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① Understanding Reentry to Out-of-Home Care for Reunified Infants

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Although many children placed in out-of-home care are reunified with their families of origin, a significant portion reenter care, reflecting continued family problems and weaknesses within the child welfare system. For infants, the stability of reunification is particularly crucial, given their developmental stage. This study reviewed the case records of 88 randomly selected infants who had been reunified with their families. Thirty-two percent of those infants reentered care within four to six years of their reunification. The identification of factors predictive of reentry into care has both policy and practice implications.

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In the child welfare system's effort to promote lasting, familylike arrangements for every child who enters out-of-home care, reunification is the most common path to permanence and very often the preferred one [Barth 1997]. The process of reunification is challenging for all involved, and the ultimate success of the family's and social worker's efforts can be measured along a number of family functioning dimensions. Topping the list of successful outcomes is child safety. For some children, unfortunately, the benefits of reunification fade or disappear when maltreatment reoccurs and they subsequently reenter out-of-home care. Although such circumstances are detrimental to and should be avoided for all children, issues of safety and stability may be especially crucial for infants and toddlers, given their extreme vulnerability and the rapid pace of their physical, affective, and cognitive development.

Data from California indicate that the majority of children placed in out-of-home care are returned home to their parents. Within four years of placement, more than half of all children placed in out-of-home care (54% for kinship care; 57% for nonkinship care) are reunified, with about 45% of California infants reunifying from kinship care (43% for nonkinship care) [Needell et al. 1997]. A large proportion of the children who return home, however, eventually reenter out-of-home care. About 28% of infants and toddlers who exit California's nonrelative family foster care system reenter care within three years (19% of children in kinship care ages birth to 2 reenter) [Berrick et al. 1998]. These numbers can only begin to represent the experience of instability in the lives of very young children.

Reentry into care is a ready measure of recidivism, but relatively little is known about the nature of successful and unsuccessful reunifications, particularly for the infant population. To fill this gap, the present study examined the child, family, and service characteristics of reunified infants to understand the reasons why some remain home and others return to placement. In

much of the existing literature, reunification and foster care reentry are studied separately. Although the results of studies with diverse methodologies are difficult to aggregate and compare [Maluccio et al. 1994], the following review relies upon both topics to address the question of "what works" in creating stable reunifications. Similarly, the review, of necessity, includes some research on older children since few studies have focused specifically on infants.

Reunification

In general, the likelihood of a child's reunification may be influenced by a broad constellation of factors, including the type and severity of maltreatment, the type of placement, certain family characteristics and the nature of the problems facing the parents, the timing of the reunification and type of services provided to the family, and the attitudes of parents and workers about the reunification process. Evidence from both California and Illinois suggests that children referred for general or severe neglect, or for caregiver absence, are less likely to reunify than children placed for reasons of physical and sexual abuse [Berrick et al. 1998; Rzepnicki et al. 1997]. Reunification may also be significantly delayed (resulting in longer stays in out-of-home care) in cases of severe neglect or when criminal charges are filed [Davis et al. 1997]. In cases of physical abuse, both the abuse severity and increased family poverty have been shown to decrease the chances of a child returning home within four years [Barth et al. 1986].

The probability of reunification is greatest immediately following placement, then tends to decrease the longer children stay in care [Courtney 1994; Goerge 1990], with the steepest decline occurring after the first few weeks of placement [Goerge 1990]. For young children in particular, their exit from care is precipitous at first. About one-quarter of children ages birth to 5 reunify

with their parents within three months of placement [Berrick et al. 1998]. Multiple placements have been associated with failed reunifications and subsequent reentry as well [Courtney 1995]. Several studies have shown that placement with relatives results in unique foster care dynamics for children, including longer stays in care, greater placement stability while in care, and reduced rates of reentry [Berrick et al. 1998; Courtney 1994; Davis et al. 1993; Goerge 1990].

In terms of basic demographic characteristics, gender has no relationship to reunification, but race has been associated with the chances of returning home: in one study, African American infants and older youths were less likely to reunify within three and one-half years than were Caucasian and Latino children of the same age; coming from an intact two-parent family increases the rate of reunification [Courtney 1994]. Although two studies have found that infants placed during the first year of life are less likely to reunify than children in any other age group [Berrick et al. 1998] and that they go home at a slower rate than older children [Courtney 1994], another study found no relationship between child age at referral or race, and the likelihood of reunification [Rzepnicki et al. 1997]. (The latter study did not focus on very young children, yet the sample of 1,772 tended to be young: 61% were under age 6, and only 8% were over age 12). Being removed from an AFDC-eligible family was associated with a slower return home from care [Courtney 1994].

