. These findings suggest that successful family reunification requires a case by case assessment of the family and of the parent's problems in particular, in order to more accurately project the likelihood that service provision - tailored to the specific needs of the family and parents - will result in successful outcomes as well as the sustained safety of the child.

2.2 Recommended Services and Strategies

The literature indicates successful reunification is associated with early and continuous provision of services, family contact, and successful preparation and management of the permanency process. In view of the fact that re-entry rates are highest within the first few months of reunification, numerous studies identified the benefit of intensified services in this

critical transitional phase (Cordero 2004, Courtney 1995, Farmer 1996, Fraser, Walton, Lewis, Pecora & Walton 1996, Johnson-Reid 2003, Wulczyn 2004, Fisher, Burraston & Pears 2005, Walton 1998). Post reunification services provide for both monitoring and follow-up preventative services that involve continued support and social worker visits.

2.2.1 Accessibility and Participation

Typically, parents of children who re-enter foster care are prescribed more services than those of non-reentrants at the child's discharge from foster care (Festinger 1996); however, the **parents' refusal or noncompliance** with services is a common reason for re-entry (Festinger 1996, Cordero 2004, Terling 1999, Wells & Guo 1999, Wulczyn 2004). In a survey of social workers, Festinger (1996) discovered the reason for parents' non-participation in services for reasons of refusal, unavailability, or eligibility problems, was linked to the type of service. "Refusal was the most frequent reason for non-provision of job or vocational training, employment, parenting training, and counseling or therapy; unavailability was the most frequent reason for non-provision of housing; and eligibility problems was the most frequent reason for non-provision of financial aid" (Festinger 1996, 389).

Terling (1999) points out that even when parental participation in services is documented, using attendance records alone as a **measure of progress** is problematic. Such records provide no evidence regarding the extent to which the new information is being internalized and applied by the parent. In addition to services that address acute caregiver problems, many studies recommend behavioral therapy and educational support services for the children. It is important to assess progress in terms of both the parents' and child's case plans, and how these interact.

2.2.2 Array

This literature suggests that, to effectively address the factors affecting re-entry into foster care, families should be provided a targeted set of services and strategies; these include child behavioral and educational support, parenting skills training, support for social network building, substance abuse treatment, services to maintain and promote family relationships, and supports to meet structural needs.

Child Behavioral Services and Educational Support

A number of studies advocate counseling services of varying degrees of intensity for children in order to facilitate the reunification process and prevent future problems (Allen & Bissell 2004, Cordero 2004, Farmer 1996, Fisher, Burraston & Pears 2005, Fraser, Walton, Lewis, Pecora & Walton 1996, Jonson-Reid 2003, Ryan & Testa 2005). Recent research cautions that child victims of maltreatment are at more than double the risk of delinquency than other children (Ryan & Testa 2005). Fisher, Burraston & Pears (2005) recommended that younger children (3-6 years of age) receive services over the course of six to nine months from a behavior specialist in home or in preschool and attend weekly therapy sessions in which behavioral, social and developmental progress is monitored and addressed. The authors explain that therapy is especially important for young foster children before school entry, in order to mitigate long-term risks. For school-aged children, recommendations include special education services, remedial help and transportation between school and home (Farmer 1996).

Parenting Skills Training

Parent training (including homemaker skills) is one of the most commonly identified service needs of caregivers. The observation that 74.1 percent of parents of foster care reentrants are lacking in parent skills and 67 percent of these parents had previous CPS history (Terling 1999; see also Fraser, Walton, Lewis, Pecora & Walton 1996, Frame, Berrick & Brodowski 2000) suggests that more could be done in the area of parent training and that the resultant benefits could be far-reaching (see also Fisher, Burraston & Pears 2005, Frame, Berrick & Brodowski 2000, Fraser, Walton, Lewis, Pecora & Walton 1996).

Recognizing that effective parenting skills are related to proficiency in broader life skills, two innovative family reunification service programs incorporate such training in their programs. The training offered by an experimental family reunification services program in Utah³ includes refining skills in parenting, communication, problem-solving, and anger management (Fraser, Walton, Lewis, Pecora & Walton 1993). In New England, an innovative reunification services program⁴ offered training in parent skills, homemaking, budgeting and job training (Fein & Staff 1993).

In order to facilitate consistency and a successful transition, researchers recommend that birth and foster parents attend the same parenting classes (Fisher, Burraston, Pears 2005). After the point of reunification, professional help and parents' support groups can assist parents in dealing with behaviors associated with the transition back home (Farmer 1996, Fein & Staff 1993). For less promising cases, Terling (1999) suggests a need for more research on the accurate assessment of parental competency and notes that deficient parental competence is not remedied in the short-run.

Building Social Support Networks

Various studies described the need to assist caregivers in developing their own positive social networks (Festinger 1996, Terling 1999, Wulczyn 2004, Fraser, Walton, Lewis, Pecora & Walton 1993). Festinger (1996) points out that a corollary has been established between neglectful parents and their social isolation and therefore encourages attempts by the child welfare services to connect these parents with formal and informal support networks - such as parent support groups - in their cultural and geographic communities. Besides skills training, a core component of the Utah family reunification program mentioned above seeks to help parents build supportive and motivational relationships with the expectation that these relationships will instill hope, confidence and create a capacity for self-examination (Walton, Fraser, Lewis, Pecora & Walton 1993, 341). In addition to lacking a social support network, parents of reentrants often maintain negative social relationships. Such negative relationships frequently

³ For a relatively brief period of 90 days, the Utah program offers four areas of intensive services, 3-4 days per week: 1) building with parents collaborative relationships that were supportive and motivational; 2) strengthening family members' skills in communication, problem-solving, and parenting; 3) addressing concrete needs for food, housing, employment, health and mental health care; and 4) providing in-home support after initial re-entry and during the reconnecting process (Walton, Fraser, Lewis, Pecora & Walton 1993, 341).

⁴ Casey Family Services Last Best Chance demonstration program took place in New England (Fein & Staff 1993).

involve a caregiver's partner who has substance abuse problems (Terling 1999) or domestic violence and must be addressed with appropriate support services (Allen & Bissell 2004).

Substance Abuse Treatment

Treatment for substance abuse is usually a long-term process and involves relationships surrounding the family. For this reason, researchers have advocated that parents be linked to recovery programs immediately upon the child's removal in order to prevent serious time delays and repeated child maltreatment (Frame, Berrick & Brodowski 2000, Wells & Guo 1999, see also Terling 1999). This suggests that providing more intensive and extended support to recovering parents could improve success rates for these families. Cordero (2004) observed intervention practices in which workers helped the substance-abusing parent to identify elements in his or her environment that triggered relapses, to find alternative, nondestructive coping mechanisms, and to connect to addiction recovery services. In cases with substance-abusing parents, parental ambivalence toward reunification decreases when the permanency planning goal is changed to adoption (Cordero 2004, Wulczyn 2004). Further, it is recommended that in cases with substance abuse, both the caregiver and the caregiver's partner must be required to comply with the treatment plan (Terling 1999).

Maintaining Family Bonds

A central component to successful reunification is the intentional maintenance of family relationships (Cordero 2004, Farmer 1996, Terling 1999, Fraser, Walton, Lewis, Pecora & Walton 1996, Lewandowski & Pierce 2004, Wulczyn 2004, Jonson-Reid 2003). While studies consistently promote frequent monitored visitation, some also advocate the use of unsupervised trial discharges through which caseworkers can assess feedback from the child (Cordero 2004, Wulczyn 2004). Cordero (2004) explains that since visitation is the primary opportunity for assessing family attachment bonds, "workers need to be trained and skilled in expeditiously assessing the quality of the parent-child and sibling attachments during visitation in order to develop relevant interventions and planning services" (579).

In addition to regular visitation, researchers emphasize the need to help children, parents and foster caregivers cope with the stresses and anxieties associated with the reunification process (Cordero 2004, Jonson-Reid 2003, Wulczyn 2004). As Wulczyn (2004) explains, "Reunifying a child with his or her birth parents is not a one-time event. Rather, it is a process involving the reintegration of the child into a family environment that may have changed significantly from the environment the child left" (99). Difficulties can arise in the reunification process when a child returns home to a family structure or setting that has changed. Such troubling transformations could involve a change in which family members live in the home or the condition of the child's room upon his or her return (Farmer 1996, Wulczyn 2004).

Issues that affect parent-child bonding require even more intensive care. For example, conflicted intergenerational patterns are found to erode parent-child bonds; therefore, Cordero (2004) advises case workers to assess family histories in order to support positive family bonds. The study recommends involving as many extended family members as possible, and intervening in compromised family attachments that affect the child's well-being.

Structural Needs

Many studies assessed the social and environmental correlates of successful reunification and recommended services that meet the family's immediate concrete needs such as food, housing, employment, and health care, and access to mental health care (Fraser, Walton, Lewis, Pecora & Walton 1996, Jones 1998, Allen & Bissell 2004, Frame, Berrick & Brodowski 2000, Wulczyn 2004, Harburger & White 2004, Maluccio & Fein 1994). Unrau, Wells & Hartnett (2004) recommend allowing staff line-level authority to determine the type and level of service needed and a modest budget for supplying critical goods and services that may stabilize a placement. Harburger & White (2004) recommend partnerships between housing and child welfare agencies in order to better support vulnerable families. Regarding Section 8 housing vouchers currently allotted for at-risk families, Allen & Bissell (2004) argue there are not enough vouchers available.

2.2.3 Roles

The literature also recommends effective roles for foster caregivers and case workers to adopt in their work with families pre- and post-reunification.

Role of Foster Caregiver

The positive support of the foster caregiver, especially with respect to family visitation, can be effective toward furthering family reunification efforts (Farmer 1996, Terling 1999, Fisher, Burraston & Pears 2005, Unrau, Wells & Hartnett 2004). The constructive influence of foster parents can be enhanced through training (Allen & Bissel 2004) and extensive support after placement, including daily telephone contact, a weekly support group and a 24-hour hotline (Fisher, Burraston & Pears 2005). Depending upon the needs of the foster child and the abilities of the foster caregiver, Unrau, Wells & Hartnett (2004) recommend extra compensation for foster parents for monitoring family and sibling visits, providing peer support to birth parents, extra supervision of foster children, and extra involvement in foster children's educational plans.

Recruitment of kin caregivers is also viewed as a means to preserve family ties and limit the disruption in family relationships experienced by the child. Furthermore, the chances of a child in kinship care reentering the foster care system are dramatically reduced (Courtney 1995, Cordero 2004, Courtney, Piliavin & Wright 1997, Frame, Berrick & Brodowski 2000, Wells & Guo 1999). For instance, one study concluded that infants placed with kin were 80% less likely to reenter care (Frame, Berrick & Brodowski 2000). Nonetheless, Courtney, Piliavin & Wright (1997) observed other factors surrounding kinship care that could affect a child's reunification with the birth parents. The results indicate that a child's AFDC eligibility exerted no influence on the likelihood of reunification among children placed in regular foster homes but reduced the likelihood of reunification among children placed in kinship families. In California as well as other states, if the child is AFDC eligible, the foster caregiver can collect more if the caregiver is a relative. The authors contend that these results could indicate that children in kin care are in more difficult circumstances than in other forms of placement, or the case worker is less inclined to reunify the child to parents because the child is still with family.

Role of Caseworker

The literature suggests that the intensity of contact between the caseworker and the family is critical to ensuring the social worker is able to conduct quality assessments and supporting the success of the reunification process. Farmer (1996) recommends weekly family visits by the social worker after the child has returned home. Lewandski & Pierce (2004) suggest that the better a social worker knows the family, the more likely the reunification will be successful. Festinger (1996) found that caseworkers with greater practical experience in their field were slightly less likely to experience foster care reentrants, and that varying levels of educational had little impact. Unrau, Wells & Hartnett (2004) studied patterns of service activity and found that the provision of services is highest at the initial point of entry and tapers off over time; furthermore, high turnover of social workers has been associated with lower provision of services overall. In view of the disproportionate share of families of color in the child welfare system, authors stress the need for caseworkers to achieve a greater level of cultural sensitivity in order to effectively examine and address the root causes of this fact (Wulczyn 2004, Cordero 2004, Festinger 1996, Walton, Fraser, Lewis, Pecora & Walton 1993, Allen & Bissel 2004).

