

**Foster Care Re-Entry:
Evidence and Implications**

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March 2008

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The Center for Social Services Research (CSSR) in the School of Social Welfare at the University of California at Berkeley conducts research, policy analysis, program planning, and evaluation toward the improvement of publicly supported social services. The Center focuses on populations who are considered needy or disadvantaged, including victims of child abuse and neglect, the chronically mentally ill, the aged, the medically indigent, and the poor.

Housed at CSSR, the Research Response Team of the Bay Area Social Services Consortium (BASSC) was organized in 1995 to respond rapidly to the emerging needs of county social service agencies for information for their changing environments. Structured reviews of the research literature are undertaken in close collaboration with agency administrators and program staff. Founded in 1987, BASSC is composed of the Directors of Bay Area county social service and human service agencies, deans of the Bay Area graduate social work departments, and foundation representatives. We are grateful to Professor Jill Duerr Berrick for her helpful comments in reviewing this report.

Introduction

Background

The three primary objectives of the child welfare system are to ensure the safety, permanency, and well-being of children who have experienced or are at risk of abuse and neglect. While children's safety is the paramount concern of the child welfare system, permanency is also vitally important, and the preferred form of permanency is a safe and stable home with a child's family of origin. When children must be removed from their birth families to protect their safety and well-being, in most cases the child welfare system works to improve the abilities of parents to provide an adequate home environment in order to achieve the goal of family reunification. Ideally, reunification represents returning children to live safely and permanently with their families of origin. However, not all reunifications are successful and children may re-enter foster care.

The preference for family reunification as the first choice for permanence is codified in federal child welfare statutes. The Adoption and Safe Families Act (ASFA) of 1997 requires States to demonstrate that they have made "reasonable efforts" to prevent children's removal from their homes and to reunify families when children have been removed and placed in foster care (U.S. Congress, 1997). Moreover, reunification is expected to take place quickly, in order to minimize the disruption of family relationships and living situations. As a result of ASFA, states are required to report on a number of child welfare outcome measures; one of these is the percent of children reunified within 12 months of removal from the home. California counties are also required to report on a similar outcome measure as part of the requirements resulting from State Law AB 636 of 2001, the Child Welfare System Improvement and Accountability Act (California Health and Human Services Agency, 2003).

In fact, many children who are removed from their homes through child welfare intervention are reunified with their families of origin. Nationally, reunification is the most common permanency plan for children in foster care. Family reunification was listed as a case goal for 51 percent of the children in care nationally as of September 30, 2005, compared to other permanency goals of adoption or guardianship (23%), long-term foster care (7%), emancipation (6%), kinship care (4%), or undetermined (8%) (U.S. Department of Health and Human Services, 2006). Moreover, many children achieve the case goal of reunification. National research based on long-term multi-state foster care administrative data indicated that family reunification was the most common exit from foster care (Wulczyn, 2004). In California, of the 13,332 children who were placed in foster care due to abuse or neglect between January 21, 2005 and June 30, 2005, 55 percent were reunified with their families of origin within 24 months (first entry and a stay of at least 8 days) (Needell et al., 2008).

At the point of returning home, a child's reunification with his or her family cannot necessarily be declared a successful outcome. For success, a reunification must result in long-term safety and stability for the child. Family reunifications that result in subsequent child abuse and neglect are considered unsuccessful outcomes, particularly if the threat to the child is serious enough to require removal from the home and re-entry to foster care. Recognizing that foster care re-entry represents a serious negative outcome, both federal and California State child welfare outcome measures require reporting on re-entry rates. The State and counties are accountable for the percent of children re-entering foster care within 12 months of reunification with their families of origin (California Health and Human Services Agency, 2003).

This literature review examines the research on these important topics related to foster care re-entry. The report begins with a brief discussion of the role of re-entry into foster care in

the context of the goals of the child welfare system. The methods of the structured review of the literature are then described, followed by a presentation of the major findings on risk and correlates of foster care re-entry, resilience and correlates of successful reunification, and the impact of child welfare interventions and service models on reducing re-entry. The report concludes with a discussion of the implications of the findings for child welfare practice and future research.

Re-Entry into Foster Care

Estimated rates of foster care re-entry vary, but most studies show them to be relatively high in the overall child welfare population. Variations in methodology with respect to sample selection criteria and follow-up timeframe produce differing re-entry rates. Research from the 1970s and 1980s, based on various samples and timeframes, reported re-entry rates of 9 to 32 percent of reunified children (Rzepnicki, 1987). A 1991 U.S. General Accounting Office report, based on research from five states, cited overall re-entry rates of 3 to 27 percent of children reunified with their families after a first placement in foster care. Subsequent large-scale research using multi-state foster care data found that of children who entered foster care between 1988 and 1995 and were later discharged, 23 percent re-entered foster care within 5 to 11 years. Re-entry rates for individual states ranged from 21 to 38 percent (Wulczyn, Hislop & Goerge, 2000). In California, of the 22,740 children reunified with their families between July 1, 2005 and June 30, 2006, a total of 12 percent, or 2,737 children, re-entered foster care within 12 months (Needell et al., 2008). Rates of re-entry also vary according to child and family demographics and case characteristics.

Foster care re-entry is a serious problem for a number of reasons. For one, states that fail to meet specified goals for federal child welfare outcome objectives, including re-entry rates, are

subject to funding sanctions. In recent years, California's re-entry rate has consistently been higher than the national goal of 9.9 percent (Needell et al., 2008), raising the threat of sanctions. California counties are also required to outline plans for improvement on child welfare outcome objectives, including re-entry rates, where their performance is below state standards through the mandated annual county System Improvement Plans as called for in State Law AB 636 (California Health and Human Services Agency, 2003).

Foster care re-entry is also problematic because it can contribute to larger foster care caseloads that increase the workload and costs of the child welfare system. Foster care caseloads increase when the number of children exiting care is less than the number entering care over a specified time period. The number of foster care entries comprises children entering foster care for the first time plus children re-entering care. If a large portion of reunified children re-enter foster care, their re-entries can cause an increase in the overall foster care caseload even if first-time entries to care are stable or decreasing and exits from care are stable or increasing. A study of foster care caseload dynamics in New York State found that growing caseloads in the mid-1980s were attributable to a high number of re-entrants, while the number of new admissions to care remained basically flat (Wulczyn, 1991).