The probability of reunification is greatly reduced in the presence of serious prior harm (including death) to another child and/or termination of parental rights on another child, with no significant change in the interim; repeated or premeditated harm or torture of the child in question [Katz & Robinson 1991]; homelessness and criminal offenses [Rzepnicki et al. 1997]; symptoms of parental emotional problems or mental illness, especially those that have been unresponsive to prior mental health services; or parental drug abuse and a parental support system (and means

of financial support) that consists solely of drug-related activity such as prostitution [Katz & Robinson 1991; Rzepnicki et al. 1997]. Evidence is conflicting about whether child-focused problems (academic or behavioral) are predictive of reunification for older children—one study found that such problems reduced the possibility of reunification for children who were physically abused [Barth et al. 1986]; in another study, such problems were associated with an increased likelihood of returning home compared to parent-focused problems [Rzepnicki et al. 1997]. Whether corollary problems with infants—developmental delays, difficulty feeding, medical fragility—have a relationship to reunification has not been specifically studied, although Courtney [1994] found that the presence of health problems or disabilities slowed the return home for children (ages birth to 18) initially placed in non-kinship family foster homes.

Information on the success of specific reunification services is limited, and like much of the research discussed above, is not focused on infants per se. The receipt of preplacement preventive services (provided by the public child welfare agency) has not been found to affect reunification rates for children in nonkinship homes [Courtney 1994]. The provision of intensive, time-limited services, however, has been found to match or increase reunification rates, compared to traditional child welfare services [Jones et al. 1976; Lahti 1982]. One study found that intensive reunification services resulted in about one-third of families reunifying safely, with another third being referred back to state agencies without reunifying, and a final third still attempting reunification at 12 months [Fein & Staff 1991]. Another report on an intensive "last best chance" program for multiple-problem families (referred by the state agency, pessimistic about reunification) showed a 28% stable reunification rate in two years [Fein & Staff 1993]. Even more striking results were found by Walton and colleagues [1993], who employed a posttest-only, experimental design to measure the success of reunification for 57 families

in Utah. Experimental services were provided three times per week for 90 days, in home, and were based upon client-centered case planning and family-focused treatment, with an emphasis on concrete services, resource access, and skill building. Control families received routine out-of-home care services. Across the 15-month study period, 77% of the experimental group children reunified and remained at home, while only 47% of the control group did so. The authors conclude that three aspects of the service were important: the "in vivo" service that helped with concrete problems, the explicit focus on reunification, and assistance with communication and problem-solving skills. A large study of intensive services conducted in Illinois by Rzepnicki et al. [1997] found a family reunification rate of 59% within one year. Concrete services were more often positively related to reunification (particularly the provision of food, clothing, furniture, day care, and housing assistance), as was an increased number of casework hours per week (this may not be a causal relationship, however, since workers may invest more time in cases likely to reunite) [Rzepnicki et al. 1997].

A family's need for additional concrete services, however, particularly as related to transportation needs, an unstable living environment, and frequent crises may reflect a high likelihood of ultimately failing at reunification [Lewis et al. 1995]. In the Illinois study, the only counseling services related to reunification were parent training and family counseling; individual counseling had no effect [Rzepnicki et al. 1997]. Structured time lines, a goal orientation, and smaller caseloads may support workers in motivating and guiding particularly difficult families [Fein & Staff 1993], and reunification may be promoted by a well-planned reunification process that includes aftercare services [Frankel 1988]. Intensive program support for parent-child visitation, along with positive adjustment of the child to the family foster home, may increase the probability of the child being returned home successfully [Simms & Bolden 1991]. In many cases where children

are not returned home or are returned home but reenter care, ambivalence about reunification has been noted in both the primary caregiver and the agency social worker [Fein & Staff 1991; Hess & Folaron 1991]. A parent's perceived cooperativeness with the child welfare service plan, as well, has been associated with a shorter length of stay in out-of-home care [Benedict & White 1991].

Reentry to Out-of-Home Care

An understanding of successful reunification is not complete without accounting for the safety and stability of a child upon his or her return home: subsequent reentries into care may be an indication of further family problems and/or insufficient support for families. Thus, information about the characteristics predictive of reentry can ideally inform caseworker judgement and improve decisionmaking about reunification.

In terms of demographics, results vary: while one study found that children ages 10 to 12 had the highest reentry rates [Wulczyn 1991], Courtney [1995] found that children who were younger at discharge from care, had health problems, and/or were eligible for AFDC were more likely to reenter care. Reentry is more likely for African American infants than for children of other ethnicities [Berrick et al. 1998; Courtney 1995]. In another study, gender and race were found to be nonsignificant factors, and child age was significant only in combination with assessed problems of caregivers (children ages 6 to 15 whose caregivers had at least two major problems were the most likely to reenter care) [Festinger 1994]. Neither the age nor the relationship of the caregiver (mother, father, guardian) has been found to distinguish reentrants from those who remain at home [Festinger 1994].

