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Family Reunification: What the Evidence Shows

Research to Practice in Child Welfare

Issue briefs include a review and synthesis of recent published research and selected program examples that demonstrate evidence-based practices.

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Family reunification in child welfare refers to the process of returning children in temporary out-of-home care to their families of origin. Reunification is both the most common goal for children in out-of-home care as well as the most common outcome. According to preliminary estimates from the Adoption and Foster Care Analysis and Reporting System (AFCARS), reunification was the case plan goal for nearly half (49 percent) of all children in foster care on September 30, 2009. More than half (51 percent) of the children who exited foster care during fiscal year 2009 returned to a parent or principal caregiver (Children's Bureau, 2010a).

Since the majority of children who leave foster care are reunified with their families, it is important to focus on practices that help achieve successful reunification. A broad review of the empirical literature in child welfare suggests common characteristics of interventions that are most helpful in reunifying families when child maltreatment has been identified.[1] These include:

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[1] It should be noted that the literature addresses some effective reunification strategies at the agency level, rather than at the level of caseworker interventions:

- Research suggests that caseworkers who have social work education, appropriate training, specialized competencies, and greater experience are better able to facilitate permanency (Ahart, Bruer, Rutsch, & Zaro, 1992; Albers, Reilly, & Rittner, 1993; National Center for Youth Law, 2007; Pine, Spath, & Gosteli, 2005; Walton, Fraser, Pecora, & Walton, 1993).

- More flexible funding that allows agencies to provide better community-based services to families can also lead to greater rates of reunification (Children's Bureau, 2010b; Wulczyn & Martin, 2001; Wulczyn, Zeidman, & Svirsky, 1997). Waivers of constraints on categorical funding and collaboration with community agencies to form more efficient service networks have the potential to affect reunification efforts positively by making more formal and informal resources available to families.

Meaningful family engagement. Engagement of families is critical to the change process (Dawson & Berry, 2002; Kemp, Marcenko, Hoagwood, & Vesneski, 2009; Yatchmenoff, 2005).

Assessment and case planning. Individualized needs assessment and clear, mutually established goals are critical to case planning (DePanfilis, 1999; Macdonald, 2001).

Service delivery. Cognitive-behavioral, multi-systemic, skills-focused services have been found to be most effective (Corcoran, 2000; Macdonald, 2001).

This issue brief examines these strategies in terms of a series of questions:

- What have the Child and Family Services Reviews identified regarding family reunification in States?

- What does the literature say about family reunification?

- What are some examples of success from the field?

The Child and Family Services Reviews and Family Reunification

Final Reports from the Federal Child and Family Services Reviews (CFSRs) present results and discussion for each State regarding its conformity with child safety, permanency,

and well-being outcomes.[2] In the first full round of 52 reviews, 19 States met the national standard for reunification, which stated, "76.2 percent of all children who were reunified went home in less than 12 months" (Children's Bureau, 2004b). In order to reflect the ability of States to help families both achieve reunification and prevent reentry of their children into care, in the second round of reviews, which began in 2007, the data indicator for reunification was revised to include four components:

1. Percent of children who were reunified, where reunification occurred in 12 months or less from removal

2. Median length of stay from removal to reunification

3. Percent of all children who entered foster care who were reunified in 12 months or less from removal

4. Percent of children reunified who reentered foster care within 12 months

The national standard of 122.6 was then calculated using State data to establish a range.[3] Thirteen of the 49 States to have completed the review process received composite scores above that standard.