Role of Policymakers and Administrators

Studies on foster care re-entry agree that effective support services must be tailored to meet the specific needs of the family, and that joint agency initiatives provide a structure for broad service provision and case monitoring. Tailored service provision requires a thorough assessment of family needs and in particular, the accurate evaluation of the severity of parent problems in order to determine the appropriate intensity of services required (Cordero 2004, Frame, Berrick & Brodowski 2000, Fisher, Burraston, Pears 2005, Fraser, Walton, Lewis, Pecora & Walton 1996, Allen & Bissell 2004, Lewandowski & Pierce 2004). These parents typically suffer from multiple problems that are broad in scope. Inter-agency cooperation creates a system of services that address the range of critical needs of these families such as housing, employment development, health services and mental health services and allows additional opportunity for reporting (Festing 1996, Wulczyn 2004, Allen & Bissell). In view of the multiple challenges facing these parents, Festinger aptly explains, "Reaching and working with isolated and needful families is a complex undertaking. Many of the caregivers are living under the most marginal social circumstances, beset by all manner of personal and social stresses and insults, and have frail capacities for coping" (1996, 399).

2.2.4 Summary

In sum, the studies reviewed identify specific service needs of children, birth parents and foster parents, in addition to effective strategies recommended for the different roles of foster caregiver, case worker, and policymaker. Researchers also make clear that besides the content of services provided, the timing and duration of service provision is critical. Further, in light of the reality that most parents of foster care re-entry children are burdened by multiple problems, public and private service providers need to work collaboratively as active participants in the reunification process.

Foster care re-entry is most often associated with unresolved parental problems. In addition to early and intensive substance abuse treatment, and meeting immediate and long-term structural needs, researchers point to parent training as a core requirement for supporting

successful family reunification. Numerous studies describe parent training as encompassing basic parenting skills as well as basic life skills such as homemaking, budgeting, communication and anger management. Directly related to the quality of parenting skills is the quality of the parent's social support network. Researchers encourage social workers to work with parents in building positive relationships and participating in the civic life of their communities.

Other recommendations include support services for children and strategies that serve to maintain familial bonds. With respect to children's needs, researchers recommend educational support services as well as counseling services in order to ease the transitions in and out of care, address potential behavioral issues and mitigate future risks. Further, researchers contend that case workers and foster parents have the potential for contributing significantly to the maintenance of family relationships during out-of-home care as well as during the reunification process.

In addition to the nature of services provided, the timing of services and their intensity is critical. Especially in the case of substance abuse, researchers recommend the provision of services (i.e. treatment) immediately at the point of entry into child welfare services. As explained earlier, parent problems such as substance abuse and deficient parenting skills are not remedied in the short-term. Extended and regular service provision allows for continued assessment and reassessment of a parent's progress or lack thereof. In addition to the start and duration of support services, researchers advocate strongly for intensifying services and case worker contact during the course of the reunification process. Authors consistently make the case for the active management of this transition period by increasing services along with visitation before the point of reunification and then continuing stepped-up services for a period following reunification before tapering provision off. This strategy of intensifying services to assist in the management of the reunification process provides for follow-up preventative as well as monitoring services.

2.3 Re-entry in San Mateo County

San Mateo County has a high rate of reunification, and also a relatively high rate of re-entry. As reported in the County's Self-Assessment, the current benchmark set for the federal measure of the share of children who re-enter foster care is less than 8.6 percent of children who are placed outside their family home in the preceding year. According to CWS/CMS data, San Mateo County exceeds this federal standard, but is below the statewide rate (13.4%), with slightly more than one-eighth (12.9%) of children reentering foster care in the twelve months following their exit from care.⁵ The national re-entry rate for the same period (FY 2001) is 10.4

⁵ The rates reported here reflect revisions made by the Center for Social Services Research since the Self-Assessment in June 2004. State and County rates reported in the San Mateo County Self-Assessment for the time period July 1, 2000 to June 30, 2001 were reported as 10.8 percent for the State and 12.8 percent for San Mateo County (CWS/CMS 2004 Quarter 2 Extract, see Needle, et al. 2004). It should be noted that in contrast to the federal method, the method for calculating re-entry rates used by the California Child and Family Services Review (C-CFSR) does not include children spending fewer than five days in foster care during their first foster care episode.

percent.⁶ Initial analysis suggests California counties that have higher rates of child re-entry also have higher rates of family reunification. In other words, it may be that a focus on family reunification increases the likelihood of a child re-entering the system. Evidence of such a pattern has also been observed nationally (U.S. DHHS 2004, p. II 16).

The County's System Improvement Plan calls for improvement in team case planning as a means to achieve an appropriate balance between reunification and reentry that reflects both the best interests of children and greater involvement on the part of their communities. The proposed strategies center on both a decision-making model that involves family and community members, as well as a broad system of support services that will meet the case-specific needs of children, family caregivers and foster caregivers.

2.3.1 Service Array in San Mateo County

The County's case planning process aims to involve various stakeholders, including birth families, in the assessment and servicing of the child's case through team-based approaches. The determinations made by these teams help link the child and family with the array of concrete support services offered directly by the County and/or by participating community-based organizations. San Mateo County offers a wide range of services that aim to prevent the placement of children in out-of-home care by addressing the acute needs of caregivers and providing broad structural support. Many of the programs and services offer the types of support associated with successful reunification in the literature described above, and many programs involve multiple agencies and organizations. Below we describe the specific services available for pre-placement preventative interventions and for support of family reunification.

Pre-Placement Prevention Services

San Mateo County invests considerable effort in the prevention of foster care entry; these services can also prevent re-entry. County-wide support services are available for prevention, early intervention, and risk reduction, addressing both community and family needs. San Mateo County uses four major strategies to minimize the number of children who will be placed in protective care: Family Resource Centers, the Violence in Families Initiative Program, the Fatherhood Collaborative, and Family Self-Sufficiency Teams. All four programs demonstrate inter-agency cooperation in the provision of services. These are outlined as follows:

Family Resource Centers (FRC) offer access to prevention and early intervention services at different school sites in San Mateo County. HSA staff work in collaboration with several school districts, County and City government, and local non-profit agencies and foundations to increase parent involvement in their children's education, with the hope of improving the health, safety, and academic, social, and emotional success of children. These centers help families to access public assistance, offer individual, family and group counseling, and conduct homes-visits and skills training. Some sites also offer health clinics, emergency food, and clothing.

⁶ The national re-entry rate for FY 2001 is 10.4 percent, and it represents the median performance for all states reporting cases of children re-entering foster care within 12 months of reunification (U.S. Department of Health and Human Services 2004, p. II 17).

In collaboration with Probation and other partners, HSA coordinates the *San Mateo County Violence in Families Initiative Program*, a model to improve interagency coordination of services to families who experience domestic violence along with child abuse or neglect. The program implements a County-wide response to family violence by improving the capacity of staff to direct families to resources. By illustrating the interconnection between domestic violence and child abuse, substance abuse and mental health issues, the program will develop systems of response that better address the multiple issues facing these families. The development of interagency agreements regarding appropriate response and referral services is essential to the program's success.

The mission of the *Fatherhood Collaborative of San Mateo County* is to engage parents, providers, employers and the broader community to better understand the importance of men and fathers' contribution to children's healthy growth and development. The Collaborative serves as an incubator for initiatives and activities improving the lives of children, fathers, and families in San Mateo County by recognizing the unique needs of fathers and men. In partnership with the National Family Preservation Network, with additional funding from the Stuart Foundation, the collaborative is implementing strategies to increase the involvement of fathers in the lives of children in the child welfare system.

Family Self-Sufficiency Teams (FSSTs), as described above, provide coordinated case management for families being served by the Children and Family Services, CalWORKS or both. A multidisciplinary team reviews each case and engages in coordinated case planning, ideally with the family in attendance.

Family Reunification Services

The County's family reunification services cover a wide range of supports for families in transition that help facilitate a safe and lasting return home. In addition to case management and out-of-home placement, the services provided in support of the reunification process resemble many of the services recommended by researchers; some of these services are offered in cooperation with community based organizations and other agencies. These services include parent training, meeting structural needs, counseling for children and parents, and maintaining familial bonds.

Structural needs, such as transportation, housing and basic needs, are addressed in a variety of ways. Families receive **transportation support** in the form of transportation officers, bus tickets for parents, and vouchers for parents and older children. The Family Unification Program provides **Section 8 Rental assistance** to families receiving child welfare services whose primary need is adequate housing, to keep the children from being removed from the family or to reunite them with their parents.⁷ In addition to skills training, **Family Care Workers** help the family to access other resources, emergency food, medicine and clothing.

⁷ Under the Family Unification Program, housing and child welfare agencies coordinate efforts to provide housing assistance to families whose children are determined by the child welfare agency to be at imminent risk of being placed in foster care because of housing problems (<http://www.cbpp.org/407wel.htm>).

For the purpose of maintaining family relationships during out-of-home care, the County offers a **Visitation Center** and partners with the Family Services Agency to provide supervised visitation and child exchanges on a scheduled basis. Once the family is reunified, an in-home intensive treatment program provides counseling to facilitate the child's transition. Children in shelter care receive counseling through a **shelter care crisis team**.

Parents are supported through services including skills training, in-home assistance, and mental health and substance abuse treatment. Beyond formal skills classes, **Family Care Workers** offer parents training in homemaking and child rearing skills. **Para-professional supports** are provided by the Volunteer Case Aide Program through a contract with the Child Advocacy Counsel. Conflict resolution services are offered through a contract with the Peninsula Conflict Resolution Center. Parents also receive mental health and substance abuse evaluations and treatment. In some cases, court-ordered psychological evaluations are conducted; and a sexual abuse treatment program for parents, children, and adolescents is contracted through the Family Service Agency⁸. In cases of substance abuse, urine toxicology screens are conducted by subcontractors.

Foster Parent Support Services

As described in the literature review, foster parents can contribute positively to the reunification process by encouraging family contact and mentoring birth parents. The County conducts an annual survey of foster parents in order to better assess their needs.⁹ The County's foster parent programs focus on recruitment and providing supports for foster families, including orientation, mentoring programs, regional support groups, and a Foster Parent Advocate. In the Kinship Support Services Program, kin caregivers receive respite care, family outings, tutoring, and health services. All resource parents are encouraged to recruit new foster parents and are given \$250 reward, if successful.

2.3.2 Areas for Improvement

The County Self-Assessment and SIP were prepared with feedback obtained in forums attended by a wide range of community partners and families involved with child welfare services. Participants in these discussions uniformly noted a need for additional community-based resources that support family stability and appropriate permanent placements. They highlighted the need for mental health evaluation and treatment and culturally appropriate services. They prioritized increased access to preventive and supportive services, especially community-based resources for at-risk and vulnerable populations, to enhance families' capacity to care for their children. Recommendations included adding educational resources that support healthy parenting skills and promote an understanding of early childhood development; more resources for individual and family counseling; and increased housing, child care, and caregiver

⁸ <http://www.familyserviceagency.org>

⁹ SMC conducts an array of surveys to better understand the various needs of individuals involved in the CWS programs. Currently, social workers present all foster parents with an annual survey during a planned visit to identify their needs; those surveys are reviewed to develop strategies to address unmet needs. The Kinship program also conducts a satisfaction and needs survey of relative caregivers. In addition, a formal assessment of needs for Youth was conducted in 2003 as part of the Breakthrough Series Collaborative and included a survey of Youth in out of home placement.

respite assistance. Increasing information about the availability of existing resources, enlarging capacity, and improving the coordination of resources were suggested as strategies to increase access to family support services.