The relationship between particular family problems and the likelihood of reentry is not clear, and again, the research does not focus upon the parenting of infants. In concluding her review of the reentry literature, Festinger [1994: 7] summarizes that the re-

search thus far "leads one only to the unhelpful generalization that the situations that resulted in reentry were more problematic in one way or another than those that did not, whether because of factors concerning the children, their families, or the services provided. The picture is inconsistent, and therefore cloudy." For example, Festinger herself [1994, 1996] found that caregivers whose children reentered care tended to have more personal problems at the time of discharge. The caregivers had limited parenting skills and social support mechanisms (and a history of hospitalization for mental health reasons); homelessness during the year prior to discharge or densely populated housing situations, however, had no effect on reentry. A study of short-term placements in British Columbia found that when parental substance use (alcohol and/or drugs), mental/emotional problems, marital conflict, or neglect were factors in the initial removal of the child, reentry into care was more likely [Sullivan 1993]. In contrast, a Baltimore study found neither substance abuse nor mental illness to be predictive of reentry [Slaght 1993].

Similarly, like the reunification studies mentioned earlier, evidence for the effect of child-related problems (for older children) on reentry is mixed [Festinger 1994; Rzepnicki 1987].

Hess, Folaron, and Jefferson [1992] cited the nonresolution of parents' problems (specifically, those that precipitated a child's initial placement) as the major reason for a child's reentry to care, coupled with significant inadequacies in service delivery and restricted agency resources. Reunifying families, many of whom were experiencing numerous and severe difficulties, found it difficult to adapt to reunification and were given insufficient preparation for the process. This may be consistent with Festinger's [1994] finding that caregivers of reentrants tended to have slightly more unmet service needs during the six months prior to discharge, with two areas of need standing out: parenting training and homemaker services. Caregiver refusal of services, however, appears to have played a significant role. Ultimately, the stron-

gest multivariate model predicting reentry in Festinger's [1994] study included lower parenting skills, less social support, more unmet service needs, and less organizational participation. Although another study found parental visiting during placement to be a powerful predictor of reunification, it had no relationship to recidivism in the form of re-referral, or reentry to care [Davis et al. 1996].

In spite of the presumed benefits of a quick reunification, the speediest returns may be to some of the least stable homes. Although Festinger [1994] found that length of time in care was not linked to reentry, other authors using statewide administrative data over longer periods have found the opposite to be true [Berrick et al. 1998; Courtney 1995; Wulczyn 1991]. This raises important questions about the process of decisionmaking in reunification cases, and about how the child welfare system determines whether, and when, people are ready to parent their child(ren) full time. In many ways, the research has far to go in identifying the type(s) of client(s) most likely to succeed or fail at reunification, the underlying reasons why, the service factors involved in each type of case, and how the system can best assist this process. For example, intensive services involving concrete supports to neglecting parents may facilitate the reunification of infants with their families (particularly if the child is placed in a stable foster home with relatives), there may be subgroups of families who would do better under different circumstances, given their special needs. The research should work toward identifying such subgroups of families, so that services are tailored to parents' and children's unique needs, developmental and otherwise.

In summary, the complexity and inconsistency of findings across the literature may be due to several factors: widely differing data sources (e.g. administrative data, case file review, interviews with social workers); a broad range of child age groups and therefore vastly differing needs related to reunification; and

the likelihood that different types of maltreatment lead to different processes involved in reunification (physical abuse cases may involve more work on parenting skills and anger management, whereas neglect cases may require greater concrete supports). Further, the study of successful reunification is incomplete without a study of the factors that support a family's stability over time.

Study of the elements of successful reunifications compared to foster care reentries can have both micro- and macro- implications. The individual benefits afforded a safe and stable return home can be substantial. On a larger scale, Wulczyn [1991] has suggested that both the length of stay and reentry to foster care contribute significantly to caseload size and growth. Therefore, for both policy and practice reasons, reunification and reentry warrant additional study. The present research focuses on infants as a group with special needs in the process of reunification.

Methods

This study of reunified infants and their families consisted of three sources of data: first, an in-depth review of a sample of case records; second, focus groups conducted with former child welfare clients (parents whose children had remained with them following reunification for at least three years), and third, focus groups with current child welfare workers. The present article reports only the results of the case file review.

Using an administrative database that is part of the California Children's Services Archive, (the Foster Care Information System) a random sample was drawn of 200 infants (ages 1 day to 12 months) who entered out-of-home care in a large urban county between 1990 and 1992, who subsequently reunified with at least one parent, and whose record could be tracked through January 1996. A total of 120 case records were available for review (for storage-related reasons); 32 records were excluded for

reasons including missing case files ($n = 11$), incomplete information on the subject child or other key variables ($n = 9$), and computer coding errors ($n = 5$). An additional seven families were dropped from the analysis because they left the jurisdiction following reunification. Cases were coded as "reentry" if the subject child experienced a second spell in out-of-home care prior to the review of the case files in 1996. The resulting sample mirrored the county's 1990-1992 statistics on reentry for infants: 32% (28 of a total 88 cases) reentered care during the study period. It is unlikely that the majority of cases dropped from the sample (due to case file unavailability) reflects anything systematic, and therefore might bias the results. The reduction in sample size from 200 to 88, however, does seriously limit the power of the statistical analyses.