No State was found to be in conformity with the first permanency outcome, "Children have permanency and stability in their living situations," in either round of reviews. However, 12 States received a rating of "Strength" on the indicator related to achievement of a child's goal of reunification, guardianship, or placement with relatives in the first round;[4] three States received that rating in the second round. A Children's Bureau (2004b) summary and analysis of the 52 Final Reports in Round One found that the following factors had a significant association with a rating of "Strength" on this indicator:

- The stability of foster care placement

- Visiting with parents and siblings in foster care

- The needs of and services for the child, parents, and foster parents

- Child and family involvement in case planning

- Worker visits with the child

- Worker visits with the parents

Items associated with stronger performance in this permanency outcome in the first 32 States reviewed in the second round were: (Children's Bureau, 2009)

- Services to the family to protect children in the home and prevent removal or reentry into care

- Needs assessment and services to children and parents

- Worker visits with the child

- Worker visits with the parents

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[2] The Child and Family Services Reviews are designed to enable the Children's Bureau to ensure that State child welfare agency practice is in conformity with Federal child welfare requirements, determine what is actually happening to children and families as they are engaged in State child welfare services, and assist States to enhance their capacity to help children and families achieve positive outcomes. For more information about the CFSR process, visit the Children's Bureau website at www.acf. hhs.gov/programs/cb/cwmonitoring/index.htm#cfsr.

[3] For a full explanation of data indicators and national standards in the second round of reviews, see Children's Bureau (2007).

[4] This indicator was added in the second year of reviews and was therefore applicable for only 35 States.

Further review of the States' Final Reports in both rounds yields additional details about these and other factors' relationships to the achievement of timely, stable family reunification. The factors related to family engagement, assessment and case planning, and service delivery, as well as a number of systemic issues, shed light on States' successes and challenges in this area.

Family Engagement

The CFSRs indicated that a number of family engagement activities contribute to the success of family reunification efforts. Effective family engagement activities include involving birth families in planning and decision-making, encouraging foster parent support of the birth parents, and facilitating visits between children in foster care with their parents. States' experiences in facilitating family engagement point to the following as important practices:

- The use of some type of family team meetings (e.g., Family Group Conferencing, Family Group Decision Making) to facilitate reunification efforts promotes active involvement of both birth parents, extended family, and others to achieve permanency for children.

- Foster parents' support of contact between children and birth parents and the foster parents' direct support of birth parents (e.g., mentoring) facilitates achievement of reunification goals.

- Increasing the frequency of visits leading up to reunification helps to facilitate achievement of this goal and decreases reentries to foster care.

- Early and diligent search for extended family members and use of kinship

care supports maintaining parent-child connections during out-of-home care episodes contribute to reunification efforts that include return of the child to the parental home as well as permanency through guardianship and placement with relatives.

Assessment and Case Planning

Early emphasis on reunification as the most desirable permanency goal, adequately assessing the strengths and needs of children and families, involvement of parents and children in case planning, building on family strengths and addressing specific needs, and finally, carrying out plans are all critical activities to the achievement of a family's reunification goals. States' experiences in assessing the strengths and needs of families indicate that initial assessments can be vital to the implementation of case plans that ultimately lead to reunification. Conversely, early assessments can also lead to the decision that reunification is not in the best interest of the child, prompting States to seek alternate routes to permanency for some children. States also report that risk or safety assessments conducted *prior to reunification* help ensure safe, timely reunification decisions and minimize both the risk of harm to children and reentries to foster care.

Many Final Reports in both rounds of reviews cite child and parent problems that impede reunification efforts and contribute to foster care reentries. Parental substance abuse is the problem most often cited; other problems include child behavior problems, child involvement with the juvenile justice system, parental mental health concerns, and parents' lack of cooperation with service plans.

Service Delivery

Targeted services that meet the individualized needs of children and families are key to achieving family reunification and ensuring children's safety. Issues reported by States related to the delivery of appropriate services include the following:

- Some Final Reports mention the availability and coordination of specific services as factors important to the achievement of reunification. These include in-home services, concrete services such as housing and food, mental health and substance abuse services, culturally competent services, comprehensive wraparound services, and coordination or collocation of service providers. In the second round of reviews, many States pointed to the use of trial home visits, during which time the agency continues to provide services and supervision, as an important factor in reducing reentry to foster care.

- Many more Final Reports cite problems with service delivery, including a lack of specific services, a lack of transportation to services, long waiting lists, and inconsistent service accessibility in all jurisdictions, with rural areas having the most difficulties. Problems with housing and substance abuse, mental health, and culturally competent services were most often cited as specifically impeding efforts to reunify families.