Children re-enter the foster care system because of the recurrence of abuse or neglect. In addition to the direct consequences of this repeat maltreatment, a disrupted reunification means that a child must move to a new home and form a relationship with a new caregiver. Ideally, the child would return to a familiar former kin or non-kin foster placement, but in many cases he or she will enter an entirely new household. Like any unplanned change in placement and loss of permanency, such disruption is likely to be detrimental to children's psychosocial well-being (Rzepnicki, 1987). Re-entry into foster care may be particularly damaging to very young

children who are in a key developmental stage requiring attachment to a consistent and responsive primary caregiver. Repeated changes in caregiver relationships during a young child's first few years of life can result in long-term impairment in forming meaningful interpersonal relationships (Berrick, Needell, Barth & Jonson-Reid, 1998).

The need for a child to re-enter foster care may arise for any of several reasons. Failed reunification may indicate that a child was returned to his or her family too soon or without enough support; with more resources and/or time, the caregiver(s) could have been prepared to provide a safe and stable home environment. Alternatively, reunification may fail because even with support, the caregiver(s) would not have been able to provide an adequate home for the child. In this case, reunification was an inappropriate goal from the beginning. Finally, reunification may fail due to unforeseeable changes in family circumstances, family composition, or the health or mental health of caregivers after the point of reunification. This last cause of foster care re-entry is beyond the control of the child welfare system. Moreover, predicting family outcomes is always somewhat imprecise. However, the child welfare system is mandated to minimize predictable foster care re-entries. Preventing predictable foster care re-entry requires the child welfare system to provide the type, intensity, and duration of services and support required to enable birth families to create and sustain safe homes for their children, as well as correctly identify cases where reunification is an inappropriate goal.

Accomplishing these two tasks requires an understanding of the characteristics of children and families who experience failed and successful reunifications. It is also important to know how child welfare practices and services can prevent, or inadvertently promote, re-entry to foster care. Given the special importance of timely and permanent reunification for very young

children related to their vulnerability and developmental stage, special attention to the factors associated with re-entry of young children is needed.

Methodology of the Structured Review

This literature review used pre-determined search sources and search terms to identify relevant research literature and reduce bias. Specified search terms were entered into multiple databases of academic and research articles from the social welfare and broader social science fields. In addition, searches were conducted of the websites of research and policy institutes that focus on child welfare, organizations that conduct systematic reviews, and databases of conference proceedings. A snowball search was also conducted, whereby the references of articles and studies identified through the initial search were reviewed in order to identify further relevant references. The search terms and sources are listed in detail in the Appendix.

Significant efforts were made to obtain and review all relevant materials identified through the structured search. Online article repositories were accessed, material retrieved from the libraries of the University of California, items requested through interlibrary loans, and in some cases study authors were contacted directly, resulting in more than 50 relevant reports and articles for the review, in addition to background materials. In a few cases, however, full reports on potentially relevant studies could not be located. The few materials that were not located consisted of older studies (from the 1980s or early 1990s) conducted by consultants for government agencies.

Intervention studies that were included in this review used experimental or quasi-experimental methods, with an emphasis on those using experimental methods wherever possible. Experimental studies of the effects of interventions used a randomized controlled trial design, where individuals were randomly assigned to receive or not receive a specific

intervention. This research design is considered the most rigorous, representing the strongest evidence of intervention effects, because the randomization process helps ensure that there are no undetected but possibly important differences between the groups receiving and not receiving the interventions.

Quasi-experimental intervention studies did not include a randomized control group for comparison. Some used a non-equivalent control group, such as a group of individuals that did not receive the intervention or received fewer or shorter services (a smaller “dose” of the intervention), but were not randomly assigned to the control versus intervention group. This research design is considered weaker, since there may be pre-existing differences between the individuals in the control group and intervention group that affect the intervention outcomes.

One study included in this review used the statistical method of propensity score matching (PSM) to create a control group. This method is less rigorous than using a randomized control group, but compensates for some of the weaknesses of non-equivalent control groups by ensuring that the control and intervention groups are closely matched on a variety of characteristics in an effort to minimize undetected significant group differences. A number of studies included in this review were neither experimental nor quasi-experimental in design, but rather correlational studies. These studies used statistical methods to identify particular child, family, or child welfare case characteristics that are associated with foster care re-entry or successful reunification. It is important to note that correlational studies cannot demonstrate causality. They can show, for example, that children or families that experienced re-entry to foster care were more likely to have certain characteristics than children or families who did not experience re-entry, but they cannot show that these characteristics in any way caused re-entry.

Studies and articles that were excluded from this review included those that did not report data or outcomes, those that reported only preliminary results where a later report provided full results, and studies with extremely small sample sizes.

Major Findings

Risk and Correlates of Foster Care Re-Entry

Though a variety of studies have examined the issue of re-entry to foster care, different researchers have examined differing samples of children and families and used a variety of definitions of re-entry, making it difficult to generalize across studies. Nonetheless, certain child, family, and child welfare service characteristics have been found to be associated with an increased risk of re-entry in multiple studies. These characteristics are summarized in Table 1 and studies on the risk and correlates of foster care re-entry are summarized in Table 2.

Child Characteristics. Several researchers found that children with problems related to health, behavior, or mental health were more likely to re-enter foster care after reunification. A large-scale analysis of administrative data for 73,972 children in Illinois who had been discharged from care from fiscal year 1998 to 2004 found that disabled children, particularly those with a mental health disorder, were more likely to re-enter foster care (Koh, 2007). Wells, Ford, and Griesgraber (2007) constructed several multivariate models to predict re-entry to foster care using data from 10 states. They found that children with behavior problems age 11 and older were the most likely to re-enter care in most states, and children who were emotionally disturbed also had high re-entry rates. In a study of 445 children up to age 12 who entered foster care in San Diego County from April 1990 to October 1991 and later reunified with their families, the number of child problems (that included medical, school, mental health, behavioral, and learning disability) was positively correlated with foster care re-entry and with re-report of maltreatment

Table 1: Summary of Risk Factors and Correlates of Re-Entry

Child Characteristics

- Health
- Mental health
- Behavior problems
- African American race
- Infant or pre-teen/teen age

Family Characteristics

- Poverty
- Parental substance abuse
- Maltreatment type
- Parental ambivalence about the parenting role
- Lack of parenting skills
- Lack of social support
- Mental health

Child Welfare Service Attributes

- Short initial stays in foster care
- More foster care placements
- Placement in group care
- Unmet needs or unresolved problems
- Prior child welfare involvement
- Unsuccessful attempts at reunification

(Jones, 1998). Courtney, Piliavin, and Wright (1997) analyzed administrative data for 11,534 children who entered out-of-home care in California in 1988 and reunified within 4 years, of whom 2,169 re-entered foster care within two years of reunification. Children with health problems were found to be more likely to re-enter care. A similar study of 6,831 children age 16 or younger who were discharged from their first episode of foster care in California from January to June 1988 found that children with health problems had a higher hazard of reentry (Courtney, 1995).