Information on a broad array of case characteristics was collected from each case file through the use of a structured data extraction form designed by the researchers, with input from the child welfare agency staff. Case file review focused on court documents as the source of information. The data extraction form was designed to measure variables across the following domains: child, parent, family and household characteristics, and worker and service characteristics. In the process of case review, some variables were identified for which insufficient or unreliable information was available on a high proportion of cases; these were eventually dropped from the analysis. The resulting 22 variables available for study are defined in table 1.

Although the study design called for collection of the same data on mothers and fathers, there was a significant amount of information missing about fathers. For this reason, most parent variables focus on maternal characteristics—which in itself may reflect either the nature of paternal involvement, or an organizational emphasis on maternal responsibility. This situation was reminiscent of Kahkonen's [1997: 437] Finnish study of child welfare case records, in which "fathers appeared in child welfare prac-

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TABLE 1
Definition of Variables

| <u>Variable</u> | <u>Definition</u> |
|--|---|
| • Reentry Status | • Reentry to foster care for a second spell within 4-6 years of reunification |
| <i>Case and Service Characteristics</i> | |
| • Type of Maltreatment | • Reason for initial removal from home (i.e., neglect, physical abuse, sexual abuse, other) |
| • Total Number of CPS Reports per family | • Total suspected child maltreatment reports included in subject child's case file, regarding any family members |
| • Type of Placement Prior to Reunification | • Kinship care vs. nonkin foster care, last placement in initial spell (just prior to reunification) |
| • Total Number of Placements | • Number of placements for subject child during initial spell |
| • Length of Time in Foster Care | • Number of days in foster care for subject child during initial spell |
| • Receipt of Post-Reunification Services | • Participation in services following reunification, provided by Family Maintenance or Preservation Unit |
| • Mother's Visitation Pattern | • Always/frequently, seldom/never/missing |
| • Father's Visitation Pattern | • Always/frequently, seldom/never/missing |
| <i>Child Characteristics</i> | |
| • Child Gender | • Gender of subject child |
| • Child Age | • Child age in months, at time of placement in foster care |
| <i>Parent Characteristics</i> | |
| • Mother's Age at First Birth | • Mother's age at birth of first child, in years |
| • Mother's Race | • Race of mother (African American vs. Caucasian, Hispanic, other) |
| • Substance Abuse by Mother | • Evidence of substance abuse before initial removal (alcohol, illegal drugs, prescription drugs) |
| • Mother's Criminal History | • Documented criminal violations in court report or DOJ printout |
| • Mother's History of Domestic Violence | • Evidence or self-report of battering of mother, by any current or previous partner |
| <i>Family Characteristics</i> | |
| • Family Size | • Total number of children born to mother |
| • Housing Problems at Reunification | • Homeless, impending eviction, or temporary housing only (e.g., moving between friends) at time of reunification |
| • Siblings in Foster Care Simultaneously | • Whether any siblings were in foster care during same time period as subject child |

tice at a more rhetorical level; they were part of the subject of the discussions between mother and social worker." Given that the present sample consisted of infants, however, the greater involvement of mothers over fathers may be due to simple proximity at the time of referral.

For simplicity of interpretation (and in some cases due to small cell counts), all continuous variables were recoded into dichotomous or polytomous categorical variables. For variables with missing raw data, a decision was made based upon subject matter to either (a) recode the variable so that missing = no (e.g., mother's criminal history), (b) create dummy variables that would represent "missing" as a unique variable (e.g., prenatal drug exposure), or (c) drop the variable from the analysis due to excessive missing data (e.g., father's participation in services). The variable intended to measure socioeconomic status (receipt of AFDC) was ultimately dropped because of 15 missing cases that could not be interpreted. Bivariate analyses of the data used chi-square and the calculation of odds ratios along with multivariate analyses through logistic regression.

Findings

The following variables showed significant bivariate associations with reentry: maternal criminal history and substance abuse, child age at the time of the study, type of placement just prior to reunification (kin or nonkin), presence of housing problems at the time of reunification, total number of CPS reports per family, and receipt of postreunification services. These are presented in table 2, along with each variable's sample proportions, crude odds ratios, and confidence intervals. For a dichotomous independent variable, an odds ratio of 1.0 suggests no association; a ratio greater than 1.0 suggests increased odds of occurrence for the variable's reference category (*italicized*) compared to the alternative category. An odds ratio of less than 1.0 indicates a decreased odds of occurrence. For example, the bivariate relationship between maternal criminal history and reentry status is represented