Many States specifically cite the provision of post-reunification services as a key to reducing the risk of harm to children, repeat maltreatment, and reentries to foster care. A number of these reports discuss the length of time post-reunification services are provided (ranging from 3 months to as long as needed). Reports indicate that continued monitoring of families supports their participation in such services.

- Specific post-reunification services that contribute to positive outcomes include in-home services, mental health or counseling services, substance abuse services, parenting support, child care, concrete services such as housing and financial assistance, and transportation.

- Many Final Reports specifically tie poor post-reunification services to an increased risk of harm to children after reunification, repeat maltreatment, and higher numbers of reentries to foster care. Common problems include service disruptions, the lack of availability of services in all areas, services not available at the intensity or duration that families need them, and the high costs of needed services.

Systemic Issues

The CFSR Final Reports mention a number of systemic issues that contribute both positively and negatively to the achievement of timely, stable reunifications. These include issues related to funding, courts, and staffing.

Funding. Positive contributions of various funding strategies cited in Final Reports as supporting reunification efforts include increased funding for reunification, dedicated reunification funds, flexibility in the use of funds, blended funding streams, and financial incentives for contractors.

Courts. Positive contributions related to the courts are mentioned in Final Reports and include cooperation between the courts and child welfare agencies, court tracking of permanency timeframes, and court monitoring of families after reunification. Court-related

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issues noted as impeding reunification efforts include continuances and crowded court dockets delaying reunification, judges extending the timeframe for reunification beyond the Adoption and Safe Families Act (ASFA) guidelines, and courts ordering reunifications in cases in which agency staff do not feel the family is ready.

Staffing. Staffing problems that reportedly impede reunification efforts include high rates of staff turnover, inexperienced staff, and high caseloads. These problems may result in insufficient worker visits both with foster children and birth parents, insufficient monitoring and support of parents' service participation and progress toward goal achievement, and longer timeframes to achieve reunification goals as each new worker starts over.

Finally, policies regarding timeliness to reunification are cited as a concern in many State Final Reports. A few States report that while the time taken to reunification is longer than allowed for in the national standard, this caution results in fewer reentries to foster care. Correspondingly, other States are concerned that shorter times to reunifications are resulting in higher reentries because families are sometimes reunited before risk and safety issues are fully resolved. Many Final Reports state that the goal of reunification is often kept too long even when it seems unlikely that it will be achieved (e.g., when the parents have made little or no progress on service plan tasks).

Research on Family Reunification

It is clear from a review of the State CFSR Final Reports that numerous factors interact and play important roles in a State's ability to reunite children in foster care with their birth families. Meaningful family engagement, assessment, case planning, and service delivery are key. Systemic supports related to funding for services, support from the courts, and stable, competent staff also appear to impact, directly and indirectly, the achievement of reunification goals. A review of the relevant literature sheds additional light upon State CFSR findings regarding the factors in achieving timely, stable reunifications.

Family Engagement Is Fundamental to Successful Reunification

Much of the literature addresses four dimensions of family engagement:

- The relationship between the caseworker and the family

- Parent-child visitation

- The involvement of foster parents

- The involvement of a parent mentor or advocate

The relationship between the caseworker and the family. Both the frequency and the nature of the caseworker's contact with the family are important. Family reunification appears to be facilitated by more frequent caseworker contact (Farmer, 1996; Littell & Schuerman, 1995; Children's Bureau, 2004a).

In an analysis of 411 children who spent at least 3 years in out-of-home care, caseworker engagement with the family (measured by caseworker self-report) was positively associated with permanency outcomes of both reunification and adoption (Cheng, 2010). However, parents are sometimes mistrustful of child welfare professionals and thus unwilling to share information or establish a relationship with agency representatives (Kemp et al., 2009). Family engagement becomes meaningful when family members believe their involvement in case planning and services is valued and respectful of their potential to keep their children safe, provides them with the information they need to successfully advocate for themselves and their children, and enables them to access the services and resources they need to achieve reunification (National Resource Center for Permanency and Family Connections, 2009). In a study examining engagement in a sample of 63 families receiving child protective services, the interpersonal relationship with the caseworker was determined to be the strongest predictor of the family's self-report of engagement (Regional Research Institute for Human Services, 1998).