Author	Type of Characteristic	Study Location and Time Period	Sample	Major Outcomes
Barth et al. (2007)	Child; Family; Child welfare service	1 of 36 states over a period of 36 months	710 children that were reunified with a parent or relative after an out-of-home care placement (22% re-entered)	Maltreatment type predicted re-entry in children age 0-6 (lowest hazard ratio for physical abuse, then sexual abuse and neglect); increase in time in out-of-home care marginally associated with lower re-entry; for children 11+, prior CWS placement strongly associated with re-entry; child problems (including developmental, educational, or mental health) marginally associated with re-entry
Courtney (1995)	Child; Family; Child welfare service	California; January to June 1988	6,831 children age 16 or younger who were discharged from first episode of foster care	Children with health problems, African American children and infants had a higher hazard of re-entry; children in the 7-12 age range had comparatively lower re-entry hazard; higher hazard of re-entry for AFDC-eligible families; very short stays (<3 months) associated with higher probability of re-entry but time beyond 3 months had no effect
Courtney et al. (1997)	Child; Family; Child welfare service	California; 1988	11,534 children who entered out-of-home care in 1988 and reunified within 4 years, of whom 2,169 re-entered foster care within two years of reunification	Effects of race and age on re-entry are mediated by other, unidentified factors (such as parental substance abuse or social support from extended family); children with health problems more likely to re-enter care; children in kinship care less likely to re-enter; placement instability and shorter stays in care associated with increased risk of re-entry; children from urban counties (other than Los Angeles) less likely to re-enter care
Festinger (1996)	Family; Child welfare service	20 agencies in New York City; 1991	210 reunified children who had been in care for at least sixty months	No significant association between re-entry and the number of child problems; however, lower parenting skills, less organizational participation, less social support and more unmet service needs at the time of reunification were the strongest predictors of re-entry
Frame (2002)	Family, Child welfare service	Several California counties; July 1, 1991- June 30, 1992	Cohort of 88 children	No significant association between re-entry and gender, age at entry, and ethnicity; however, prenatal substance exposure and removal reason of neglect associated with increased re-entry risk; length of stay negatively associated with re-entry
Jones (1998)	Child; Family	San Diego County; April 1990- October 1991 and later	445 children up to age 12 in foster care	Number of child problems (e.g., medical, school, mental health, behavioral, learning disability, and substance abuse problems) positively correlated with re-entry and re-report of maltreatment; receipt of welfare payments, dangerous environments, inadequate housing associated with re-entry to foster care

Jonson-Reid (2003)	Family; Child welfare service	Missouri; 1993/1994 and followed for 4.5 years	1,915 reunified children ages birth- 16 years	Factors associated with higher re-entry risk: AFDC-eligible, shorter length of time in care (<3 months), four or more placements during first spell; decreased risk of re-entry for children with final placement with kin
Koh (2007)	Child; Child welfare service	Illinois; 1998-2004	73,972 children discharged from care	Disabled children (especially mental health disorder) more likely to re-enter foster care; African American children more likely to re-enter out-of-home care; Likelihood of re-entry increased for children who entered foster care at a young age or who left the system at an older age; shorter stays in care and greater number of placements associated with increased probability of re-entry
MacMahon (1997)	Family	San Mateo county; 2 year period	Subsample of 26 infants with a positive drug screen at birth who reunified with mothers within first month of life	27% eventually re-entered care due to continuing substance abuse of the mothers
McDonald et al. (2006)	Child welfare services	33 Oklahoma counties; 2002	20,291 children from administrative data	Children reunified within 6 months of entering were more likely to re-enter foster care; however, lower re-entry rates for very early reunification (<30 days after removal)
Shaw (2006)	Child; Family; Child welfare service	California; 1998 to 2002	45,154 children who first entered foster care in 1998 to 2002 and reunified within 12 months, of whom 6,021 subsequently re-entered care within 12 months	African American children most likely to re-enter care, when compared to all other racial/ethnic groups; race effect remained after controlling for poverty and for re-entry rate at the census-tract level; age trends- infants had highest percent of re-entering, re-entry rates generally decline with age up to ages 11-13 but then start to climb again after age 13; entering care because of neglect; single parent households; lower likelihood of re-entry for children speaking language other than English at home; Title IV-E eligible families twice as likely to experience re-entry compared to those with higher incomes; cases where drug or alcohol treatment services were recommended as part of the case plan had more than twice the likelihood of re-entry to care; children in care for <6 months had higher probability of re-entry than those in care for 7-12 months; lower odds of re-entry for children in relative homes compared to other placement types
Terling (1999)	Child; Family; Child welfare service	Houston, Texas; 1993 to 1996	1,515 reunified children	Hispanics less likely to re-enter; No difference between re-entry rates of black and white children; SES measures of income and racial/ethnic community composition not statistically related to re-entry; greatest risk of re-entry in the

				first 6 months and then declines over time; other factors associated with increased risk of re-entry: prior referrals, physical abuse, substance abuse, caregiver criminal history, caregiver competency problems, social support (isolation and negative relationships)
Turner (1984, 1986)	Family; Child welfare services	43 counties in Virginia	50 children who re-entered care and 50 who did not re-enter care	Parent request for foster care placement significantly associated with foster care re-entry; re-entry significantly associated with little or no improvement in family problems that led to placement; greater number of parental problems at time of placement associated with greater likelihood of re-entering
Wells & Guo (1999)	Child; Family; Child welfare service	One county in Ohio; 1992-1993	487 children who entered foster care and subsequently reunified with their families within 12 months	No significant relationship between child health problems and re-entry; African American children re-entered care nearly twice as often as white children; increased age associated with small increase in the rate of re-entry; children removed for reason of dependency re-entered foster care faster than those removed for physical abuse; re-entry rates decrease with length of time in care; increase in the number of placements led to a 30.5% increase in the hazard of re-entry; children whose last placement was in non-relative foster care or a group home re-entered foster care at a faster rate than those placed in kinship care
Wells et al. (2007)	Child	Multistate study (10)		Children with behavior problems/ emotionally disturbed age 11+ from all race groups most likely to re-enter care (compared to children <1); children age 11+ of all race/ethnicities and emotionally disturbed children of all ages had high rates of re-entry compared to younger children
Westat and Chapin Hall Center for Children (2001)	Child; Child welfare services	Multistate study (9); 1990-1993	19,500 children (age 0-14 at reunification); reunified within 36 months of initial placement	Higher rates of re-entry within 12 months of reunification for younger children (<1 year of age), children 12-14, Black children, more than one placement while in foster care, short stays in care, and placement in congregate care; Hispanic children less likely to re-enter
Wulczyn et al. (2000)	Child welfare services	Multistate study (12); 1990-1998	572,148 children	Re-entry rates generally decrease with length of time in care; congregate care associated with highest overall re-entry rates; kinship foster care associated with lowest re-entry level (and lowest discharge levels); nonrelative foster care associated with moderate re-entry rates; runaway children had highest re-entry rate; previous episode of failed reunification associated with re-entry

In contrast, in a study of a subsample of 487 children from one county in Ohio who had entered foster care in 1992 and subsequently reunified with their families, Wells and Guo (1999) found no significant relationship between child health problems and re-entry. Festinger (1996) also found no significant association between re-entry and the number of child problems, but the relatively small sample size of 210 reunified children limits the conclusiveness of these results.