Team Case Planning

Facilitating attendance and improving linkages to services are recommended to improve team case planning. Parents need to be better informed about the case planning process and of their role in the process. Additional supports must be available for Spanish-speaking staff and clients. A formal mechanism should be implemented to ensure that each child in foster care has a written case plan, with all the required elements, and that the plan that is reviewed every six months. Concurrent planning should to be improved by developing and enforcing uniform policies and procedures among HSA staff, providing clear and consistent information to families, and seeking additional flexibility in licensing requirements.

Pre-placement Prevention Services

Proposed system improvements in this area include the expansion of specific support services, greater opportunities for birth parents to participate in case planning, and increased integration and collaboration among the Agency and its partner organizations. Recommendations include expanding the community services available for the treatment of children's health and mental health problems, and providing parents greater access to preventive programs. Such preventive programs include education on child development, individual, family, and marriage counseling, anger management, mentoring, drug treatment, affordable housing, child care, respite assistance, and father-focused services.

The relationship between parents and the Agency must also be addressed. Improvements are needed in parents' ability to participate in case planning. The Agency is also responsible for increasing parents' access to and understanding of information detailing the consequences of their failure to complete a service contract. Information and referral resource guides need to be developed that are well publicized and readily available to interested constituents, ideally through web-based and public access resources.

HSA's relationships and communication with the communities it serves are in need of improvement. Child welfare services' prevention role must be clarified for community members including families, schools, and service providers. Additional outreach to targeted community organizations may be necessary and can be conducted at multiple points, including PTAs, schools, libraries, businesses, faith-based organizations, Core Agencies, FRCs, community meetings, fairs, after-school programs, parenting classes, and support groups. Finally, child welfare service involvement and follow-up with community partners needs to be enhanced.

Reunification Services

Proposed improvements of reunification services focus on the enhancement of services surrounding the transition phase before and after the point of reunification. Proposed system improvements in this area include the expansion of specific support services for children and

parents, such as development of a high quality, therapeutic pre-school for children who have undergone trauma. Also, in an effort to nurture family relationships during out-of-home care, creating visitation rooms that are more comfortable for birth parents is recommended.

In order to support successful transitions, families need to be engaged in team case planning. This is facilitated when parents are informed about the processes of team case planning and are ensured access to information about their legal rights (e.g. through referral to legal counseling). Similarly, the positive role of foster parents in the reunification process can be enhanced by providing them accurate, complete, and consistent information and by implementing a mentoring program where foster parents mentor parents and CASAs mentor young parents with young children.

Regarding structural and other needs, recommendations include developing more shelter and housing resources for homeless parents, developing programs for single birth fathers, and providing additional supports for guardians to maintain reunification through the teen years. Service providers can also be engaged in team case planning. Their efforts as partners in achieving family reunification should be supported, including their provision of supervised visitation, improved language capacity (e.g. Spanish), and cultural competence and sensitivity.

Proposed Improvements for Foster Parent Support

The Self-Assessment conveys the potential for foster parents to contribute to successful reunification and calls for increased support for foster parents. A specified goal in the SIP is to maintain existing and recruit new foster, kin, and adoptive homes. Part of this involves building stronger partnerships between foster families and social workers.

Needs Assessment

Self assessment partners indicated a need for consistency in screening, assessment, response determinations, and case planning across regions and communities. They suggested that assessment tools might be used more effectively in the case planning process and to improve reunification results. They suggested screening and assessment should be pursued as an area for future planning, particularly in connection with the CWS Redesign.

Role of Social Worker

Continuity and frequency of contact with social workers is often cited in the literature as a factor associated with successful family reunification. In addition, birth family members commonly expressed the desire for more contact with their social workers. Of the 204 positions in HSA, a 13 percent turnover rate was reported for the staff of 96 case-carrying social workers for the period 2002-2003. (Twelve of the 96 staff members left during this period.)

Social workers indicated a need for training on practice and policy changes, and in court protocol, family law and legal procedure. They recommended mentoring, shadowing, and improved feedback and evaluation to assist with integration of knowledge into practice, and requested increased methods of sharing information with community partners. Community partners expressed a need for improved understanding of the role and function of CPS, mandated

reporting, and identifying and responding to risk. Partners would like access to HSA trainings and timely notice of their availability.

Interviews with birth parents generated recommendations for improvements in the area of customer service (more respectful treatment by the court and social workers), participation in case planning (better understanding of requirements), and available prevention and reunification supports (services promoting more effective parenting practices). Birth parents see a need for legal consultation and personal development resources such as counseling, anger management, and substance abuse services. Parents also recommend more frequent contact with social workers.

For the most part, foster youth described positive relationships with their social workers. Those responding negatively primarily described insufficient or inconsistent attention from their social workers. Some youth expressed interest in meeting their social workers more frequently or for free-time activities. Regarding visitation with birth family members, recommendations were primarily centered on improving visitation with siblings. Interest was also expressed by youth in being better informed about their rights in the CWS.

Systemic Changes

The system-wide changes proposed in the SIP point to improving the quality of services, expanding services, increasing service integration, and building a better working relationship between families, caseworkers, and service providers. Service improvement will entail developing the cultural competence of all CWS participants and integrating evidence-based practice recommendations in all policies and protocols. The SIP aims to expand the service network through greater involvement of new partners and non-traditional community resources that support children and families. In addition to improving and expanding services, the SIP intends to strengthen the network of service providers by improving collaboration and integration among County departments and community-based agencies serving the same families.

To enable effective integration, information sharing and flexible funding sources are necessary. The technological capacity to collect data and track outcomes must be created in both the County and its community partners. Strategies are being developed that promote the use of blended, flexible funding to maximize resources for families with multiple needs. The SIP calls for strengthening the working partnerships among families, community organizations and public agency staff (e.g., Human Services, Probation, Health, and Courts). The first step toward this goal is improving communications among all stakeholders in the child welfare system. A communications plan is to be developed and implemented to increase access to information about the child welfare system; this could include establishing a list-serve for on-line communication among families, workers and others (e.g., policy updates, FAQ bulletin).

Educational/training Needs

The training needs outlined in the SIP target all stakeholders in the county child welfare system and aim to support the goals of system change described above by informing partners on the process, heightening cultural awareness, and conveying methods of collaborative

participation. Overall, all partners (e.g., birth parents, foster parents, kin caregivers, CWS staff, Court, Probation, Counsel, and the Sheriff's department) need to be trained in child welfare practice and protocol and have an understanding for the different roles and responsibilities. In addition, all partners require training on working collaboratively and shared case management. Service providers, partners, and families also need training on CPS reporting, CPS function and child welfare services, and differential response protocols, particularly on how the system operates (legal requirements/timeframes) and case planning processes.

Social work supervisors reported a need for new methods that will encourage consistency in conducting assessments and applying decision-making criteria, especially in cases where children are returning home. The SIP calls for cultural competence training of caseworkers and service providers that will improve their understanding of the impact cultural norms have on family engagement and participation in services. Additionally, caseworkers and service providers need training in team-based case planning and team-based decision-making participation and protocols. To effectively advance the integration of service providers, community service partners need to be trained in strength-based assessment and case planning skills. The SIP further recommends training for service providers and family caregivers on age-appropriate child behavior and child development, as well as managing behavioral challenges of abused and neglected children.

2.3.3 Summary

In review, San Mateo County offers many services and pursues strategies similar to those recommended in the literature on family reunification and re-entry to foster care. The changes prescribed by the Self-Assessment and SIP are also consistent with those presented in the literature. In addition to overall improvement of service provision, the SIP specifically outlines systemic changes that aim to more closely integrate service provision as well as to increase the active involvement all parties in the reunification process.

The County invests considerable effort in prevention services and works closely with various other agencies and community-based organizations. However, a review of the Self-Assessment and SIP leave it unclear to what extent the reunification services provided result in an articulated process that can be monitored and managed. It is also unclear to what extent the set of services offered parents aim to impart lasting life skills to families, particularly in helping parents develop their own social networks.

Regarding caseworkers, research results point to the value of continuity and practical experience in achieving successful family reunification. This information warrants questions regarding the County's efforts to reduce caseworker turnover and implement incentives for case workers to remain with the Agency.

3 Case Review and Focus Group

This section presents findings from the case file review and social worker focus group. We begin with a brief discussion of the methods we used to select and review the case files, conduct the focus group, and analyze the results of each.

The case file review sample consists of 30 CWS cases in which children had been reunified with their families, and subsequently returned to foster care between January and December 2003. Cases were identified in CWS/CMS; data was collected from the case file in CWS/CMS and documents in the hard-copy files. A case file review instrument, developed based on the factors affecting re-entry identified in the literature review and analysis of the County Self-Assessment and SIP, was used to collect specific information on the characteristics of the child, each of the parents, and the family. The reasons for the child's initial entry and subsequent re-entry into foster care were identified, and the child welfare history was tracked by child and for each parent.

The social worker focus group was held on June 22, 2005 and included the line workers and supervisors who were case-carrying social workers of re-entry cases during 2003. The social workers were provided a list of questions pertaining to factors affecting re-entry into foster care, services, and resource needs; and were additionally encouraged to contribute information they viewed as important to this study. Handwritten notes from this discussion were transcribed, summarized, and analyzed. As a supplement to the focus group, a key informant interview was conducted, to provide added insight into the progression of a typical child welfare case.

3.1 *Re-entry Cases in San Mateo County*

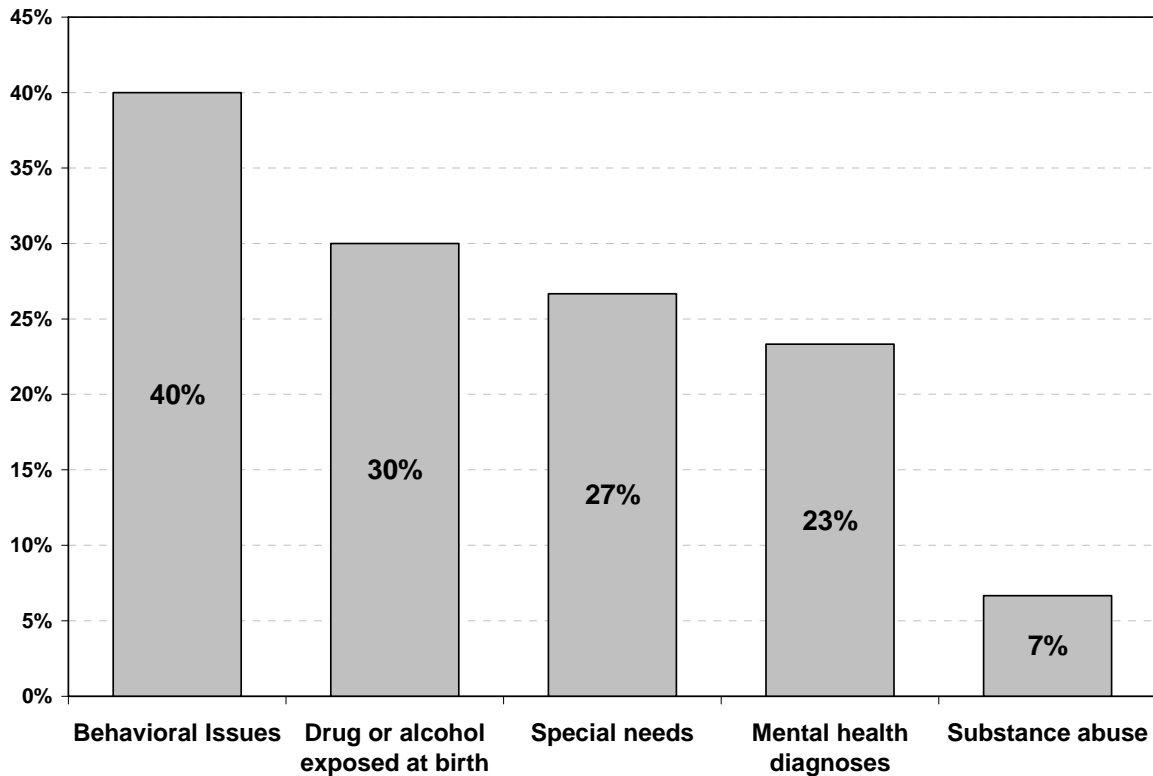
3.1.1 **Child Characteristics**

The children were evenly spread by **age and gender**: 33 percent under 6 years, 40 percent between six and twelve, and 27 percent older than 12; 14 were boys, and 16, girls. They primarily represent **children of color**; of the entire sample of re-entry cases for this year, 56 percent are African American, 23 percent are Caucasian, 10 percent are Latino/Hispanic, and Filipino and South Asian combined made up 10 percent. There were 8 groups of siblings, who made up 62.9 percent of the total sample. However, some children had siblings who were not part of the sample. Specifically, for 59 percent of the observed cases, all other siblings were in foster care, and 22 percent had "some" siblings in care. Only 14.8 percent of the sample reported having no siblings in care.