The above studies, as well as engagement research in related fields, suggest that the following caseworker behaviors are important in mitigating families' fears and building the rapport necessary for effective helping:

- Establishing open, honest communication with parents (Yatchmenoff, 2005)

- Requesting family participation and feedback in the planning process (Regional Research Institute for Human Services, 1998; Rooney, 1992)

- Providing instruction and reinforcement in the performance and completion of mutually agreed-upon activities (Rooney, 1992)

Parent-child visitation. Research supports the significance of parent-child visitation as a predictor of family reunification (Leathers, 2002). A study of reunification in a sample of 922 children aged 12 and younger found that children who were visited by their mothers were 10 times more likely to be reunited (Davis, Landsverk, Newton, & Ganger, 1996).

Effective visitation practice goes far beyond attention to the logistics of scheduling and transportation; it provides an opportunity to build parental skills and improve parent-child interaction. Studies suggest that visitation should have a therapeutic focus. Thus, it is important that anyone supervising visits has clinical knowledge and skills (Haight, Sokolec, Budde, & Poertner, 2001).

The involvement of foster parents. Foster parents may facilitate family reunification through both the mentoring of the birth parents and the support of their visitation. The development of a positive relationship between the foster and birth parents may allow children to avoid the stress of divided loyalties and position foster parents to play a supportive role after reunification. However, when selecting foster parents to work with birth parents, agencies should consider their experience, maturity, communication skills, their ability to handle these multiple roles, and the possible need for additional training (Lewis & Callaghan, 1993; Sanchirico & Jablonka, 2000).

The involvement of a peer mentor or advocate. When parents lose custody of their children, they must interact with an array of

systems, including—at a minimum—the child welfare agency, the court, and one or more service providers. In order to negotiate their way through unfamiliar systems, they can benefit from having a designated partner who can help them understand court and agency processes, normalize their experiences, and focus on changes they need to make in order to have their children returned to them. Such partners are most often foster parents or parents who have successfully achieved reunification themselves (Marcenko, Brown, DeVoy, & Conway, 2010; Romanelli et al., 2009). Anthony, Berrick, Cohen, & Wilder (2009) found that parents participating in a program that paired them with parents who had successfully navigated the system were more than four times as likely to be reunified with their children as parents in a comparison group.

Accurate, Individual Assessment and Case Planning Are Crucial for Successful Reunifications

Child maltreatment is a complex phenomenon with a number of underlying causes. Accurate differential assessment is therefore essential. Differential assessment involves developing an individualized, family-centered understanding of a child and family's circumstances, environment, and potential in order to identify each family's unique needs, determine the extent of the risk to the child, and to construct an appropriate intervention plan (National Resource Center for Foster Care and Permanency Planning, 2003; Macdonald, 2001; National Research Council, 1993).

Research has demonstrated that adequate assessment often does not occur in child welfare, and this failing may be linked to the instability of reunification. In a review of 62 failed reunifications, Peg McCartt Hess and her colleagues found that "poor assessment or decision-making by the caseworker or service provider" was a factor in 42 cases (Hess, Folaron, & Jefferson, 1992).

The use of standardized tools to aid assessment is an emerging area of child welfare research that offers some promise of improving practice in this area (Corcoran, 1997; McMurtry & Rose, 1998).

- The North Carolina Family Assessment Scales for Reunification (NCFAS-R), developed by Ray Kirk, Ph.D., at the University of North Carolina at Chapel Hill, is a validated instrument designed specifically for use in reunification. The NCFAS-R, an adaptation of the original North Carolina Family Assessment Scale used in family preservation, has proven to be an effective tool in assessing readiness for reunification and parent and child ambivalence (Kirk, 2001).

- The Structured Decision Making® Reunification Reassessment was recently validated by the California Department of Social Services (Wagner & Bogie, 2010). The instrument is designed to help workers assess caregiver case plan progress and estimate probable child safety and stability after reunification.