Multiple studies that examined race or ethnicity as a possible predictor of foster care re-entry found that African American children had a higher re-entry risk. In a large-scale administrative data study, Koh (2007) found that African American children were more likely to re-enter out-of-home care. Similarly, in a study of 45,154 children who first entered foster care in California from 1998 to 2002 and reunified within 12 months, of whom 6,021 subsequently re-entered care within 12 months, African American children were the most likely to re-enter care, when compared to all other racial/ethnic groups. The race effect remained after controlling for income and for re-entry rate at the census-tract level (Shaw, 2006). Wells and Guo (1999) also found that African American children re-entered care nearly twice as often as white children, and Courtney (1995) reported a higher hazard of re-entry for African American children as well.

Contrasting results were reported by Terling (1999) in a study of 1,515 children reunified in Houston, Texas from 1992 to 1996 that found no difference between re-entry rates of black and white children but lower likelihood of re-entry for Hispanics. However, this study used a considerably smaller sample in a limited geographical range compared to the studies that found a significant relationship between African American race and foster care re-entry rates.

With respect to children's age, research findings are mixed regarding which specific age groups have the greatest risk of re-entry. Most studies, however, found that infants have high re-entry rates, and some found that pre-teens and teenagers also have high risk of re-entry. Koh

(2007) found that the likelihood of re-entry increased for children who entered foster care at a young age or who left the system at an older age. Wells and colleagues (2007) found that children age 11 and older of all race/ethnicities had high rates of re-entry compared to younger children. In a large-scale study of more than 45,000 reunified children, the age groups with the greatest likelihood of re-entry were infants (less than one year old) and children ages 11 to 15 (with 15 being the oldest age in the study sample). Risk of re-entry decreased for each age group older than infants up to age 11 (Shaw, 2006). Similarly, in a study of over 6,000 children up to age 16 discharged from foster care, Courtney (1995) found that infants had a high hazard of re-entry, while children in the 7- to 12-year-old age range had a comparatively lower re-entry hazard. In contrast, Wells and Guo (1999) found that increased age was associated with a small increase in the rate of re-entry. Finally, a study of 19,622 children reunified from foster care in New York in the mid-1980s found conflicting associations between age at entry to care and foster care re-entry, with a positive association between age and re-entry in New York City and a negative association in upstate New York (Wulczyn, 1991).

Overall, findings from different studies conflict with respect to the relationship between age and risk of re-entry, but the most frequently reported findings were that infants have high re-entry rates, as do older children (age 11 and up), while latency-age children (age 7 to 11) tend to have lower re-entry rates. High re-entry for infants may reflect their extreme vulnerability and intensive parenting requirements, while high re-entry for pre-teens and teenagers could be a result of increased parent-child conflict in that age range.

Interestingly, Courtney et al. (1997) reported evidence that African American race and infant age are not directly related to the risk of re-entry, but rather are mediated by some other unknown factor. Because the sample of children reunified with their families is not a random

sample of children in foster care, there may be unmeasured characteristics that distinguish children who return to their families from children who remain in care, creating selection bias in analysis of foster care re-entry data. Analyzing reunification and re-entry data for the same sample and using probit equations to correct for selectivity bias produced statistical results that suggest that unmeasured factors that influence reunification of African Americans and infants affect re-entry in the same way. One possible mediating factor suggested was parental substance abuse, that affects African American parents disproportionately and that impacts parenting ability and health and behavior of substance-exposed infants. However, there appears to be a complex array of potential mediating factors.

Family Characteristics. In terms of family-level risk factors, several studies found correlations between measures of family poverty and risk of foster care re-entry. Shaw (2006) reported that children in families determined to be Title IV-E eligible were twice as likely to experience foster care re-entry compared to those with higher incomes. Courtney (1995) also found a higher hazard rate of re-entry for AFDC-eligible children. Similarly, Jonson-Reid (2003) reported higher re-entry for children from families eligible for AFDC in a study of 1,915 reunified children in Missouri. Finally, in a study of 445 reunified children in San Diego County who entered foster care from April 1990 to October 1991, two poverty-related characteristics, receipt of welfare payments and inadequate housing, were both associated with re-entry to foster care (Jones, 1998).

A few studies reported associations between parental substance abuse and higher re-entry rates to foster care. Analyzing large-scale administrative data, Shaw (2006) found that cases where drug or alcohol treatment services were recommended as part of the case plan had more than twice the likelihood of re-entry to care. A few very small studies reported similar findings.

Terling (1999) analyzed the case files of 59 reunified children and found that parental substance abuse was associated with re-entry. A study of a subsample of 26 infants with a positive drug screen at birth who were reunified with their mothers within the first month of life found that 27% eventually re-entered foster care due to the continuing substance abuse of the mothers (MacMahon, 1997).

Some studies also found a relationship between type of maltreatment and re-entry rates, with neglect or dependency presenting the highest risk of re-entry. Barth, Guo, and Caplick (2007) examined re-entry for a sample of 710 children who were reunified after placement, 22% of whom subsequently re-entered care in an investigation in one of 36 states in the National Survey of Child and Adolescent Well-Being (NSCAW) sample over a period of 36 months. For young children up to age six, neglect resulted in a significantly higher hazard ratio than sexual abuse or physical abuse. Similarly, Wells and Guo (1999) found that children removed for reasons of dependency re-entered foster care faster than those removed because of physical abuse. In contrast, Terling (1999) found that physical abuse was associated with rapid re-entry to foster care. However, the author noted that infant drug-exposure was initially categorized as physical abuse in the data reporting system used for the study even though subsequent foster care re-entry of drug-exposed infants usually resulted from neglect by substance-addicted parents.