In 70 percent of the 30 cases, children were reported to have **health or behavioral problems**. As indicated in Figure 1, 30 percent of the observed children were exposed to an illegal substance or alcohol while the mother was pregnant. Twenty-three percent of children were diagnosed with a mental health condition. One of these children was diagnosed with anxiety and the other six children (20% of the total sample), were described as suffering from multiple mental health disorders. Behavioral problems were reported for 40 percent of the sample. Typically, uncontrolled aggression and unresponsiveness to authority figures

characterize these problem behaviors. In addition, 27 percent of the reviewed cases have been diagnosed with special needs such as developmental delay or medical conditions. Most of these cases indicated multiple special needs. Furthermore, two children (7% of the sample) were reported as having a substance abuse problem.

Figure 1: Problems Reported for Children in Foster Care Re-entry Cases (N=30)



CWS Experience

The children’s experiences in the child welfare system varied widely. Of the 30 re-entry cases in the sample, 43.3 percent had previous CWS history. Most of these cases had been in family maintenance, four had been in family reunification and two had been voluntary cases. The time span between a family’s first referral to CWS and the initial removal of the child varied widely. In five cases, the referral and removal occurred on the same day. Otherwise, the average time span between referral and removal was two years, ranging from two days to 14 years. On average, children in re-entry cases experienced three placements; however, one child experienced 13 placements. On average, each case experienced six social workers. Some experienced as few as three and others as many as 14 case workers each. The period of time spent in foster care ranged from one day to seven years, and averaged one year. Regarding the type of placement, prior to reunification 43.3 percent of cases had been in a foster home and 26.6 percent had been living in shelter care. Four children had been with a relative and one child had been placed with a parent’s partner. Three children had been in high-level placements before reunification and two of these resulted in re-entry due at least in part to behavioral problems. The time between the court’s decision to approve family reunification and the child’s physical

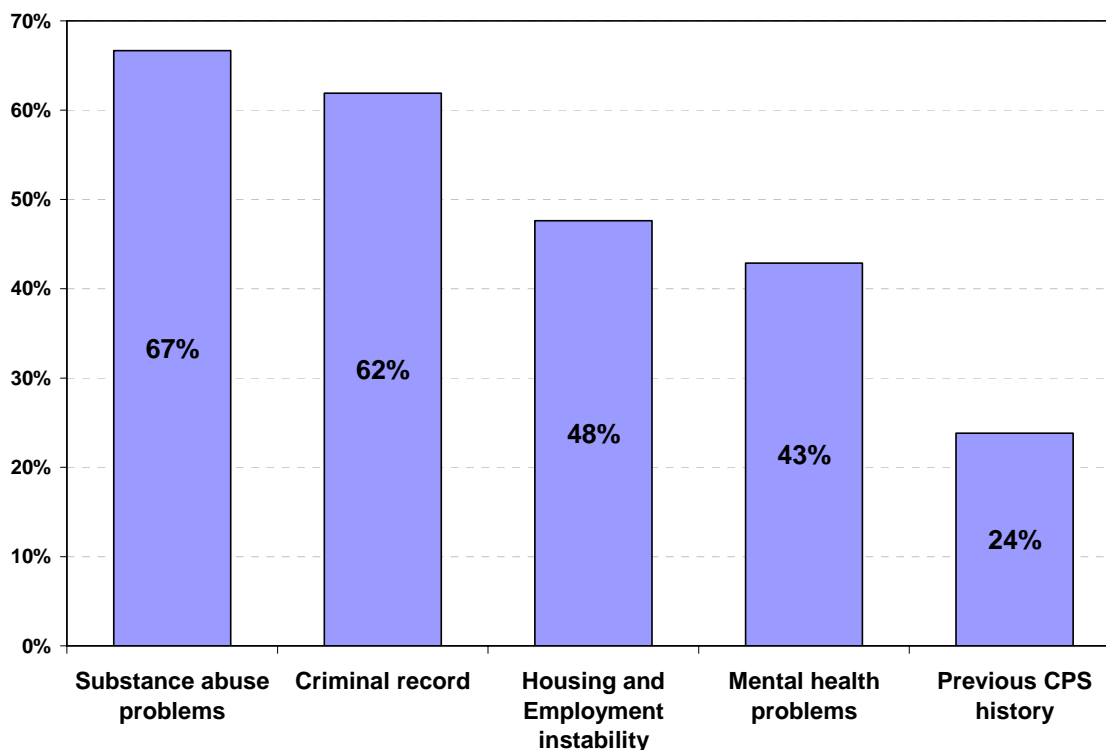
return home ranged from 4 days to two weeks. Finally, an average of 79 days passed after reunification before the child re-entered care.

3.1.2 Parent and Family Characteristics

The mother was the custodial caregiver at the time of the child's initial entry into foster care in 63 percent of the cases. Because there were eight sets of siblings in the sample, there were 21 mothers for the 30 cases. Fourteen of these mothers were single custodial caregivers. In this sample, there were only four cases in which both parents had custody, and no cases in which the father was the primary caregiver. Twenty percent of cases reported an absent parent, and in ten percent, neither parent interacted with the child.

The mothers/guardians ranged in age from 21 to 51 and averaged 39 years old. The fathers/guardians were slightly older than the mothers, averaging 42 years, and ranging from 25 to 55 years old. Half of the mothers and fathers were African American. Three of the mothers and three of the fathers were Latino/Hispanic. Three of the mothers and two of the fathers were Caucasian. Two of the mothers were Filipino, one was Native American, and one was Asian Indian. One of the fathers was Chinese.

Figure 2: Problems Reported for Mothers at Time of Child's Initial Entry to Foster Care (N=30)

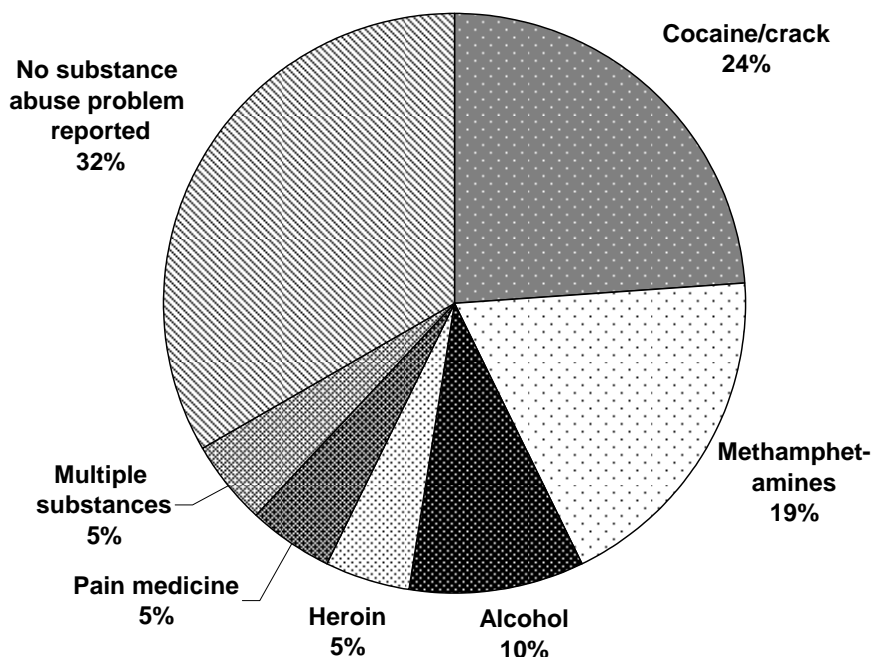


Most of the **mothers** in the sample suffered from **multiple problems**. This is illustrated by Figure 2, in which the percentages sum to more than one-hundred percent. Of the 21 mothers of the sample, 14 (67%) had **substance abuse problems** at their child's initial entry to care. 62 percent of the mothers had a criminal record. The criminal histories of seven of these 13 cases involved multiple activities, including drug-related and violent offenses. Housing and

employment instability affected roughly half of these mothers throughout their involvement with CWS. Forty-three percent of the mothers had mental health issues at the initial entry, although the issues were not always specified. These problems included depression and psychosis, and some mothers reported multiple problems. In terms of general health issues, only one mother had been diagnosed with a non-mental health medical condition. Nearly one quarter of these mothers had previous CPS history. Only two cases in the sample reported that the mothers were not struggling with any of the issues described above.

As depicted in **Figure 3**, mothers who had a substance abuse problem most often used cocaine/crack and methamphetamines. One mother each was reported as suffering from heroin addiction, addiction to pain medication, and multiple substance abuse problems. Two mothers were identified as having alcohol problems.

Figure 3: Mothers' Substance Abuse Problems at Time of Child's Initial Entry to Foster Care (N=30)



Most of the problems reported for the fourteen **fathers** in the sample were **crime and drug related**. All of the fathers had criminal records, primarily consisting of multiple drug-related and violent offenses. Over half were reported as having a substance abuse problem at the child's initial entry into foster care. Other than methamphetamines and alcohol, these problems were not clearly indicated. Only one father was reported as having mental health issues, and no fathers were diagnosed with general health problems. Only a few fathers reported difficulties with housing or employment instability. None of these fathers had previous CWS history.