Services Should Be Practical and Comprehensive, Addressing All Aspects of Family Life

Services should be designed to promote an environment to which a child can be safely returned and to help maintain that environment after reunification. A number

In 2005, the National Child Welfare Resource Center for Family-Centered Practice, a service of the Children's Bureau, published *Comprehensive Family Assessment Guidelines for Child Welfare* (available on the Children's Bureau website at www.acf.hhs.gov/programs/cb/pubs/family_assessment/index.htm). In 2007, the Children's Bureau funded a 5-year demonstration grant cluster, Using Comprehensive Family Assessments (CFA) to Improve Child Welfare Outcomes. Grantees were:

- Alabama Department of Human Resources

- Alamance County Department of Social Services (North Carolina)

- Contra Costa County Child and Family Services Bureau (California)

- Illinois Department of Children and Family Services

- Ramsey County Community Human Services (Minnesota)

At the end of the projects, the grantees' process evaluations will assess the implementation of the eight key components of the *Comprehensive Family Assessment Guidelines for Child Welfare,* as well as the linkages between child-serving systems that will help ensure that identified needs of children and families are met. The practice evaluation will demonstrate how the practice of comprehensive and ongoing assessment has improved over time. The outcomes component will utilize a randomized trial, or other approach of sufficient rigor, to examine how the assessment approaches affect key outcomes of interest.

of studies have supported the use of interventions that have a behavioral, skill-building focus and that address family functioning in multiple domains, including home, school, and community (Corcoran, 2000; Macdonald, 2001). Cognitive-behavioral models have been demonstrated to reduce physical punishment and parental aggression in less time than alternative approaches (Kolko, 1996, cited in Corcoran, 2000). The most effective treatment involves all family members and addresses not only parenting skills but also parent-child interaction and a range of parental life competencies such as communication, problem solving, and anger control (Corcoran, 2000; Dore & Lee, 1999).

The literature reports on the effectiveness of several types of services:

Concrete services. The provision of concrete services such as food, transportation, and assistance with housing and utilities has been demonstrated to be an important aspect of family reunification services (Cheng, 2010; Choi & Ryan, 2007). A study reviewing effective family-centered service models identified concrete services as critical elements of practice (Wells & Fuller, 2000). The most effective programs not only provided services to meet concrete needs, but offered families instruction in accessing community resources so that they could do so independently in the future. In a study of 1,014 families participating in a family reunification program in Illinois, the 50 percent of families who experienced reunification demonstrated high utilization of concrete services such as financial assistance and transportation (Rzepnicki, Schuerman, & Johnson, 1997).

Substance abuse treatment. The well-documented incidence of parental substance

abuse as a factor in the placement of children into foster care (Smokowski & Wodarski, 1996) supports the critical importance of readily available resources for the assessment and treatment of addiction. In a longitudinal study of 1,911 mothers, Green, Rockhill & Furrer (2007) found that those who entered substance abuse treatment faster after their children were placed in substitute care, stayed in treatment longer, and completed at least one course of treatment were significantly more likely to be reunified with their children. A few agencies have established alliances with drug treatment centers or brought addiction professionals into the agency to ensure more effective assessment of drug-related needs, treatment planning, and monitoring of progress. Others have undertaken more intensive training of staff in addictions and the process of recovery (Maluccio & Ainsworth, 2003; Hohman & Butt, 2001). Research has shown promising results with three types of service delivery:

- **Intensive case management.** Ryan, Marsh, Testa, and Louderman (2003) reported significant results when substance-involved families received intensive case management that included "recovery coaches" to facilitate assessments, conduct service planning, and eliminate barriers to accessing substance abuse treatment. However, later follow-up with the same population indicated that likelihood of reunification is diminished when families experience co-occurring problems and are unable to make progress in those areas as well (Children and Family Research Center, 2007). Choi & Ryan (2007) found that the likelihood of both substance abuse treatment completion and family reunification was improved when mothers

also received matched services that addressed co-existing problems such as mental health issues, housing, family counseling, and parenting skills.