Parental ambivalence about the parenting role was also reported as a risk factor for re-entry to foster care, though most studies reporting this finding were small because ambivalence measures are typically not recorded in large administrative data sets. Ambivalence can be defined as “either a pattern of verbal statements that reflect conflicting feelings about parenting, about a particular child, and/or about a child’s return home or a pattern of behaviors that is inconsistent with the parents’ stated interest in the child’s return” (e.g., expressing a desire for

reunification but then refusing to follow through on case plan requirements or failing to attend court hearings) (Hess & Folaron, 1991, p. 407). Festinger (1996), in a study of 210 reunified children who had been in care for a minimum of 60 months, found that voluntary placement of children in foster care and parental refusal of services were associated with re-entry to care within 12 months of reunification. In addition, a small study of 50 children who re-entered care in Virginia compared to 50 who did not re-enter care found that parental request for foster care placement based on either unwillingness or inability to care for a child due to parental health or mental health problems was significantly associated with foster care re-entry (Turner, 1984, 1986).

A qualitative review of case files of 40 children who re-entered foster care in Indiana within 18 months after reunification provided an in-depth examination of characteristics of ambivalent cases (Hess & Folaron, 1991). Children of ambivalent parents were found to be more likely to have had previous unsuccessful reunification attempts than those with non-ambivalent parents. Many ambivalent parents had mild or serious developmental disabilities. Ambivalent parents with partners often had to choose between living with their children and maintaining their partner relationships. This occurred when their partners did not want to have the children in the household or the court mandated that the parent separate from a problematic partner as a prerequisite for child custody. The study also found that child welfare workers tended to ignore or overlook signs of parental ambivalence in the process of advocating for reunification even when parents consistently expressed conflicting feelings about parenting and/or repeatedly failed to follow through on case plan requirements.

Other family-level risk factors for foster care re-entry included lack of parenting skills (Festinger, 1996; Terling, 1999), lack of social support (Festinger, 1996; Terling, 1999), parent

mental health problems (Festinger, 1996), and a preponderance of parent problems (Festinger, 1996; Turner, 1986). However, most of these factors emerged in small studies based on case review analysis that is not captured in most administrative data systems, possibly limiting the significance of the findings.

Child Welfare Service Characteristics. One of the most consistent child welfare case characteristics associated with high foster care re-entry rates is brief initial stays in foster care. Several large-scale studies found that children who were reunified with their families after less than ninety days in out-of-home care were more likely to re-enter than those in care for longer initial placements. A large-scale examination of administrative data of over 70,000 children discharged from foster care found that shorter stays in care were associated with increased probability of re-entry (Koh, 2007). Another large study using administrative data found that children in care for less than six months had a higher probability of re-entry than those in care for seven to nine or ten to twelve months. No significant difference was found between stays of zero to three months versus three to six months (Shaw, 2006). A study of re-entry among children reunified in 1999 in Washington State found that re-entry was highest among children with the shortest stays, with reduced re-entry rates for each increase in placement length from six months up to five years (Wilson, 2000). In a large-scale multi-state study of over 550,000 children, Wulczyn and colleagues (2000) also found that re-entry rates decrease with length of time in care (e.g., from 29% to 33% re-entry over five to nine years post-reunification for children staying in foster care less than 6 months before reunification and less than 20% re-entry for children in care for more than 18 months). Other studies reported similar findings (Courtney et al., 1997; Jonson-Reid, 2003; Wells & Guo, 1999; Wulczyn, 1991).

Courtney (1995) also found that very short stays of three months or less were associated with a higher hazard of re-entry, but additional time in care beyond three months had no effect on the hazard rate. McDonald, Bryson, and Poertner (2006) found that children reunified within six months of entering foster care were more likely to re-enter foster care but also found that reunification within thirty days was actually associated with less re-entry. However, the data on rapid reunifications may have included a substantial number of unnecessary removals of children due to processing of weekend reports (involving police without social service involvement in some counties) or temporary placements. Overall, most studies found a significant association between foster care re-entry and initial stays in out-of-home care of less than three months. Some researchers suggest that such extremely short stays in care “may be insufficient to address the issues that led to placement” (Fuller, 2005, p. 1303).

In addition to time in foster care, the number of placements in foster care was associated with increased re-entry to care in several studies. A large-scale administrative data study found that a greater number of placements were related to an increased probability of re-entry (Koh, 2007). Similarly, Wells and Guo (1999), in an analysis of 487 reunified children, reported that an increase in the number of placements led to a 30.5% increase in the hazard of re-entry. Jonson-Reid (2003) also found that children with more placements experienced more re-entry to care. In two administrative data studies using large samples from California, Courtney et al. (1997) and Courtney (1995) also found that children with placement instability in foster care were more likely to subsequently re-enter care. Courtney (1995) suggested that an increased number of placements might be a proxy for child behavior problems that have been shown to be associated with increased foster care re-entry.

Two studies found that children whose foster care placement had been in group care were more likely to subsequently re-enter foster care. In an analysis of administrative data from four states that included over 450,000 children who entered foster care from 1988 to 1995, congregate care was associated with the highest overall re-entry rate (as well as the highest discharge rate) (Wulczyn et al., 2000). A similar study of 487 reunified children from Ohio found that children who had been placed in group homes re-entered foster care at a faster rate than those placed in non-kin foster care or kinship care (Wells & Guo, 1999).

Festinger (1996) found that re-entry into foster care within twelve months of reunification was associated with the unmet service needs of parents at the time of reunification (often because parents had refused services). In a small study of 50 re-entering children and 50 children who did not re-enter, re-entry to care was significantly associated with little or no improvement in the family problems that originally led to foster care placement (Turner, 1986). Jonson-Reid (2003) found no significant relationship between duration of post-reunification in-home services and maltreatment recidivism, although families at greater risk of repeat maltreatment are more likely to receive aftercare services.

Prior involvement with the child welfare system, particularly prior unsuccessful reunifications, is associated with an increased risk of foster care re-entry. Barth, Guo and Caplick (2007), in a study of 710 children, found that prior child welfare involvement was strongly associated with re-entry to foster care among children ages 11 and older. A smaller study of 1,515 reunified children also found that a history of child protective services was associated with a greater likelihood of re-entry (Terling, 1999).

Two studies found that children with previous episodes of failed reunification were much more likely to re-enter care after subsequent reunifications. Wulczyn and colleagues (2000)

analyzed re-entry data for a large sample of children from six states who entered foster care from 1988 to 1995 and were followed through five foster care spells (period of time in placement, that may consist of one or more placements in different settings) or until the end of 1998. A greater number of prior spells in care increased the odds of re-entry. Almost 23% of children reunifying from their first spell in foster care later re-entered, followed by 32% of children exiting their second spell, 39% of those exiting their third spell, 45% of those leaving their fourth spell, and nearly 50% of those attempting reunification from their fifth spell in foster care. In a similar but smaller United Kingdom study the second, third, and later attempts at reunification were much more likely to be unsuccessful (Farmer, 1996). As one researcher noted, repeated reunification failures can create tremendous instability for children. For children who experience multiple out-of-home placements after failed attempts at reunification, “placement instability means frequent moves among caregivers, including parents, relatives, foster parents and group homes. One might as well count birth parents as just another placement within a childhood-long episode of multiple placements. Re-entry into care in its extreme form means that children have no secure home base whatsoever; all placements are temporary, including periodic stays with birth parents” (Wilson, 2000, p. 26).