The **social network** of each parent was also explored, and classified by the researchers as positive/supportive, limited, isolated or conflicted. Ten percent of mothers were described as having a positive social network. On the other hand, the social network of 40 percent was described as limited, and 33 percent were described as isolated. None of the mothers were

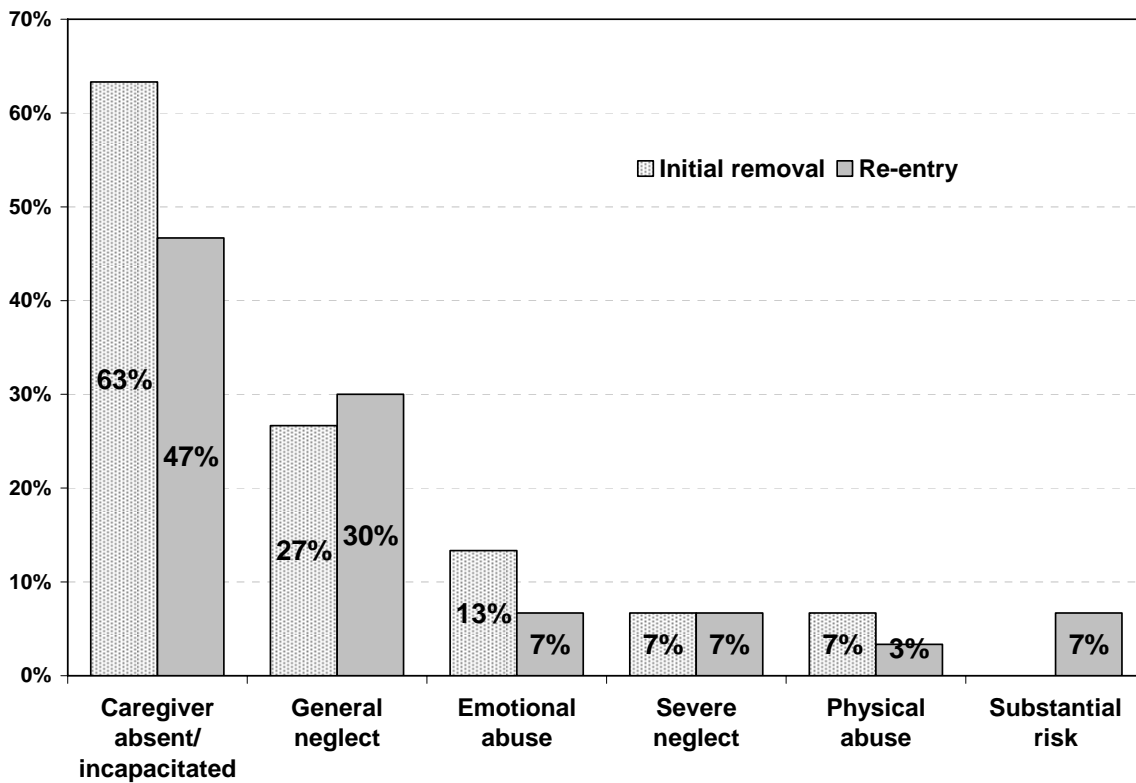
categorized as conflicted. Less is known about the fathers’ social networks, as only 40 percent of cases contained relevant information. Of these twelve cases, the social network of most fathers was reported as limited, and some as positive/supportive.

3.1.3 Factors Affecting Re-entry

Types of Abuse

In most cases, the child’s initial entry into foster care was related to **neglect**; in twenty percent of all cases, the child’s initial entry involved more than one reason for removal, and 16 percent began as voluntary cases. As outlined in **Figure 4**, parental absence or incapacity was the initial cause for removal in 63 percent of the sampled cases. Over one quarter of the children first entered foster care due to general neglect, and 13 percent due to emotional abuse. Severe neglect and physical abuse precipitated CWS action in two cases each. There were no reports of sexual abuse in this sample.

Figure 4: Types of Abuse and Neglect Reported at Initial Removal and Re-entry (N=30)



In terms of the specific types of maltreatment leading to re-entry in this sample, **general neglect and parental absence/incapacity** were overwhelmingly more likely than other forms of abuse to be listed as causal factors. In fact, these two types of maltreatment accounted for more than three-fourths of the re-entries in the sample. Severe neglect, emotional abuse, and substantial risk were the reasons cited for re-entry in two cases (7%) each. In this sample, physical abuse occurred only once and there were no reports of sexual abuse. In 26.6 percent of

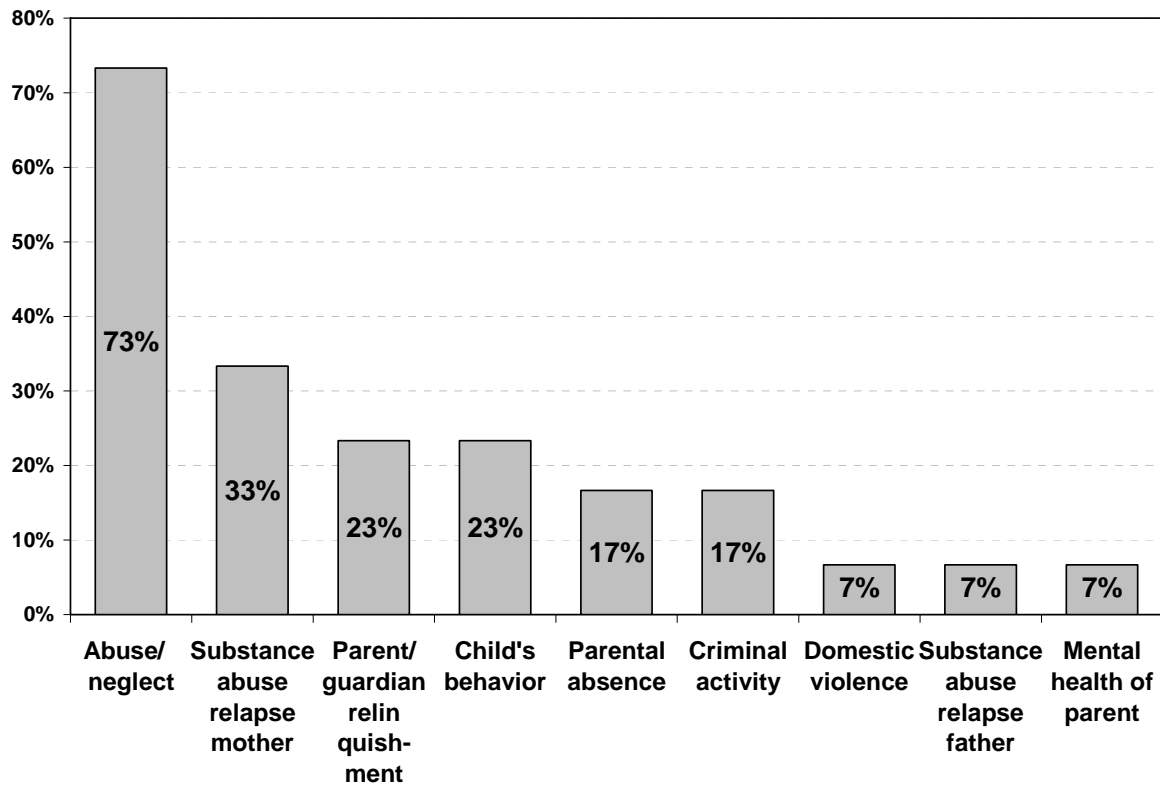
observed cases, there was more than one substantiated allegation of abuse or neglect that led to foster care re-entry.

Reasons for Re-entry

Of the issues facing the parents in this sample, substance abuse was the single most commonly cited problem resulting in a second removal of a child from his or her home. As **Figure 5** indicates, 40 percent of the re-entry cases resulted from a substance abuse relapse, and most of these cases (33% of the total) involved the mother. The absence of one or both parents led to re-entry in 5 of the 30 observed cases (17%), and the same number of re-entries were due to the mother’s criminal activity. A parent’s unresolved mental health condition and an incident of domestic violence involving a parent or guardian resulted in re-entry for two children (7%) each. Finally, 23 percent of the children in the sample were voluntarily relinquished by their parents or guardians.

The **child’s behavior** contributed to foster care re-entry in 7 cases (23% of the sample). In half of these cases, the parent or guardian relinquished custodianship. In four of these cases, the child’s behavior was considered out-of-control, and three other children ran away from home. In three of these cases, the child’s behavior was the only reason for re-entry.

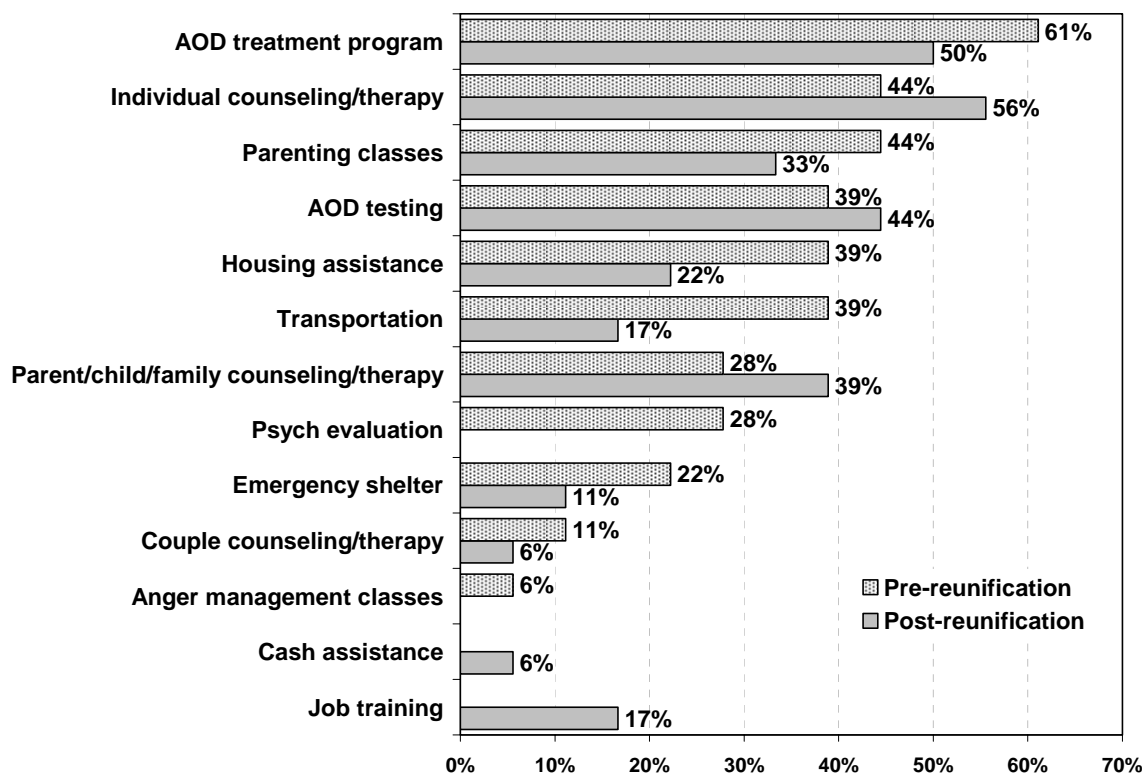
Figure 5: Reported Reasons for Foster Care Re-entry (N=30)



Support Services Received

Based on the review of available documentation, **TDM participation** in these cases was rare. According to information in the case files, only eight of the thirty mothers (26.6%) were invited to participate in TDM at their child’s initial removal from the home. Only one of these mothers chose not to attend the meeting. Prior to reunification, only four mothers (13.3%) were reported to have been invited to TDM, and they all participated. Participation in TDM was reported even less frequently at the child’s re-entry into foster care; there was one reported case in which the mother attended a TDM meeting and one in which the mother was invited but did not attend. In three cases, the re-entry TDM was not held because of the mother’s absence. In two cases the father was invited to the TDM, but did not attend.

Figure 6: Services Provided to Mothers Before and After Reunification (N=30)



Information available from the case files regarding **services offered and parental participation** was not comprehensive, and therefore difficult to assess. Based on the available documentation, **Figure 6** illustrates how frequently specific services were provided to mothers, both pre- and post-reunification. The service most frequently offered was alcohol or drug (AOD) treatment, and roughly half of the mothers in the sample were referred to counseling and therapy services. Provision of other types of services, for mothers, was reported in less than half of the observed cases. Some cases noted that the mothers were unable to participate in or complete a program because there were no available service providers. After reunification, service provision increased in certain areas including cash assistance, AOD testing, individual and family counseling, and job training; however, service participation and completion rates decreased.