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TABLE 2
Bivariate Relationships with Reentry Status

| <u>Variable^a</u> | <u>Status^{b, c}</u> | <u>% Reentry (n = 28)</u> | <u>% Nonreentry (n = 60)</u> | <u>Crude Odds Ratio</u> | <u>95% Conf. Int.</u> |
|--|---|-------------------------------|----------------------------------|-----------------------------|---------------------------|
| Maternal Criminal History | yes vs. no/missing (20%) | 78.6 21.4 | 53.3 46.7 | 3.21 | (1.14., 9.04) |
| Child Age at Placement | 30 days 1 month or more | 64.3 35.7 | 36.7 63.3 | 3.11 | (1.22, 7.92) |
| Receipt of Post-Reunification Services | yes vs. no | 100.0 0.0 | 85.0 15.0 | 10.51 ^d | (0.59, 187.38) |
| Type of Placement Prior to Reunification | kinship care vs. nonkin foster care | 14.3 85.7 | 36.7 63.3 | 0.29 | (0.088, 0.938) |
| Maternal Substance Abuse | yes vs. no/missing (32%) | 96.4 3.6 | 73.3 26.7 | 9.82 | (1.23, 78.30) |
| Housing Problems at Reunification | yes vs. no/missing (9%) | 53.6 46.4 | 71.7 28.3 | 2.92 | (1.15, 7.41) |
| Total Number CPS Reports per Family ^e | 3-5 reports vs. 1-2 reports | 74.1 25.9 | 42.6 57.4 | 3.85 | (1.40, 10.63) |
| Mother's Race ^d | African American vs. other | 80.8 19.2 | 61.0 39.0 | 2.68 | 0.887, 8.17) |
| Mother's History of Domestic Violence | yes vs. missing/no (66%) | 21.4 78.6 | 31.7 68.3 | 0.59 | (0.21, 1.69) |
| Type of Maltreatment | neglect vs. physical or sexual abuse | 85.7 14.3 | 76.8 23.2 | 1.81 | (0.53, 6.19) |

| | | | | | |
|--|--|----------------------|----------------------|-------------|------------------------------|
| Total Number of Placements | 3-4 placements vs. 1-2 placements | 10.7 89.3 | 16.7 83.3 | 0.60 | (0.151, 2.38) |
| Total Time in Out-of-Home Care (Initial Spell) | 6 months vs. < than 6 months | 32.1 67.9 | 51.7 48.3 | 0.44 | (0.17, 1.36) |
| Siblings in Foster Care Simultaneously | yes vs. no/missing (18%) | 71.4 28.6 | 50.0 50.0 | 2.50 | (0.95, 6.55) |
| Mother's Visiting Pattern | seldom/never/missing (36%) vs. always/frequently | 81.3 18.8 | 76.6 23.4 | 1.34 | (0.32, 5.51) |
| Father's Visiting Pattern | seldom/never/missing (60%) vs. always/frequently | 47.4 52.6 | 46.8 53.2 | 1.02 | (0.35, 2.97) |
| Family Size | 4 or more children vs. 1-3 children | 64.3 35.7 | 41.7 58.3 | 2.52 | (0.996, 6.37) |
| Child Gender | female vs. male | 64.3 35.7 | 56.7 43.3 | 1.38 | (0.55, 3.48) |
| Mother's Age at Birth of First Child | 12-18 yrs vs. 26+ | 37 v. 63 48 v. 52 | 42 v. 58 39 v. 61 | 0.8 1.45 | (0.31, 2.05) (0.58, 3.64) |

^a All variables in bold have significant bivariate relationships at the alpha = .05 level.

^b Odds ratio reference group status for each group is in italics.

^c Numbers in parentheses represent % of "no" category originally "missing" (if absent, no data were missing).

^d For the variable "race," the actual missing $n = 3$.

^e For the variable "number of reports," the actual missing $n = 7$.

by an odds ratio of 3.2; thus, a child whose mother had a documented criminal history had over three times the likelihood of reentering out-of-home care, compared to a child whose mother had no criminal involvement.

To adjust for potential confounding and to simultaneously allow for several explanatory factors, multiple logistic regression methods were used to predict the likelihood of reentry or nonreentry. Logistic regression procedures allow for exploration of the relationship between a series of independent variables (categorical or continuous) and a binary response (e.g., reentry versus nonreentry), yielding a set of estimated odds ratios as summary statistics that simultaneously adjust for the other variables in the model. Methods of forward and backward stepwise regression were used in addition to the building of logit models term by term. To avoid obvious problems with collinearity, the variable for mother's race was used and the child's or father's race was not; similarly, the mother's substance abuse was the variable used instead of prenatal drug exposure. Variables that were dropped from the multivariate analysis due to clearly non-significant relationships with the outcome variable include type of maltreatment, mother's age and race, family size, child's gender, mother's history of domestic violence, father's substance abuse, presence of siblings in placement, total number of placements and number of days in placement, and mother's and father's visiting patterns. The remaining variables which led to multivariate models are presented in table 3.