To summarize the general findings regarding risk factors and foster care re-entry: child characteristics associated with higher rates of re-entry included child health, mental health, and behavior problems; African American race; and infant or pre-teen/teenager age. Family characteristics related to increased re-entry included poverty; parental substance abuse; maltreatment type; parental ambivalence about the parenting role; and other parent characteristics such as lack of parenting skills, lack of social support, and mental illness. Child welfare service attributes associated with higher rates of re-entry included very short initial stays

in foster care; more foster care placements; placement in group care; presence of unmet needs, unresolved problems, or continuing need for services at the point of reunification; and prior involvement with child welfare services, particularly prior unsuccessful attempts at reunification.

Special Populations: Children in Group Care

For children placed in group homes the correlates of foster care re-entry are somewhat different than those for the general population of foster children. Webster (1999) analyzed California administrative data for a subsample of 3,367 children reunified after a first spell in foster care and found 800 who had re-entered foster care after living in group homes. Results showed that as with the general foster care population, children who were severely emotionally disturbed (SED) were more likely to re-enter care. In addition, however, there was a gender difference among SED children where males with SED were about twice as likely as SED females to re-enter. Unlike the findings for the general foster care population, there was no significant difference in the relative hazard of re-entry based on the amount of time spent in initial out-of-home placement.

Special Populations: Infants

Successful reunification and avoidance of foster care re-entry is particularly important for very young children, as “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” (Frame, Berrick, & Brodowski, 2000, p. 340). Thus, special attention to re-entry risk factors for this population is needed. A few studies specifically examined re-entry to foster care for very young children and largely found that correlates of foster care re-entry were similar to those for the general foster care population.

Frame et al. (2000) analyzed the characteristics of a cohort of 88 reunified infants, of whom 32% re-entered foster care within four to six years. Risk factors for re-entry that were significant in multivariate models included maternal substance abuse and/or criminal activity (usually associated with substance abuse), nonkin foster care placement, and being placed in care before age 30 days. Re-entry was not significantly correlated with type of maltreatment, total number of placements, time in out-of-home care, or length of aftercare services, but the small sample size might have masked the effects of some of these factors. In a larger study of 630 reunified infants, of whom 23% returned to care within three years, significant risk factors in a multivariate model included prenatal substance exposure, type of maltreatment (neglect), multiple referrals before entry to care (prior child welfare system involvement), and shorter length of stay in care (with more re-entry for children in care less than one month as compared to those in care for greater than one month) (Frame, 2002).

In another study of reunified young children, Berrick and colleagues (1998) found that: 1) infants and toddlers were slightly more likely to re-enter foster care than children aged three to five, 2) African American children were also slightly more likely to re-enter than white children, 3) neglected children were more likely to re-enter, and 4) children whose first stay in foster care was less than six months were more likely to re-enter care. Other significant correlates of re-entry for infants included the mother's total number of children, maternal criminal behavior, housing problems at the point of reunification, and the number of previous maltreatment reports for the family. The re-entry risk factors identified for very young children, therefore, echo many of the findings for the general foster care population.

Resilience and Correlates of Successful Reunification

Unfortunately, most of the research on correlates of foster care re-entry has been framed by a risk-focused perspective, in contrast with a strengths-based approach that focuses on assets and protective factors. Very little research has been conducted on resiliency and success in family reunification or identification of factors that are associated with avoiding foster care re-entry. The limited findings related to correlates of successful family reunification (or non-re-entry to foster care) are discussed below.

In terms of child characteristics, a number of studies found that older latency-age children are less likely to re-enter foster care than very young children (Courtney, 1995; Frame et al., 2000; Jonson-Reid, 2003; Koh, 2007; Shaw, 2006). This finding may reflect older children's increased capacity for self-protection and self-care and reduced requirement for intensive adult supervision, as compared to very young children. Findings regarding the relationship between age and re-entry are not consistent, however.

With respect to family characteristics, one series of studies found that coming from a home where English was not the primary language was associated with reduced foster care re-entry rates. Administrative records were examined for all children entering foster care in California from 1998 to 2002 who reunified with their families within twelve months (45,154 children) (Shaw, 2006). Children from primarily non-English speaking homes were significantly less likely to re-enter foster care within twelve months, with 0.56 times the odds of re-entry in the bivariate analysis and 0.72 times the odds in two multivariate models, as compared to children from homes where English was the primary language spoken (Shaw, 2006). A related study examined children entering foster care in California from 1998 to 1999 who reunified within twelve months (18,203 children) and found that children from non-English speaking homes were less likely to re-enter foster care within 12 months and between 12 and 24 months of

reunification (Shaw & Webster, 2006). Several related studies found Hispanic ethnicity to be associated with reduced rates of re-entry (Berrick et al., 1998; Courtney et al., 1997; Terling, 1999).

Some studies identified factors associated with reduced re-entry related to case characteristics or child welfare services. A number of studies found that children reunifying from kinship foster care placements were less likely to re-enter foster care than children who had been in non-kin placements prior to reunification. A large-scale study using a multi-state archive of administrative data (Wulczyn et al., 2000) examined the probability of the type of re-entry by placement for over 450,000 reunified children from four states who had entered foster care from 1988 to 1995. The children who had been in kinship care had the lowest rate of reunification as well as the lowest rate of re-entry for those who had been reunified, compared to children in other types of placements, leading to the lowest overall rate of re-entry to foster care. Shaw (2006), in the large administrative data study cited above, found that children whose predominant out-of-home placement was kinship foster care had a significantly lower probability of re-entry compared to children predominantly placed with non-kin or in shelter care. In a study of 11,634 children age 12 or younger who entered out-of-home care for the first time in 1988 in California and reunified within four years, Courtney et al. (1997) found that those whose last placement before reunification was kinship care were significantly less likely to re-enter foster care within two years of reunification. A similar study of 6831 children age 16 or younger discharged from a first episode of foster care in the first half of 1988 in California and followed through June 1991 also found that children in kinship placements had significantly lower re-entry rates (Courtney, 1995).

Several smaller studies found a similar protective relationship between kinship care and foster care re-entry. In a study of children from Washington State who were reunified in fiscal year 1999, reduced re-entry rates were found for children who had been in kinship placements that were unpaid at the time (Wilson, 2000). Wells and Guo (1999) examined re-entry within 12 months for a sample of 487 children who entered foster care in 1992 and reunified with their families within 24 months. Children placed with kin for out-of-home care re-entered foster care less than half as quickly as children placed with non-kin or in group homes. Jonson-Reid (2003) investigated both re-entry and re-report of maltreatment within 4.5 years for 1,915 children age 16 or younger who exited care in Missouri in 1993 and 1994. In a multivariate analysis, she found significantly lower risk of maltreatment recidivism with regard to re-report and re-entry for children placed in kinship foster care compared to those in non-kin care.