- **Tailoring programs for women with children.** The provision of treatment services specifically developed to meet the needs of women with children appears to hold promise for retaining women in treatment and decreasing subsequent drug use (Clark, 2001). In a study of 1,115 mothers, Grella, Needell, Shi, & Hser (2009) found that the likelihood of reunification was enhanced when mothers received a broad range of employment, educational, and family and children's services in addition to substance abuse treatment.

- **Strong social support.** Because social support appears to be an important factor in the successful treatment of addiction, assessment and intervention should involve the entire family, especially spouses or partners, and include consistent, ongoing support from caseworkers and treatment providers (Gregoire & Schultz, 2001).

Home-based services. Many home-based service models originally developed to prevent out-of-home placement have shown some success in effecting family reunification. In one experimental study, families in the treatment group received intensive casework services, parenting and life skills education, family-focused treatment, and help in accessing community resources. The treatment group had a reunification rate three times that of the control group and remained intact at a far higher rate 7 years later (Lewis, Walton, & Fraser, 1995; Walton, 1998). It is important to note, however, that while some short-term intensive models have demonstrated success

in achieving family reunification, not all such programs appear to reduce the risk of reentry into foster care substantially (Kimberlin, Anthony, & Austin, 2009; Littell & Schuerman, 1995; Wulczyn, 2004). Many families who have experienced placement of one or more children in foster care require longer term intervention and support (Gaudin, 1993).

Post-reunification services. Data from the Multistate Foster Care Data Archive indicate that about 25 percent of all children who go home will return to care at some point, often within 1 year (Wulczyn, 2004). Reunification, although a positive milestone for the family, is also a time of readjustment, and a family already under stress can have difficulty maintaining safety and stability. The difficulty is compounded when children or parents have numerous or more complex personal needs or when environmental factors, such as extreme poverty and a lack of social supports, are present (Festinger, 1996; Terling, 1999). Research suggests that follow-up services that enhance parenting skills, provide social support, connect families to basic resources, and address children's behavioral and emotional needs must be provided if reentry into foster care is to be prevented. Post-reunification services are especially important when parental drug or alcohol use is a concern (Festinger, 1996; Terling, 1999).

Examples From the Field

The following program examples illustrate key characteristics of interventions found to be associated with the achievement of timely, stable reunifications.

Michigan: Time-Limited, Intensive Services Promote Family Reunification

In 1992, Michigan created and pilot tested the Family Reunification Program for families with children in out-of-home care. The program was intended to reduce the number of children in out-of-home care and to reduce the cost to the agency. The program provided several services to each family in treatment, including:

- Assessment
- Case management
- Transportation services
- 24-hour service availability
- Flexible funds
- In-home services
- Two staff (one master's level, one bachelor's level) for each family

Families were required to participate in assessment, family or individual therapy, and workshops on parenting. Services were offered for either 4 or 8 months.

An evaluation of the program showed that the families who participated in treatment programs were more likely to remain reunified than those in the control group. In addition, treatment was more cost-effective in the long run.

Fewer children in out-of-home care. Twelve months after exiting the program, 73 percent of the 813 children in the treatment group had been returned home and remained safely with their families; 69 percent of children in the comparison group had been returned home. No significant difference was found

in reunification rates between families who participated in the 4-month (78 percent) and 8-month programs (72 percent). At 24 months following reunification, 81 percent of the treated families remained reunified, compared to only 60 percent of the comparison group families. Furthermore, the research indicated that children in the treatment group who did reenter out-of-home care tended to spend less time out of the home.

Cost-effectiveness. The agency calculated that it saved more than $5,000 per family for those participating in the Family Reunification Program (more than half of the cost for a child in the control group). The average cost per child was $3,830 to return a child in the treatment group home, including 6 months of services and 12 months of follow-up. The cost for the same 18-month period was approximately $9,113 per child in the comparison group, due to more frequent contacts and more reentries into care after reunification.

In follow-up interviews, families rated the following program features most strongly: the use of two-worker teams, the services offered in the family home, the 24-hour service availability, the use of a solution-focused service delivery, the skill-teaching in both individual and child management techniques, and concrete services (e.g., transportation, home repairs, etc.).