Due to problems with multicollinearity, maternal substance abuse could not remain in a multivariate model with race or with criminal history in combination with more than two other variables. Review of case files suggests that a mother's documented criminal history often consisted of drug-related activity, including prostitution. Since reentry occurred in only one case where the mother did not use substances (substance abuse was evident in 27 of 28 reentry cases), the inclusion of these combinations of

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TABLE 3
Multivariate Models of Reentry to Care for Infants

| <i>Variable^a</i> | <i>Status^a</i> | <i>Model 1</i> <i>4 Variables</i> <i>(N = 88)</i> | | <i>Model 2</i> <i>4 Variables</i> <i>(N = 88)</i> | |
|--|-------------------------------------|---|-----------------------------|---|-----------------------------|
| | | <i>Odds Ratio</i> | <i>95% Conf. Inter.</i> | <i>Odds Ratio</i> | <i>95% Conf. Inter.</i> |
| Maternal Criminal History | yes vs. no/missing (8) | 4.16 | (1.40, 13.93) | | |
| Child Age at Placement | 30 days 1 month or more | 3.07 | (1.14, 8.82) | 2.54 | (0.95, 7.12) |
| Type of Placement Prior to Reunification | kinship care vs. nonkin foster care | 0.19 | (0.04, 0.64) | 0.25 | (0.06, 0.81) |
| Maternal Substance Abuse | yes vs. no/missing (7) | | | 8.53 | (1.48, 162.18) |
| Deviance ChiSq/Pr>ChiSq | | 0.4499/3df | p = .9298 | 1.468/3df | p = .6897 |
| -2 Log Likelihood ChiSq/Pr>ChiSq | | 17.53/3df | p = .0005 | 16.969/3df | p = .0007 |

^aOdds ratio reference group status for each group in italics

^b95% confidence intervals based upon asymptotic chi square distribution of Likelihood Ratio Test

variables in the models leads to infinite parameters and a problem called "quasicomplete separation of the sample points" [SAS Institute 1995]. A similar problem existed with the variable measuring "receipt of postreunification services," since all of the re-entry families received services (creating a zero cell). Thus, it is left out of the multivariate models, but is examined as a separate and interesting relationship later in this article. The variables measuring family size and the presence of siblings were both collinear with child age, and did not have significant bivariate relationships. Given the importance of family size in prior studies of neglect [e.g., Nelson et al. 1993], a multivariate model including family size was attempted, but found not to be significant. Although by itself the variable measuring housing instability was significantly associated with reentry, it was also collinear with the type of placement (kin or nonkin), suggesting that families who had kin available to care for their children were also less likely to experience housing problems. These two variables could not remain in a single model together, and the type of placement proved to be a more robust and powerful predictor of reentry.

Although it is interesting to note that substance abuse alone is a near-perfect predictor of reentry, the issues described above speak to the major limitation of these analyses: a relatively small sample and therefore limited statistical power. The goodness of fit of the models described in table 2 should be taken in light of the extremely wide variability of each parameter—substance abuse in particular [OR = 8.53, 95% C.I. (1.48, 162.18)]. For these reasons all interpretations of odds ratios in this study should be made without emphasizing the precision of the estimates (e.g., the difference between an odds ratio of 3 and 4 is not critical). Instead, it is more useful to examine the relative direction of each parameter.

To account for the key variables of substance abuse and criminal history, given the issues of collinearity, two separate models are presented in table 3. Two points can be made about the vari-

ables included across models. First, a comparison of odds ratios and their confidence intervals across models for each possible variable (such as type of placement) suggests an absence of confounding factors. The odds ratios remain quite similar in terms of both direction and magnitude, and the confidence intervals tend to overlap. Second, the odds ratios in each multivariate model do not differ dramatically from the crude odds ratios reported on each bivariate association. These two points suggest the basic stability of each variable's relationship to the outcome variable. Using the variables selected for the final two main-effects models, all potential two-way interactions were assessed and none were found to be significant. Each of the final main effects models present a good fit to the data, based upon Likelihood Ratio tests.

Model 1 contains the variables representing maternal criminal history, child age at placement, and type of placement just prior to reunification (kin or nonkin). Those children whose mothers had a criminal history were about four times as likely to reenter care as those children whose mothers had no criminal history. Children who were less than a month old (0-30 days) at the time of their initial placement in care ($n = 40$) were nearly three times as likely to reenter care as children ages 2 to 12 months ($n = 48$); those placed with kin just prior to reunification ($n = 26$) were about 80% less likely to reenter care than those whose last placement was with nonkin ($n = 62$). A comparison of Model 1 to a similar model that substitutes the variable "maternal substance abuse" for "maternal criminal history" (Model 2), shows that the odds ratios for child age and last placement type do not significantly change either in magnitude or direction. In Model 2, maternal substance abuse is associated with a manifold increase in the likelihood of reentry, as compared to children whose mothers presented no evidence of substance abuse.

Taken together, the results of these analyses suggest that the primary family and child characteristics predictive of reentry to

out-of-home care, when simultaneously controlling for all factors, include maternal criminal activity and/or substance abuse, being placed within the first month of life, and being placed in nonkin family foster care. In considering the whole picture of reentry risk, however, significant bivariate relationships should also be kept in mind: children from reentry families tended to have housing problems at the point of reunification and a greater number of CPS reports. Receipt of county-provided aftercare services was associated with an increased likelihood of reentering care a second time. Reentry in this sample was not influenced by the type of maltreatment, history of domestic violence, parental visiting pattern, mother's age or race, family size, gender of child, length of aftercare services, total number of placements, or time in out-of-home care.

