

**Re-entry in Child Protective Services:
A Rapid Evidence Assessment**

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Report Summary

- 1) *Purpose:*

To complete a systematic review of the research literature pertaining to the question “What factors are associated with re-entry into foster placements and what interventions have been effective in reducing re-entry to foster care for children who were initially removed due to abuse or neglect?”
- 2) *Method:* Rapid Evidence Assessment (Deaton, 2005)
- 3) *Findings:*
 - a) Very little research has been done on interventions to reduce re-entry to foster care following family reunification
 - i) Two studies – one experimental and one quasi-experimental – used re-entry as an outcome variable. The results of both were mixed and neither provided unequivocal support for the interventions used.
 - b) Most of the available research was non-experimental and focused on factors (child, family, and system) associated with re-entry. Findings from these studies may be used to design future interventions to reduce re-entry.

Key factors associated with re-entry include:

 - Parental ambivalence about reunification and parental requests for placement
 - Parental mental illness, substance abuse, or poverty
 - Family coherence during separation
 - Placement instability
 - Children placed in non-relative foster care
 - Previous failed reunification attempts
 - Number of service goals and tasks for the family
 - Children with health difficulties
 - Lack of reunification services and case management
- 4) *Recommendations for Reducing Re-entry Rates:*
 - a) Extend the rapid evidence assessment to include research on the impact of risk assessment methods on re-entry rates.
 - b) Use the research on factors associated with re-entry, to design and evaluate a prototypical intervention for family reunification services using intervention research methods to design, develop, evaluate, implement, and disseminate innovative technology to address the re-entry problem
 - c) Develop a two-pronged approach to reducing re-entry rates by combining 1) the results of the rapid evidence assessment on risk and family assessment methods and 2) the innovative reunification services developed by the intervention research efforts
 - d) While waiting for the activities in a-c to be completed, disseminate information to practitioners about the factors associated with re-entry to care through written materials or workshops. Encourage workers to assess and address these factors in reunification planning.
 - e) Work with CAPMIS evaluators to analyze the relationship between the CAPMIS family and risk assessment procedures, decisions to reunify families, and subsequent re-entry rates.

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Background and Purpose

In 2002 the University Research Consortium was formed to serve as a resource for the Ohio Department of Job and Family Services and Ohio's county Public Children Service Agencies on topics related to child welfare services. The consortium consists of representatives from the Ohio colleges and universities that participate in the Title IV-E child welfare training program in social work, ODJFS staff, representatives from the Public Children Services Association of Ohio (PCSAO), representatives from the Steering Committee of the Ohio Child Welfare Training Program, and the Institute for Human Services (IHS). The Consortium is staffed and facilitated by IHS. The stated mission of this group is to "involve universities, child welfare agencies, and other stakeholders in a collaborative effort to utilize the findings of evidence-based research to inform and improve child welfare practice and outcomes in Ohio" (Mission statement, 2004).

The consortium was asked to synthesize the published research literature on methods to reduce re-entry to foster care for those children who have been reunited with their families. The question guiding the systematic research review was, "*What factors are associated with re-entry into foster placements and what interventions have been effective in reducing re-entry to foster care for children who were initially removed due to abuse or neglect?*" Re-entry to care (also referred to as recidivism) has been a persistent problem in foster care services and has serious consequences for the children and families who experience the return of children to foster care or other out-of-home placements. In Ohio, re-entry rates for 2002-2004 have exceeded the federal standard of 8.6% or less and the trend in re-entry rates has been increasing (13.1%, 13.9%, and 14.3%, respectively).

The published research literature was analyzed to identify methods for promoting successful reunification and preventing re-entry into foster care for families who are receiving services due to abuse and neglect. This report provides a description of the existing interventions used to reduce re-entry and assesses the rigor of the research that has been done to evaluate the interventions. It also provides a summary of the non-experimental research that has been done on the factors associated with re-entry, and recommends next steps for reducing re-entry rates in Ohio.

Methodology

A Rapid Evidence Assessment (Deaton, 2005) was conducted to identify and evaluate the research literature pertaining to interventions to reduce foster care re-entry following family reunification. This approach provides a systematic analysis of the research on interventions used to reduce re-entry and an assessment of the research's quality or rigor. This ensures that conclusions about an intervention's effectiveness are based on strong, credible research. A comprehensive review of the published research literature was completed and the level of scientific rigor for each of the identified studies was assessed using the Maryland Scale of Scientific Methods (Sherman, 1998). This scale rates the scientific rigor of research on a five point scale with a Level 5 study using the most rigorous methods and a Level 1 study the least. Level 4 and 5 studies are either quasi-experimental or experimental, while Levels 1-3 are typically correlational studies used to identify factors that tend to be associated with re-entry to care.