In one large-scale administrative data study of 37,455 young children in foster care in California, the protective effect of kinship care in relation to re-entry was only found for kinship placements not eligible to receive federal foster care funds. Kinship caregivers for non-federally eligible children (children from families with incomes higher than the 1996 AFDC eligibility cut-off) receive a much lower foster care payment rate in California. This finding may indicate that the families of non-federally eligible children have more resources to facilitate successful reunification, or that for federally eligible children, there is a greater financial incentive within the child's extended family for kin to resume substitute care (Berrick et al., 1998).

In general, substantial research has demonstrated a significant relationship between out-of-home placement in kinship foster care and subsequent reduced re-entry to care. This association of kinship care with lower foster care re-entry rates reflects the general finding that

kinship placements tend to be extremely stable foster care placements that are associated with fewer placement changes and slower family reunification (Berrick et al., 1998).

One of the few studies to approach reunification from a resiliency perspective was a United Kingdom study of a random sample of 321 children at least two years post-reunification (Farmer, 1996). Case files were examined to identify factors associated with “successful reunification” defined as “beneficial to the child.” Despite the relatively small sample size and somewhat subjective criteria for “successful reunification,” the study identified several potentially useful service-related correlates of family reunification success. For adolescents who had entered care due to behavioral problems or parent-child conflict, regular home visits before reunification was associated with successful returns home. Also, adolescents who received special education services (in cases where special education services were needed) were more likely to successfully reunify with their families. The same study found different correlates of success for younger children who had entered care due to parental abuse or neglect. Factors for young abused and neglected children included having no more than one out-of-home foster care placement, returning home with siblings (though other studies report conflicting results), an exit from care initiated by child welfare staff (versus an unplanned exit due to court order or runaway), continuous child welfare staffing (versus an interruption in service or period without an assigned case worker), parental involvement in six-month progress meetings, and effective enforcement of conditions that had been set for reunification (Farmer, 1996).

As described above in terms of risk factors, many studies have shown that children with very short first stays in foster care are more likely to re-enter care. Conversely, longer stays in care are associated with lower rates of re-entry. Some researchers have interpreted these findings to suggest that shorter stays increase re-entry risk because families do not have enough time or

support to make the changes necessary for a safe and stable reunification. Wulczyn (2004), however, suggests that reunification after a longer stay may be associated with a mediating family-level protective factor in some families. Specifically, “the ability to sustain a parent-child relationship during a long separation is probably linked to lower re-entry rates” (Wulczyn, 2004, p. 105).

Given the limited research on protective factors associated with successful family reunification, Thomas, Chenot, and Reifel (2005) propose a resilience-based model that incorporates the wealth of knowledge from the resiliency research to identify characteristics and assets that might be associated with avoiding re-entry to foster care. None of the factors identified in these studies have been specifically linked to preventing foster care re-entry, but future research on resiliency in reunification should investigate them as possible protective factors.

Individual-level characteristics identified in general resiliency research included high self-esteem and self-efficacy, effective coping skills, intelligence, spirituality, optimism, easygoing and likable temperament, positive African American racial identity, and intact Hispanic cultural ties. General protective characteristics at the family level included attachment to a primary caregiver and highly supportive sibling relationships, as well as cohesiveness, adaptability, effective communication, and formation of meanings within a family. At the community level, possible protective factors suggested by general resiliency research included early education programs; orderly, caring, and demanding school environments; schools that promote high self-esteem and scholastic success; and positive relationships with teachers (Thomas et al., 2005). More research is needed to determine whether these or other individual,

family, community, and child welfare service or case characteristics are correlated with successful reunification and preventing re-entry to foster care.

Impact of Child Welfare Interventions on Reducing Re-Entry

The body of knowledge regarding child, family, and service characteristics impacting foster care re-entry and the beginning literature on resilience and correlates of successful reunification illuminate the need for intervention and prevention efforts to target such factors in an effort to reduce re-entry into foster care for vulnerable children and youth. A number of interventions that occur within the context of child welfare service delivery, in addition to other system factors impacting foster care re-entry, are reviewed below.

Parental Contact and Foster Care Re-Entry. One aspect of child welfare services that might be expected to influence re-entry to foster care is parental contact and visitation. According to attachment theory, the formation of a stable bond with a consistent and responsive caregiver during a child's first few years of life is important for long-term emotional well-being and development of the capacity to form successful interpersonal relationships (Ainsworth, 1985; Bowlby, 1973). Placement into out-of-home foster care disrupts a child's relationship with his or her parent, but parental contact is proposed as a way to maintain the attachment bond during this separation (Haight, Kagle & Black, 2003; Poulin, 1992). Parents and children who are able to maintain strong attachments during the separation of foster care might be expected to have stronger post-reunification attachments that promote healthy child emotional development and positive parent-child relationships as a way to protect against re-entry to foster care.

Available research evidence, however, does not demonstrate a significant relationship between parental visitation and reduced re-entry to foster care. Some studies have found that children in foster care who are visited or contacted more frequently by their parents have

stronger attachments than those visited or contacted less frequently (McWey & Mullis, 2004; Poulin, 1992). These studies, however, do not demonstrate causality; it is plausible that this evidence merely demonstrates that children with stronger parental attachments prior to entering foster care are more likely to be visited by their parents, rather than showing that parental contact causes or promotes maintenance of stronger child-parent attachment (Delfabbro, Barber & Cooper, 2002). Furthermore, other studies have found no significant positive relationship between parental visiting and the quality of the child-parent attachment relationship (Fanshel & Shinn, 1978).

Several studies found that higher levels of parental contact are correlated with an increased probability of reunification (Davis, Landsverk, Newton, & Ganger, 1996; Delfabbro et al., 2002; Leathers, 2002). In fact, Davis et al. (1996) found that maternal visiting based on court-recommended frequencies was highly predictive of reunification, conferring ten times the odds of reunification compared to cases with lower levels of maternal visiting.