Given the finding regarding postreunification services and reentry, the data were examined for differences between families who received such services ($n = 79$), and those who did not ($n = 9$). For families whose children were in out-of-home care less than six months, the likelihood of not receiving aftercare services was nearly eight times that of families whose children were in care for longer periods. While it is striking that this is the only significant difference between families who received services after reunification and those who did not, it reasonably suggests that in cases where children can be returned home quickly, there may be few issues warranting further service or monitoring.

Discussion

Several of the child and family characteristics associated with reentry in this study are consistent with those identified in the earlier literature review, including child age, placement in kinship care, and certain key family problems. That the number of CPS reports is higher among children who reenter care is not surprising, as it may simply reflect a greater amount of contact with

the system. The results did not endorse the finding of prior studies that African American infants are more likely than other infants to reenter care, but like the similarly nonsignificant findings on type of maltreatment, family size, and time in foster care, the possible effects of such characteristics may be masked by the small sample size.

In many ways, the sample makeup appears similar to that of Fein and Staff's [1993] study of 47 families (most of whom had children five years or younger), where 64% were headed by a single mother, 38% had three or more children, and 32% experienced a pregnancy or birth during the period of reunification services. About half of the women in that study had unsuitable housing situations, and 30% required substance abuse treatment. Substance abuse, in particular, has been credited with the steady rise of child maltreatment reports and out-of-home care caseloads, and with the increasing complexity of tasks facing child welfare workers [Azzi-Lessing & Olsen 1996; Goerge & Harden 1993; Magura & Laudet 1996; Wiese & Daro 1995; Wolock & Magura 1996; Wulczyn & Goerge 1992]. Effective treatment for the majority of these families has proven elusive, however, social support may be an important component of the recovery process. For parents with serious substance abuse problems, however, some social networks may be less than supportive [Olsen et al. 1996]. A recent study of neglecting and nonneglecting mothers has highlighted the complexity of "social support," and the need to assess not only the existence of apparent support, but the nature, quality, and mutuality of those relationships [Beeman 1997].

Related to substance abuse is the interplay between child welfare and the criminal justice system. Although the concerns of these families have been little studied [Albert & Barth 1996], their plight is increasingly relevant to women's capacity for full-time parenting. That the youngest of these infants whose families are substance involved and sometimes incarcerated are at highest risk of reentry, in a sample of already young children,

highlights the need to more accurately assess risk and vulnerability. In spite of the difficulties these families face, the finding that kinship care is a factor protective against reentry is consistent with other research suggesting that children placed with relatives fare better along several permanence measures [Berrick 1998].

Beyond these primary areas of concern and promise lie additional factors that may play a role in reentry to care. The variable measuring housing problems may serve as a proxy for financial need and low levels of positive social support; it should not be surprising that families who could have their child placed with kin also experienced fewer housing problems. An interesting finding, although only involving a small number of cases, involves the association between postreunification services and reentry to care: all of the 28 reentry cases received some form of agency services following reunification, and all of the nine cases not served postreunification also did not reenter care. There are several possible interpretations of this finding, however, it appears unlikely that services themselves are causing reentry. More plausible is the idea that postreunification activities serve a monitoring function, identifying children who again need to be removed from their homes. In Sullivan's [1993] study, a similarly high proportion of cases involving referrals for service led to later removals; a finding that reflects not only closer scrutiny, he suggests, but that families who receive follow-up services have more serious problems.

To further examine this possibility, the case files of those who were not offered postreunification services were reviewed a second time. It was notable that in most cases the lack of services appeared reasonable, based upon stated family strengths or available caregivers: in three cases, the infant was placed with the father, separate from the mother who was using drugs, and in four cases, the infant was reunified with a teen parent who had intensive support from grandmothers. In the remaining cases, one in-

fant was returned to a teen mother (a former foster child) who "relied on institutions" and had voluntarily placed her baby in foster care while she found suitable housing; in the last case, the rationale for case dismissal was repeated negative drug tests. The family had a long reunification history with the department, over several siblings, and the report stated that at the last child's birth, "there must have been insignificant amounts of drugs in her system." Thus, review of the case notes suggests that less troubled families do not need or receive follow-up services.