Figure 7: Mother's Participation in Pre-reunification Services (N=30)

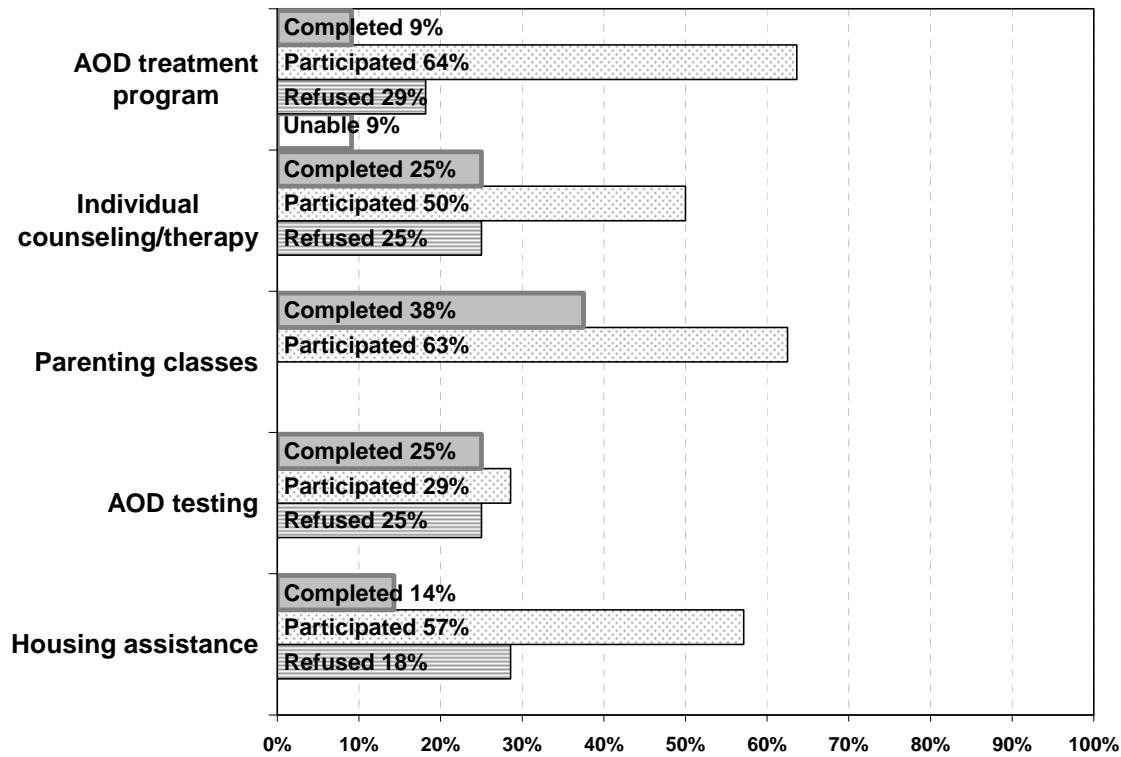
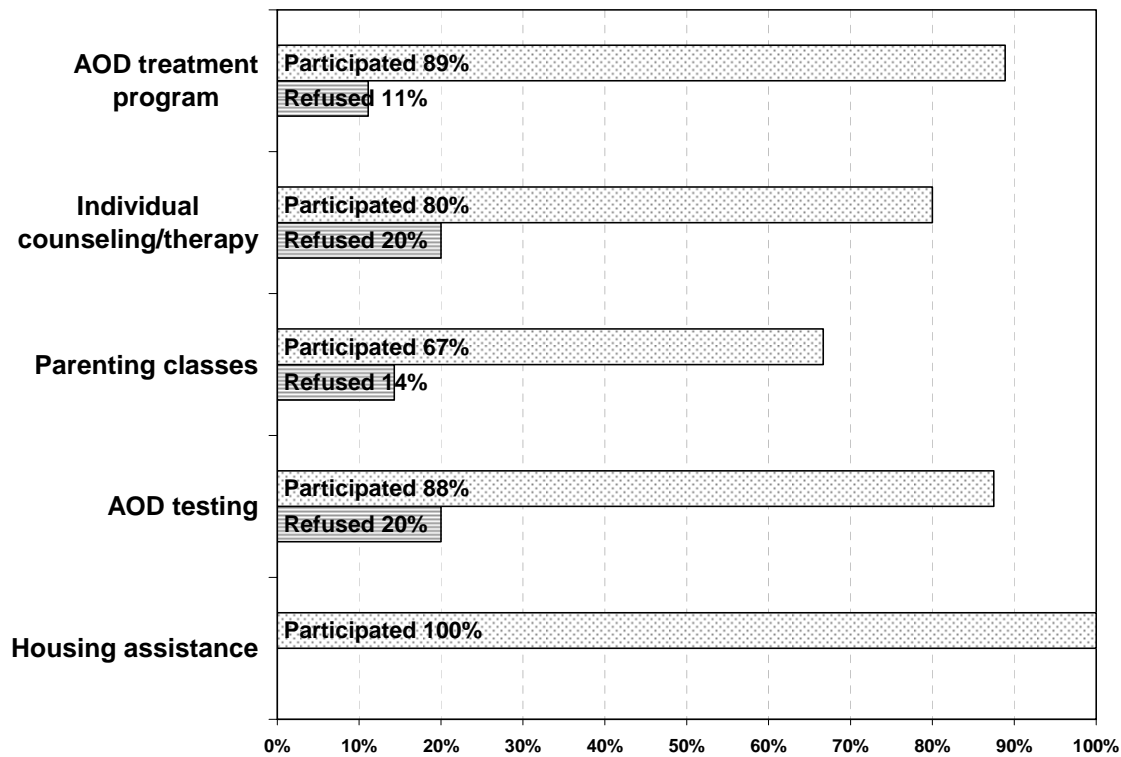


Figure 8: Mothers Participation in Post-reunification Services (N=30)



Mothers in this sample generally participated in the services they were offered. However, the case files rarely report whether a parent completed a service program. Using available information, **Figures 7 and 8** present the extent of service participation by mothers, during their child's foster care placement and after reunification. Prior to reunification, the participation rate across all services averaged 52.6%, and completion rates were low to moderate. After the child returned home, approximately 85% of the mothers participated in the services they were offered; however, there is no record of any mother completing a service program. Service refusal rates appear approximately the same in both phases of CWS activity.

There was minimal information available on **service provision for fathers** before and after reunification. According to the case files, only three fathers were provided with services prior to reunification, and in all three cases both parents were custodial caregivers at their child's initial entry into foster care. Two fathers were offered an array of services, including parenting classes, AOD treatment and testing, couple counseling, and housing assistance. One of these fathers completed all programs, the other participated in the programs but did not complete them. The third father completed parent training but did not complete his AOD treatment program. Four fathers in the sample were offered post-reunification services, two of whom had participated in services during the child's foster care placement. Both of these fathers participated in post-reunification services but did not complete them. In the other two cases, the fathers refused services. One of these cases involved a father who did not have custody of the child.

According to the case files, slightly more than half of the mothers consistently adhered to the **visitation** plan while their child was in placement. When recorded, unsupervised visitation with the mother typically began nine months after the child's initial entry into care; however, this time frame ranged from 20 days to 21 months after initial removal. Information on the father's visitation was available for five cases, and, of these, only one father was reported as consistently adhering to the visitation plan during the child's stay in foster care. One father was reported as carrying out unsupervised visitation with the mother; this began about nine months before family reunification. Maternal **ambivalence toward reunification** was reported only in two cases. Neither was a case involving substance abuse, but in one the mother suffered from an unspecified mental health problem. When the parents' attitudes towards reunification was specified in the case files, most mothers and four fathers wanted to be reunited with their child or children.

To assess the quality of the **parent-child relationship**, the child's attachment toward his or her parent was classified as healthy, somewhat impaired, severely impaired, none (the child and the mother have no relationship), and unknown (there is not sufficient information in the case file to reach a conclusion); the same categories were used to describe the mother's attachment to the child. Results indicate that there was little variation between the respective points of view. For roughly 40 percent of children and mothers, the attachment was described as *severely impaired*, for 30 percent it was described as *somewhat impaired*, and for about 20 percent the relationship was described as *healthy*. There was only one case in which the child and the mother had no relationship. Assessing the relationships between the children in the sample and their fathers was difficult, due to the paucity of relevant information in the record.

Overall, 42 percent of the cases indicated that there was no relationship between a child and his or her father, and for 25 percent the relationship was described as healthy.

3.1.4 Summary

The case file review indicates that situations in which children re-enter foster care are overwhelmingly precipitated by the multiple challenges their parents face. In this sample, all the fathers and half the mothers had criminal histories involving multiple drug-related and violent offenses; two thirds of the mothers and half the fathers were reportedly struggling with substance abuse at the time their children initially entered care. Half the mothers were dealing with mental health issues, as well as housing and employment instability. Besides these significant problems requiring long-term treatment and monitoring for behavioral change, the parent-child relationship for a large share of these cases was reported as deeply damaged. As described above, 40 percent of the mother-child relationships were characterized as severely impaired, and for 42 percent of father-child pairs, there was no relationship at all.

Given the complexity of challenges facing these parents and the frequency with which they fail to complete the service programs offered to them, it is important to consider whether factors related to practices in the child welfare system negatively affected the success of reuniting them with their children. The severity of the parent's problems also raises the question as to whether the decision to reunify was made too quickly. We again emphasize that, that while the case file review of this sample is fairly extensive, it is not comprehensive. The experience of case-carrying social workers is vital to understanding more about the nature of these cases and the decision-making processes. These experiences are examined below.

3.2 Social Worker Focus Group

This section presents social workers' perspectives on the services considered most effective and most needed by families; how roles and strategies adopted by caseworkers and the court affect reunification; and concrete ways to improve the way child welfare services operate in these areas.

3.2.1 Support Services

Social workers praise the work of both **Family Care Workers** and **Community Workers**. Family Care Workers provide a range of support services to families and case workers. They act to support social workers' case management, completing documentation and data entry, providing hands-on parent training, offering translation services, and supplying concrete needs such as food and clothing. Family Care Workers also attend TDMs, and are sometimes seen by parents as more approachable than social workers. These workers are crucial in providing families with services, and are needed to make a social worker's job manageable. Community Workers provide transportation for visitation and non-emergency referrals. They supervise children during referral assessments, and help get forms signed quickly. Other services are available to families through CORA and Family Self-Sufficiency Teams (FSST).

The social workers' recommendations for improved services include increasing the number of Family Care Workers and Community Workers, expanding in-home services, shortening waitlists for services, and simplifying the service payment process for undocumented

families. Family Care Workers and Community Workers add great value to the County service array and improve relations between the Agency and parents. In order to ease the transition to reunification, social workers recommend providing each family with intensive in-home services or a support team for a period of three to four weeks following reunification. Services must be in place at the point of reunification; however, waiting lists often prevent this and new problems arise as a result. There are many undocumented families who have no means to pay for prescribed services and no access to MediCal. Social workers can access limited funds to help these families when the court orders services; however, coordinating the payment is complicated, and the process should be simplified.

Parent Training

Social workers recommend expanding training opportunities for parents, including education in the CWS system in order to improve communication between parents and case workers. Effective communication about the case plan is essential, as families can be selective about what they report to their workers and parents can become jealous of the rapport between the child and the worker. It is important to clarify the role of the worker and to explain to the family that the worker is there to coordinate services and advocate for the child. Parents also need to understand the court orders related to their child's case, the County's expectations about the reunification process, and what aspects of their family life will be monitored by the Agency.

Additional parent training topics requested by social workers include: anger management, parenting skills classes relevant to specific age-groups, and classes on the various types of abuse, especially since many families appear to lack awareness of the dangers of physical discipline. Families also need to know how to obtain available services for children, including child care subsidies, Head Start for children up to age three, and services for children and parents with developmental disabilities, which are available at the Golden Gate Regional Center. In addition, parents with teenagers should have access to classes on challenging teen behaviors, such as those offered by the sheriff's office. Interactive parenting classes that parents and children attend together are also needed, such as those offered through FOCUS.

Substance Abuse and Mental Health Treatment

To support behavioral change, parents should have continued access to AA, NA and services for batterers and victims of domestic violence following reunification. One gap in the service array noted by the social workers was in services for the perpetrators of domestic violence. The workers recommend expanded domestic violence supports that include such services. Parents receiving medication and/or counseling must maintain contact with their psychiatrist and/or therapist.