Today, the Family Reunification Program has expanded into 26 counties throughout Michigan, which serve 85 percent of all foster children in the State. The program served 730 families in fiscal year 2008. The two-worker team is made up of a team leader who provides the therapeutic intervention with family members and a family reunification worker who provides skill teaching and concrete services. Services are home-based and intensive, averaging 8-12 hours per week for the first 2 weeks after children are placed back in the home, and 4 hours per week for 4-6 months. Services are strength-based and focus on child safety. Family Reunification workers maintain small caseloads (six families), and the Team Leader provides 90 minutes of weekly family therapy and carries a larger case load (up to 12 families) during an intervention period.

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Rhode Island: Project Connect Improves Reunification Rates for Substance Abuse-Affected Families

Established in 1992 by Children's Friend & Service in Providence, RI, Project Connect is a community-based program for substance abuse-affected families who are at imminent risk or who have already had a child removed from their care. Project Connect offers home-based substance abuse and family counseling, as well as parent education, nursing services, parenting groups, domestic violence groups, sobriety support, and links to services such as affordable housing, substance abuse treatment, and health care. Each family is assigned to a team that includes a master's level clinician, pediatric nurse, and parent

educator. Staff work with parents and foster families to support relationships with children while in out-of-home care. Since 2007, the project has expanded its services statewide.

Evaluations of the program in 2003 and 2010 indicate that nearly all of the babies born to parents involved with Project Connect were born drug-free. Parents who completed the program after a high level of involvement with services showed significant progress in their parenting capabilities vis-a-vis creating a learning environment, addressing the health needs of their children, and effective use of supervision and discipline. They also were more likely to display adequate to mild strengths in family safety.

An evaluation of the 2003 program documented a number of positive outcomes. Parents showed marked improvement in meeting reunification goals and the ability to address the health needs of their children. Progress also was made in dealing with substance abuse issues, parenting behaviors, and meeting concrete needs. Researchers also noted that all but 2 of the 16 children assessed were functioning at or above the appropriate developmental stage.

Since 2007, improvements in child well-being are being assessed using the North Carolina Family Assessment Scale; while almost all children showed some improvement in the areas of child mental health, child behaviors, and parent-child relationships, those whose parents were highly involved with services displayed the greatest improvements. In the period 2007-2009, 16 of the 23 children who were removed from their families experienced reunification. Seventy-five percent of Project Connect reunifications occurred within 12 months of removal, compared to 68 percent

for all reunifications in the State. Only one Project Connect child reentered foster care in that time period, 15 months after reunification.

The program attributes its success to a number of factors:

- A service coordinating committee, which developed statewide policies that are responsive to families, reduced barriers to services, and developed opportunities for cross-training of service providers

- Increased outreach and engagement efforts by staff

- An increased focus on permanency planning for children

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Program Support for Reunification

In addition to offering insight into factors and services that are linked to reunification and stability, the literature and the program examples discussed above suggest several guiding principles for practice in this critical area of permanency planning:

- Families must be included and engaged in the planning and selection of services and the assessment of progress. Positive change is best driven by mutually established goals

and open, honest communication between families and helping professionals.

- Maintaining family relationships while children are in care is a critical component of any successful reunification practice. Frequent family visitation is linked to both the likelihood of reunification and post-reunification stability.

- Successful reunification must be systematically considered and planned for from the earliest possible point. Such planning must rest on comprehensive assessment that focuses not only on the issues precipitating placement, but also on family history, relationships, the parents' health and emotional functioning, and the community environment.

- Reunification preparation and post-reunification supports must be based on the needs of the children and family rather than on arbitrary timeframes. Reunification should be viewed as a process that includes maintaining family relationships while children are in care, careful planning, and the provision of post-reunification supports. Families are best supported when all available resources, both formal and informal, are brought to bear on their behalf (Warsh, Maluccio, & Pine, 1994).

Some of these guiding principles can be implemented by caseworkers; all of them, plus the systemic changes such as flexible funding, can be implemented at the agency level or higher.

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