It is difficult to determine, however, whether aftercare services act primarily as a monitor of progress, or whether they provide something essential to families. In this study, for those families who were followed after reunification, little is known about the nature of the aftercare services they received—a limitation common to many studies [Staff & Fein 1994]. Future research should examine in greater depth the nature of contact with the child welfare agency following reunification, and the level of intensity and extent of concrete services provided as contrasted with the needs of each family at reunification. Monthly visits from a social worker serve a far different monitoring function than a postreunification service designed to stabilize a family during a difficult transition period. The high reentry rate found in this sample suggests, at minimum, that current services are not enough to meet families' multiple needs. The findings support the continued testing of risk assessment methodologies for use over the life of a case, and the need to give close attention to permanency planning timelines in cases where families with infants appear unlikely to reunify. For families affected by substance abuse, reunification may prove particularly difficult; alternative service approaches are needed for parents who are actively participating in their recovery but are unable to take on full responsibility for their children's care. This is particularly important as the child welfare field moves toward shorter permanency planning timelines and makes efforts toward concurrent planning for

reunification and adoption: clients should be linked with services such as drug treatment immediately upon their child's removal. At minimum, "bringing substance abuse treatment more clearly into focus early in the process could help to prevent the serious time delays and repeated mistreatment" [Murphy et al. 1991]. In Festinger's [1994] study, workers made better than chance predictions of reentry, however, there were distinct errors in each direction: 79% of those predicted likely to reenter did not, while 11% of those rated "slightly" or "not likely" to reenter did so. Thus, in terms of concurrent planning assessments and decision-making, it is important that premature termination of parental rights be advocated only with caution, in the absence of strong empirically based predictive tools [Rzepnicki et al. 1997], adequate services to substance-abusing clients, and a child welfare system that is structured to support positive worker-client relationships.

To place these findings in context, it is useful to recall that all the cases in this sample are originally the "success stories": families with sufficient evidence of change that a juvenile court ordered their child returned home. These criteria for success in the child welfare system might be viewed less generously by the public at large; they reflect minimal standards of adequacy—a threshold well below optimal child rearing. A parent's ability to meet case plan goals within 12 or 18 months may not reflect an ability to ensure his or her child's future safety. In Hess and colleagues' [1992: 307] examination of reunification disruption, many parents were deemed unprepared for reunification by the researchers, and "able to comply with the case plan while demonstrating little or no change, creating a legal double-bind that contributed to premature reunification." The case characteristics represented in table 2, outlining problems such as housing instability at reunification, are a reminder that even families successful within the child welfare system continue to face profound obstacles to attaining long-term stability. Overall, one-third of the mothers in this sample were still using drugs when their chil-

dren were returned to their care, 21% had engaged in additional criminal behavior during their child's absence, and 34% had new or continuing housing problems. Under such circumstances, great resilience is likely required if newborn children are to thrive as they develop. This is similar to the observation of Simms and Bolden [1991] about the families participating in their reunification/visitation program:

[A]lthough the families...were felt by the agency to be good candidates for reunification...it became clear that the children were destined to return to a precarious and fragmented family structure at best, with few community or extended family supports available to the parents. Limited financial resources and employment opportunities combined with meager parenting skills appeared to predict a poor long-term outcome for these families. [p. 688]

Although child welfare laws frequently reflect either/or options for parents and their children, analyses of the circumstances surrounding children's reentry to care may suggest that more gradual transitions home or more complex family and legal relationships (along with more services during out-of-home care and quicker terminations in specially reviewed cases) should be considered by the courts. Some have argued that "family connectedness without physical proximity" may be an alternative mode of reunification [Fein & Staff 1991: 341]. Similarly, Maluccio et al. [1993] suggest a conceptualization of reunification on a continuum, one that emphasizes assessing each family's optimal degree of reconnection and that consciously includes kin in that reunification network (see also Pine et al. [1993]).

Using reentry to care as the primary measure of a successful reunification is problematic, for it fails to account for the family's level of functioning and stability vis-à-vis its state prior to the child's initial removal. Further, reunification cannot be assumed to be a singularly positive outcome and reentry a negative one.

In some cases, reentry to out-of-home care may be the only safe alternative for a child. While out-of-home care reentry provides one of the more ready ways of evaluating the child welfare system's efforts, it should not be considered a *sufficient* measure of success or failure—either for the families or for child welfare. In interpreting the findings of this study, it is important to remain cognizant that statistical models in such a small-sample study should not be used as the basis for large-scale policy decisions, nor should they be used as a predictive tool for individual case decisionmaking.

On an agency administration level, however, the findings may stimulate questions about whether and how these populations are being served: are the existing services and supports sufficient for women who have criminal justice involvement, who have infants and lack kin support, and whose substance use significantly impacts their parenting? Similarly, for child welfare workers faced with individual case decisions, some background knowledge about the likelihood of certain children eventually reentering foster care may inform, if not direct, their approach. Further, the findings suggest that clarification is needed about the criteria for determining which families should be monitored and/or served following reunification, particularly in cases involving substance abuse. What constitutes sufficient "recovery"? An "answer" requires that the field continue to grapple with child welfare's essential tension between family preservation and child protection, and that it attempt to compare the harms that might be related to long-term out-of-home care with the potential physical and developmental harm that may result from recurrent maltreatment and reentry.

With the development of management information systems to track child welfare caseloads, the sophistication and complexity of outcome measures may improve. Information about the characteristics, strengths, and challenges associated with the child, parents, and community prior to placement, during out-of-home

care, and following reunification may help social workers tailor interventions more effectively, and may support administrative structures that will be responsive to the shifting concerns families bring to child welfare. ♦

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