Structural Support Services

Most of the families have multiple structural needs that must be addressed if they are to provide a safe and stable environment for their children. These include difficulties obtaining adequate food, shelter, and clothing; language barriers; and lack of transportation. The social workers participating in the focus group praised the support that Family Care Workers provide to

families and to the Agency in helping to manage these problems. The social workers recommended increasing the number of Family Care staff, as well as expanding services to help families meet structural needs. Family Care staff can serve as translators, and are able to purchase clothing for the children, food, and furniture. They also assist with family organization—for example, they may ensure that the children are signed up for summer camp. The focus group members recommended increasing the number of Family Care Workers available to provide these services.

Other focus group recommendations included increased access to transportation and affordable housing. Problems in these areas are directly related to the likelihood of children re-entering care. For example, a parent who regularly fails to take the child to his or her therapy visits or becomes homeless is at risk of once again losing custody of the child.

3.2.2 Strategies and Roles

In addition to discussing concrete services these families need, social workers addressed a range of strategies currently implemented, and recommendations for improvements. As part of this discussion, social workers directed their attention to the roles of various stakeholders, and critically viewed their own roles, in particular.

Maintaining Family Bonds

Parents and children graduate from supervised visits, to unsupervised visits, to half day visits, to weekend visits. When reunification is being considered, workers will take into account the child's reaction to unsupervised visits, night visits, and weekend visits in the home to develop a sense of how the family is interacting. In addition, the worker will visit the home to develop a sense of how the family is working together.

The social workers described instances in which providing assistance to help the family maintain relationships is very difficult; geography can strain these efforts, as can harmful past events that lead to family conflict. There are quite a few placements outside the county, which can have a negative effect on the child's relationship with the parent. Long travel times make it difficult for families to spend the time together that they need to work on improving their relationships. In addition, out-of-county placements typically make family therapy impossible. In some cases, the child and parent do not have a strong foundation for a relationship because they lived apart for extended periods of time preceding any CWS involvement. For example, this is the situation for immigrant families in which the parents moved to the United States long before the children joined them. In extended family households there are cases in which the perpetrator must move out before the child can be returned. This can create tension within the household. The loss of one source of income can have financial implications and may result in resentment being directed at the child after his or her return home. Relationships can also become strained in cases of sex abuse when the parent maintains a relationship with the perpetrator. Also in such cases, the Agency cannot protect the child from having to testify, which can be very trying for the child.

Role of Foster Caregiver

Social workers report that foster parents often see themselves as advocates for the child in their care, and sometimes feel as if they know what is best for the child. This generally results in foster parents engaging in the reunification process by focusing on the child's needs, rather than adopting a strength-based approach in their interactions with social workers and the birth family. Additionally, foster parents and birth parents often come from different social and economic backgrounds, resulting in different parenting styles and expectations regarding the child's behavior. This can be confusing to the child, and lead to a difficult transition. Foster parents may or may not attend the TDM prior to reunification. Social workers view their attendance as an opportunity to prepare themselves and the child for the transition home. Ideally, the foster parents will agree with the reunification plan and will help the child during the process. Some birth families, however, choose not to maintain communication with the foster parents. It can be especially difficult for the children to maintain a relationship with their foster parents after returning home, because they are focused on reconnecting with their birth family.

Role of Case Worker

The social workers who participated in the focus group spent a considerable amount of time reviewing the role of the case worker through the many stages of placement leading up to family reunification. They identified distinct caseworker roles in assessing the situation, making the decision for reunification, preparing for the return home, and maintaining a relationship with the child. They related these roles to some of the reasons for a child's return to care and made recommendations for improving the success of the reunification process.

The child's **safety** is the most important standard that is used to **assess whether the child can return home**. Social workers assess whether the non-offending parent can protect the child and whether the offending parent has changed and will participate in providing a safe home for the child. After safety, the next key consideration is whether the issues underlying the original allegation have been resolved. It is important to review the court orders and examine the extent to which the services have been implemented; this involves discussion with the service-providing partners. The parent should have complied with the court orders and the case plan, which provides details about how services should be delivered and utilized. The court report describes the risks involved in returning a child home, and these reports are made available to collaterals and to the family. If the family has new needs, these should be assessed, and services offered and provided. Finally, the progression in visitation from supervised visits, to unsupervised visits, to half day visits, and to weekend visits is evaluated.

The decision to reunify a family also requires specific information about the child's behaviors that are outlined in the case plan. The parents must demonstrate that they will be responsible for monitoring the expectations that are described in the case plan for the child. When reunification is being considered, workers will take into account the child's reaction to unsupervised, night, and weekend visits to develop a sense of how the family is interacting. In addition, the worker will provide services in the home to develop a sense of how the family is working together.

After the decision to reunify has been made, there are several **steps that must be taken to prepare for reunification**. If there has been an injury to a child who is five or younger, the case must first be reviewed by a TDM and at an administrative review before the child can be reunified. In all cases, the social worker's role is to make recommendations to the court, and to present the case issues and concerns at a TDM. The TDM is used to make recommendations for additional supports that can help sustain the child at home. Often, six months is not enough time for a parent to become ready for reunification if he or she has substance abuse problems. The social worker must demonstrate at the six month review that reasonable efforts have been made to provide the client with services. If six months has not been long enough to pull together all services the family needs, then the worker will need to request an extension.

The court may reach any of several conclusions regarding service provision. The court may be satisfied that appropriate Family Maintenance services have been provided over the course of twelve months. The court might find that a reasonable effort has not been made in service provision to the family. Sometimes the provision of services is inadequate, or waiting lists prevent timely provision. In some cases, social workers believe the court's decision to return a child is premature; this can happen when documentation submitted by the family's service providers does not support the social worker's assessment of the family; for example, they explained psychiatric evaluations often vary in quality and do not always thoroughly document risks to the child, a circumstance particularly true as regards Spanish-speaking families.

Some families have a multitude of needs, including chronic and severe problems that make addressing all issues very difficult. As a result, the worker may target service provision at resolving the most critical of issues central to the child's safety. Another issue might not be impacting the child's safety, but might in the end determine whether the child will reenter care. In other cases, the court might decide that the parent has made a sufficient effort for reunification, even when the parent waited until shortly before the hearing date to comply with the court orders and access services.

Workers may submit memos to the court in an effort to prevent a premature reunification. The memos notify the court of ongoing concerns and attempt to enlist attorneys to emphasize terms of the court order to the parents. Parents often respect the court more than the social workers, who are not perceived as arms of the court, thus a message communicated directly by the court may carry more weight and motivate the parent to engage in services.

After reunification, the social worker's role is to continue to advocate for the family and assist them to access services. Despite this, the family is sometimes mistrustful of the social worker's efforts. Parents do not always view the workers as resources to support the children. In fact, the Agency is often perceived as interested primarily in removing children from their homes. In cases in which children have been returned against the recommendations of the Agency, parents can become confrontational and the worker may need to see the children independently to avoid their exposure to the tension. In other cases, however, the social worker becomes part of the family and is offered food and gifts. It is important to support the family's reduced dependence on the Agency. The role of the social worker is to emphasize that the family should begin to work as a team with members of the community, rather than with the Agency. In some instances, children will re-enter foster care because the family has not developed self-

sufficiency from agency intervention. It is important to make sure that after a child is reunited with the family after having been placed outside the home, parents feel they have “taken back” their authority and are competent to manage their own family.

When reunification fails and a new referral for abuse is made, the FM social worker will file a petition. If the petition is affirmed, the case is usually returned to the original FM worker, unless the supervisor feels that the relationship between the worker and the parent has been damaged. Workers may also turn down cases. If a second child in the family enters the child welfare system and there is already a permanent plan in place for his or her sibling, that child’s case will go straight to the permanency planning social worker.

The focus group suggested **social worker’s practice** can be improved by developing a common language with parents, through experiencing first-hand the services and training in which the parents participate. Parents expect to, and need to, hear a consistent message from all service providers with whom they interact, including the social workers. Their suggestions include: increasing workers’ understanding of parenting classes, of treatment services and drug testing, and of current trends in local drug-related crime.

They believe social workers should have a clear understanding of the content of the parenting classes so that they can discuss pertinent information and issues with parents. Workers should be able to demonstrate sound knowledge of parenting skills when parents question their authority, especially if they are not parents themselves. Likewise, workers should attend treatment programs such as AA and NA meetings. Workers should increase their understanding about domestic violence by working for a hotline or with battered women in shelters. Workers need to understand how drug testing works, and how it can be compromised. Workers also need to be apprised to developments in drug use and violence in the community; this information should be provided by the Sheriff’s department. The need for this type of information was demonstrated in the recent past, when a series of immigration raids were taking place and social workers were not clued in as to why their clients were not attending meetings or appointments.

4 Discussion and Recommendations

The factors affecting foster care re-entry drawn from the analysis of San Mateo County’s case files are consistent with those described in previous research. Specifically, the nature and severity of parental problems is strongly related to a child’s likelihood of re-entering foster care. Availability of services and social worker knowledge also affect the likelihood of re-entry; these issues were raised in the County Self-Assessment and System Improvement Plan, as well as the recent focus group of social workers. In this section, we review some of the core results of the case file review in comparison to the findings from the literature review, the County Self-Assessment and System Improvement Plan, and the focus group.

A consistent group of personal and structural problems affecting parents whose children return to foster care are cited as factors precipitating re-entry. Parents in these cases suffer from chronic personal problems, such as substance abuse and mental illness, which typically require intensive long-term treatment to achieve modest behavioral change. These families’ relationships are characterized by social isolation and compromised parent-child relationships. In

addition, many parents have criminal histories, involving multiple drug-related or violent offenses. Their circumstances are further complicated by inadequate housing and unstable employment.

Children who re-entered foster care in San Mateo County spent about one year in multiple placements and typically re-entered care within three months following reunification. The vast majority of these children demonstrated behavioral and/or health problems, and in some cases the child's behavior was the sole cause of re-entry. Typically, these children experienced six different case workers over the course of their experience with CWS, a finding which points to a need to examine to factors affecting re-entry that may be related to the system that provides foster care in the County.

The results of the case file review serve to underscore the concerns that were expressed by the community through the County Self-Assessment and System Improvement Plan. The problems of the parents in the case file review are acute, chronic and broad in scope. These parents require the support of multiple agencies, including those that provide health care, employment training, and housing services. The SIP calls for systemic changes to more closely integrate service provision, as well as to increase the active involvement all parties in the reunification process. These changes require the clear delineation of tasks and roles, and the SIP acknowledges this as an area for improvement in San Mateo County.

The SIP and Self-Assessment call for improving available services and providing services specifically targeted to the needs of each parent. The case files revealed minimal information regarding service provision and participation. As discussed in the review of the literature, the intensity of services is critical to achieving positive outcomes, not only due to the level of care provided, but because continued regular contact with the service system increases the opportunity for case monitoring and accuracy of case assessment.

As data from the case file review and the focus group demonstrate, cases in which children re-enter care involve very troubled families, and social workers continue to see a need for more intensive family services, improving communication and cooperation between families and case workers, and for improving the quality of needs assessment at the very beginning of the family's involvement with child welfare services. Because these families, especially the parents, have multiple needs, they often require more attention and monitoring than the case worker alone can provide. While Family Care Workers and Community Workers are seen as an effective resource to meet the family's immediate needs, ease tensions between parents and the Agency, and more closely track the family's progress, they are few in number. In addition, to improve communications between the Agency, service providers, and parents, social workers continue to recommend training all stakeholders in CWS policies and improving the dissemination of information regarding policies and processes.

In sum, families require intensive support services to help parents resolve multiple, acute problems, to mitigate future risks to the children, and to effectively manage the reunification process. In addition, all stakeholders need to be better informed about the processes and requirements affecting families' participation in child welfare services; and the processes themselves should be more closely integrated to better support efforts toward successful

reunification. This requires improving communication and relations between parents and the Agency, which can be achieved in part by assuring parents are informed and increasing the cultural awareness of social workers. Family reunification should be a fully articulated process in which the provision of specialized services and the participants' progress are regularly monitored and reported to all stakeholders.