Summary of Research Literature on Re-entry

The search for relevant research identified 120 articles that focused on re-entry to foster care or successful reunification. Among these articles were reports from two studies (one experimental and the other quasi-experimental) that rigorously evaluated

interventions intended to reduce re-entry to care. The first study was an evaluation of “intensive family-based services” to promote successful reunification (Fraser, et al, 1996; Walton, 1998; Walton & Fraser, 1993). The second study was an evaluation of the Missouri Family-Centered Out-of-Home Care (FCOHC) using a quasi-experimental research design (Lewandowski & Pierce, 2002). The results of both studies were mixed and neither provided unequivocal support for the intervention being evaluation.

The other articles were based on non-experimental research. That is, these studies had no equivalent comparison groups, did not use random assignment, and lacked systematic manipulation of an independent variable. These studies tended to be analyses of administrative data or case records that focused on factors associated with re-entry. The findings of the non-experimental research are useful for identifying factors that may contribute to an increased likelihood of re-entry to foster care. The following factors were found to be associated with higher rates of re-entry to out-of-home care:

- Parental ambivalence about reunification and parental requests for placement (Hess & Folaron, 1991; Hess et al., 1992; Littell, 2001; Littell & Tajima, 2000)
- Presence of parental mental illness, substance abuse, or poverty (Courtney, 1995; Festinger, 1994; Hess et al, 1992; Lewandowski & Pierce, 2002; O’Connor et al, 2005; Turner, 1984a, 1984b)
- Lack of family cohesion during separation (Suarez-Orozco et al., 2002)
- Placement instability (i.e., the child is in more than one foster care placement) (Courtney, 1995)
- Children returning home from placements in non-relative foster care (Courtney, 1995; Wells & Guo, 1999)
- Previous failed reunification attempts (Claburn, 1977)

- A higher number of service goals and tasks identified for the family (Lewandowski & Pierce, 2002; Turner, 1984a, 1984b)
- Children with health difficulties (Courtney, 1995)
- Lack of reunification services and case management (Courtney, 1995; Fein & Maluccio, 1982; Maluccio & Fein, 1994; Dawson & Berry, 2002; Festinger, 1996; Ryan & Schuerman, 2004)

Recommendations for Reducing Re-entry Rates:

The lack of rigorous evaluative research on interventions to reduce re-entry into foster care makes it impossible to identify “best practices” in this area. The strongest research to date has applied an intervention method designed to prevent an initial placement (Intensive Family-Based Services), and it should not be surprising that the evaluation of this program produced mixed, ambiguous results when used with reuniting families. The needs of re-uniting families may be quite different from those facing families at risk of having a child removed. This suggests that interventions designed specifically to promote reunification and to reduce re-entry are needed.

Until such interventions are developed, practitioners can be encouraged to integrate information on the conditions that are associated with re-entry into their work with reunifying families. For example, workers should assess and address issues concerning parental ambivalence regarding the return of their child. In addition, efforts can be made to maintain family cohesion through letters, phone calls, pictures, and visits while the child is in placement. Families in which there is evidence of parental mental illness, substance abuse, poverty, or health difficulties for the child suggests the need for additional services following reunification to address these problems. Above all, the literature suggests the need for continued services designed specifically to assist families during reunification.

Although the focus of this review was on post-reunification services and factors to reduce re-entry, there is also evidence in the literature to suggest that more accurate family and risk assessment prior to reunification will allow practitioners to better determine which children should be reunited with their families and which should not. Several quasi-experimental studies exist in this area and a comprehensive review of the research literature is needed to assess the impact of risk assessment methods on re-entry rates. It is likely that efforts to reduce re-entry rates will require both better pre-reunification assessments of which children should return home and better services to families following reunification to address the conditions associated with re-entry to care.

The recommended next steps for addressing the problem of re-entry to foster care include:

1. Develop a two-pronged approach to reducing re-entry rates by combining a) the results of the rapid evidence assessment on risk and family assessment methods and b) the innovative reunification services developed by the intervention research efforts. This will require,
 - Extending the rapid evidence assessment to include research on the impact of risk assessment methods on re-entry rates.
 - Using the research on factors associated with re-entry to design and evaluate a prototypical intervention for family reunification using intervention research methods.
2. Until the activities listed in recommendation #1 are complete, disseminate information to practitioners about the factors associated with re-entry to care through written materials or workshops. Encourage workers to assess and address these factors in reunification planning.

3. Work with CAPMIS evaluators to analyze the relationship between the CAPMIS family and risk assessment procedures, decisions to reunify families, and subsequent re-entry rates.

Articles Included in Re-entry Analysis

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