4.1 Recommendations for Change

The data collected and analyzed in this study suggest recommendations for changes in practice as well as in the operation of the child welfare system. Many of the following recommendations have been previously proposed as areas for improvement in the SIP.

4.1.1 Practice Improvements

Expand and monitor implementation of TDM

Case workers and service providers must embrace the purpose of this decision-making method in order to implement it effectively. This can be achieved in part by improving education on the method through workshops and other modes of information dissemination. Further, the importance of participation in TDM needs to be conveyed to parents from the outset of CWS activity with the family.

Enhance the quality and increase the frequency of family assessments

Effective case planning depends on accurate family assessment. The accurate assessment of the family's needs and progress requires thoroughness and regularity in gathering information. Parental attendance in treatment and training services is not necessarily a sufficient indicator of successful reunification. Rather, the level of participation and behavioral change must be tracked. Increased monitoring of the family's situation and of the parent's progress at many points of service, and especially during visitation and in-home services, is recommended.

Improve communication and collaboration

Strategies to engage families and reduce confrontation between the social worker and the parent can help minimize parent's feelings of animosity and bitterness, so they can fully utilize services that support successful family reunification. A collaborative relationship can be cultivated between social workers, service providers, and parents by 1) keeping parents and service providers informed about CWS policies and procedures, 2) developing the cultural competence of social workers and service providers, and 3) by social workers demonstrating familiarity with services and classes (e.g. AOD treatment, domestic violence services, parenting classes) in order to cultivate a common language and clarity of expectations.

4.1.2 Service Improvements

Increase Access to Certain Types of Services

The stressors caused by the structural deficiencies experienced by these families create enormous obstacles toward successful family reunification. In the short run, **services that alleviate immediate critical needs** such as sufficient food, clothing and healthcare are imperative. Improving access to adequate housing would be a significant advancement, and will

require greater cooperation with the Department of Housing. In addition, expanding employment opportunities through job skill development would have long-lasting effect on a family's level of self-sufficiency.

Services aimed at maintaining family bonds should be enhanced, as they promote continuity of family relationships and permit a more accurate assessment of familial bonds, progress in parenting skills, and behavioral change in both child and parent. Services supporting family visitation should be regular and increase in frequency and intensity during the preparation phase for reunification. The active involvement and support of the foster caregiver in family visitation should be encouraged, as it often eases transitions. Individual and group counseling services (including foster caregivers when relevant) should be more available, to assist children, parents, and foster caregivers in preparing for the difficulties that may accompany the reunification process.

Providing increased access to **counseling and educational support services for children** is vital to improve the success of their transitions in and out of care, address potential behavioral issues, and promote their healthy development. In addition to counseling services targeting behavioral issues, educational services are needed for early identification of any educational barriers and for remedial help, with the aim of instilling in the child a positive attitude toward learning and the school community.

Skills-training for parents is essential; these services, including parenting, job, and life-skills training and instruction in development of a supportive social network, should be offered as early as possible, ideally before the child returns home. Parenting classes need to address the specific needs of a parent and be relevant to the age of the parent's child. In order to cultivate consistency in parenting methods and a common language, foster parents should attend the same parenting classes. In addition to parenting skills, the development of life skills such as communication, problem-solving, anger management, homemaking, budgeting and job training will have lasting impact on the parent's ability to function and to cope in life, as well as greatly increase a parent's level of self-sufficiency.

Directly related to the quality of parenting skills is the **quality of the parent's social network**. Just as an evaluation of a parent's social network needs to be a component of the assessment process, services need to include helping a parent develop his or her own supportive social network, and, when relevant, helping the parent to identify and avoid negative relationships. Establishing parent support groups and promoting a mentor-like relationship between the parent and the foster parent is recommended.

Improve Timing and Duration of Services. In addition to the nature of services provided, the timing of services and their intensity is critical for the success of the treatment and acquisition of skills, tracking progress, and the careful management of the reunification process. Especially in the case of substance abuse, treatment services must commence at the outset of CWS activity. Extended and consistent service provision for families with acute and chronic difficulties allows for more accurate assessment of a parent's progress. In addition to the start and duration of support services, intensifying services and case worker contact during the course of the reunification process is vital. This critical transition requires active management and close

monitoring in order to enable a lasting safe and successful family reunification. This strategy of intensifying services to assist in the management of the reunification process provides for follow-up preventative as well as monitoring services.

4.1.3 System Improvements

Findings presented in this study suggest three strategies to improve operation of the service delivery system:

Increase the frequency of the family's contact with all providers in the system prior to and following reunification. In addition to increasing the number of tailored services available to families and ensuring that social workers are well-informed of the existence of these services, expanding the number of Family Care Workers and Community Workers would make it possible to increase in-home contact with families, improve relations with Agency and increase tracking of family's progress.

Integrate points of service contact into a fully articulated system in which the provision of specialized services and the participant's progress is regularly monitored and reported back to all relevant stakeholders. A more carefully planned system of coordinated services, and progress monitoring, needs to be established. As most families are challenged by multiple problems, public and private service providers need to work collaboratively as active participants in the reunification process. A tightly integrated system of service provision and progress feedback can vastly improve the level of assessment achieved by social workers and service providers. As the SIP stipulates, greater integration requires the clear definition of roles, and targeted training to ensure that all stakeholders are informed of CWS policies and processes.

Improve consistency in the assignment of social workers to a child's case. High rates of worker turn-over and a family's experience of frequent shifting in care between new social workers undermines the efforts at stake; incentives to encourage longevity in the social worker workforce.

Bibliography

- Allen, MaryLee & Mary Bissell. 2004.** "Safety and Stability for Foster Children: The Policy Context." *Future of Children*. Vol 14(1), Win 2004, pp. 49-73.
- Bagdasaryan, Sofya. 2005.** "Evaluating family preservation services: Reframing the question of effectiveness." *Children and Youth Services Review*. Vol 27 (2005), pp. 615-635.
- Barber, James & Paul Delfabbro. 2005.** "Children's adjustment to long-term foster care." *Children and Youth Services Review*. Vol 27(1), pp. 329-340.
- Cordero, Antonia E. 2004.** "When Family Reunification Works: Data-Mining Foster Care Records." *Families in Society*. Vol 85(4), Oct-Dec 2004, pp. 571-580.
- Courtney, Mark E. 1995.** "Reentry to Foster Care of Children Returned to Their Families." *Social Service Review*, 1995, 69, 2, June, 226-241.
- Courtney, Mark E., Irving Piliavin, & Bradley R. Entner Wright. 1997.** "Transitions from and Returns to Out-of-Home Care." *Social Service Review*, 1997, 71, 4, Dec, 652-667.
- Farmer, Elaine. 1996.** "Family Reunification with high risk children." *Children & Youth Services Review*. Vol 18(4/5), pp. 403-424.
- Fein, Edith & Ilene Staff. 1993.** "Last best chance; Findings from a reunification services program." *Child Welfare*. Jan/Feb 1993, Vol 72 (1) (2005), pp. 25-41.
- Festinger, Trudy. 1996.** "Going Home and Returning to Foster Care." *Children and Youth Services Review*. Vol 4-5 (18) (2005), pp. 383-402.
- Fisher, Philip, Bert Burraston & Katherine Pears. 2005.** "The early intervention foster care program: permanent placement outcomes from randomized trial." *Child Maltreatment*. Vol 10 (1) (February 2005), pp. 61-71.
- Frame, Laura, Jill Duerr Berrick & Melissa Lim Brodowski. 2000.** "Understanding reentry to out-of-home care for reunified infants." *Child Welfare*. Vol 79(4), Jul-Aug 2000, pp. 339-369.
- Fraser, Mark W., Elaine Walton, Robert Lewis, Peter Pecora & Wendel Walton. 1996.** "An experiment in family reunification: correlates of outcomes at one-year follow-up." *Children & Youth Services Review*. Vol 18(4/5), pp. 335-361.
- Harburger, Deborah & Ruth White. 2004.** "Reunifying families, cutting costs: Housing – Child welfare partnerships for permanent supportive housing." *Child Welfare League of America*. Vol 83(5), pp. 493-508.
- Jones, Loring. 1998.** "The social and family correlates of successful reunification of children in foster care." *Children & Youth Services Review*. Vol 20(4), pp. 305-323.
- Jonson-Reid, Melissa. 2003.** "Foster care and future risk of maltreatment." *Children & Youth Services Review*. Vol 25(4), pp. 271-294.
- Lewandowski, Cathleen & Lois Pierce. 2004.** "Does family-centered out-of-home care work? Comparison of a family-centered approach and traditional care." *Social Work Research*. Vol 28(3), (Sept 2004) pp. 143-151.
- Maluccio, Anthony N. & Edith Fein. 1994.** "Family reunification: Research findings, issues, and directions." *Child Welfare*. Sept/Oct 1994, Vol 73(5), pp. 287-305.

- Maluccio, Anthony N., Lois Abramczyk & Barbara Thomlison. 1996.** "Family reunification of children in out-of-home care: Research perspectives." *Children & Youth Services Review*. Vol 18(4/5), pp. 287-305.
- Needell, B., Webster, D., Armijo, M., Lee, S., Cuccaro-Alamin, S., Shaw, T., Dawson, W., Piccus, W., Magruder, J., Exel, M., Conley, A., Korinek, P., Smith, J., & Dunn, A. 2005.** *Child Welfare Services Reports for California*. Retrieved September 14, 2005, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>.
- Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Lery, B., Shaw, T., Dawson, W., Piccus, W., Magruder, J., & Kim, H. 2004.** *Child Welfare Services Reports for California*. Retrieved September 14, 2005, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>.
- Ryan, Joseph P. & Mark F. Testa. 2005.** "Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability." *Children & Youth Services Review*. Vol 27(3), Mar 2005, pp. 227-249.
- Staff, Ilene & Edith Fein. 1994.** "Inside the black box: An expoloation of service delivery in a family reunification program." *Child Welfare*. Vol 73(3), May/June1994, pp. 195-212.
- Thomas, M., David Chenot & Barbara Reifel. 2005.** "A Resilience-Based Model of Reunification and Reentry: Implications for Out-of-Home Care Services." *Families in Society*. Vol. 86 (2), Apr-Jun 2005, pp. 235-243.
- Terling, Toni. 1999.** "The efficacy of family reunification practices: Reentry rates and correlates of reentry for abused and neglected children reunited with their families." *Child Abuse & Neglect*. Vol 23(12), Dec 1999, pp. 1359-1370.
- Unrau, Yvonne, Michael Wells & Mary Ann Hartnett. 2004.** "Removing Barriers to Service Delivery: An Outcome Evaluation of a 'Remodelled' Foster Care Programme." *Adoption & Fostering*, 2004, 28, 2, summer, 20-30.
- U.S. Department of Health and Human Services. 2002.** "Child Welfare Outcomes: 2001 Annual Report. Safety, Permanency, Wellbeing." Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau.
- Walton, Elaine & Mark Fraser. 1993** "In-home family-focused reunification: an experimental Study." *Child Welfare*. Vol 72(5), (Sept/Oct 1993) pp. 473-488.
- Walton, Elaine. 1998.** "In-home family-focused reunification: a six-year follow-up of a successful experiment." *Social Work Research*. Vol 22(4), (Dec 1998) pp. 205-214.
- Weil, Thomas P. 1999.** "Children at risk: Outcome and cost measures needed." *Child Psychiatry & Human Development*. Vol 30(1), Fall 1999, pp. 3-18.
- Wells, Kathleen & Shenyang Guo. 1999.** "Reunification and reentry of foster children." *Children & Youth Services Review*. Vol 21(4), pp. 273-294.
- Wulczyn, Fred. 1991.** "Caseload dynamics and foster care reentry." *Social Service Review*. Vol 65(1), (March 1991), pp. 133-156.
- Wulczyn, Fred. 2004.** "Family Reunification." *Future of Children*. Vol 14(1), Win 2004, pp. 95-113.