However, research to date has not demonstrated any similar positive link between parental contact and the long-term success and permanency of reunification, including preventing re-entry to foster care. A small number of studies specifically examined the relationship between parental visitation and foster care re-entry. Davis et al. (1996) examined case files of 925 children aged twelve or younger who entered foster care in San Diego from May 1990 through February 1991 and stayed at least 72 hours. The correlation between court-recommended frequency of parental visitation and re-entry to foster care was examined for a subsample of 465 children who had been reunified with their families within 18 months of entering foster care. No statistically significant association was found between visiting frequency of either mothers or fathers and rates of re-entry to foster care or re-report of maltreatment. The

authors note, however, that significant subgroup variations might exist, and that post-reunification services or other unmeasured confounding variables might contribute to the lack of significant results. Festinger (1996) analyzed the correlates of re-entry for a sample of 210 reunified children who had been in care for a relatively long period of time (a minimum of 60 months). She found no significant relationship between visitation and re-entry. Frame (2002), in a study of a small random sample of 88 reunified infants, found that re-entry to foster care was not significantly influenced by parental visiting patterns. Overall, these studies suggest that there is no strong correlation between the frequency of parental visiting during out-of-home placement and the subsequent stability of reunification.

Some researchers have noted the visitation experiences of children and parents and visitation support needs may vary greatly depending on prior child-parent attachment quality, the relationships with foster caregivers, and the location and supervision of the visitation (Haight et al., 2003; Leathers, 2002). Thus, it is possible that visitation in thoughtfully designed contexts accompanied by appropriately targeted support could help promote healthy attachment and prevent foster care re-entry among reunified families. To date, however, targeted visitation interventions have not been specifically investigated with respect to impact on foster care re-entry.

Family Group Decision Making and Foster Care Re-Entry. Another child welfare practice that one might expect to influence foster care re-entry is Family Group Decision Making (FGDM), also known as Team Decision Making, Family Group Conferencing, or Family Unity Meetings. FGDM has been strongly promoted as a more inclusive practice than traditional child welfare services by “respecting the integrity of the family unit, focusing on strengthening family and community supports, and creating opportunities for parents and other adults, including

extended family members, to feel responsible for their children” (Burford & Hudson, 2000, p. xx). By empowering extended family members to play an active role in decisions affecting children, FGDM aims to improve the outcomes of children and families involved in the child welfare system. These improved outcomes could be expected to include enhanced stability of family reunification and reduced re-entry to foster care. Many child welfare systems throughout California, the United States, and internationally have adopted FGDM as a central child welfare service strategy (Burford & Hudson, 2000).

As a fairly new child welfare practice, FGDM has not yet been extensively studied and critics note that existing research has frequently relied on small sample sizes and/or problematic comparison groups (Berzin, 2006; Caplick, 2007). Some studies found positive results of FGDM in terms of engagement and participation of extended family members, as well as satisfaction of family, community, and professional participants (Burford & Hudson, 2000; County of Santa Clara, 1998; Lupton & Stevens, 2003). Few researchers, however, have carefully examined the relationship between FGDM and child welfare outcomes related to child safety, well-being, or permanency.

Unfortunately, no studies could be identified for this literature review that explicitly examined the relationship between participation in FGDM and re-entry to foster care. However, a few studies investigated the relationship between FGDM participation and subsequent re-report of abuse or neglect, a related phenomenon. In general, these studies found that families participating in FGDM were as likely to be re-reported for maltreatment as families receiving traditional child welfare services.

Berzin (2006) compared outcomes of children from 197 families randomly assigned to receive FGDM with those of children from 126 families assigned to traditional child welfare

services in the California Title IV-E Waiver Demonstration Project Evaluation in Fresno and Riverside Counties. After controlling for sibling clustering effects, the study found no significant differences between the groups with respect to subsequent substantiated reports of child maltreatment or removal from the home for children in voluntary family maintenance. Caplick (2007) used propensity score matching (PSM) to create a matched comparison group of 333 children for a group of 333 children receiving FGDM services. Analysis demonstrated that outcomes of children receiving FGDM were not significantly different from those in the comparison group who received traditional child welfare services with respect to re-reports or substantiated re-reports of maltreatment within 36 months.

Two studies actually found higher rates of maltreatment re-reports among families receiving FGDM. A Santa Clara County, California evaluation compared a sample of 64 children who received FGDM to a comparison group of 497 children who received traditional child welfare services, and found that FGDM children were more likely to be re-reported for abuse or neglect during a 20-month follow-up period (County of Santa Clara, 1998). Note, however, that the study used a very small sample of children receiving FGDM, and that prior differences between the two groups were not controlled for in measuring differences in group outcomes. Sundell & Vinnerljung (2004) followed the outcomes of 97 children receiving FGDM and 142 children receiving traditional services in Sweden for a period of three years. After controlling for the child's age, gender, family background, and type and severity of maltreatment, children receiving FGDM were more likely to be re-reported for maltreatment than those receiving traditional child welfare services. Specifically, FGDM children were more likely to be re-reported for abuse, and were more likely to be re-reported by extended family members. However, the differences between the groups were very small, with FGDM accounting for less

than eight percent of the variance in the outcomes. No differences between FGDM and non-FGDM children were found for re-reports of neglect. Furthermore, the international nature of this study may limit its applicability to child welfare practices in the United States.

One possible explanation for higher maltreatment re-reports for FGDM families is that the FGDM practice might have created a surveillance effect (County of Santa Clara, 1998). By successfully engaging extended family members in the situations of maltreated children, the FGDM process may have increased the number of individuals vigilantly watching for signs of repeat maltreatment, thus increasing the likelihood of someone noticing and reporting subsequent abuse or neglect. The finding by Sundell & Vinnerljung (2004) that FGDM children were more likely than non-FGDM children to be re-reported by extended family members supports this hypothesis. From this point of view, increased rates of maltreatment re-reports may actually represent a positive effect of the FGDM practice.

Other Child Welfare System Factors and Foster Care Re-Entry

As part of a federal demonstration project, an intensive qualitative review of 62 cases of foster care re-entry was conducted in Indiana between February 1989 and February 1991. The study focused on identifying child welfare system factors that might have contributed to foster care re-entry. Unfortunately, the study used a subjective determination of whether identified factors contributed specifically to re-entry, with examination of comparison cases without re-entry. Consequently, it is not possible to determine whether the factors identified affect re-entry cases particularly or affect all cases, including those that do not result in re-entry to foster care. Keeping this limitation in mind, the study reported that the following factors contributed to re-entry: large caseload sizes for front line workers and supervisors resulted in 1) inadequate time for contact with parents and children, 2) inadequate time to read case information, 3) inadequate

time for discussion and supervision of cases, 4) inadequate time to prepare families for reunification, and 5) an informal triaging system for cases. Extremely high staff turnover rates were reported to further contribute to re-entry through frequent case transfers and the assignment of complex cases to inexperienced and untrained staff (Hess, Folaron, Jefferson, & Kinnear, 1991).

Specific Service Models for Reducing Re-Entry

While family preservation has historically been the focus of most program initiatives, certain programs were specifically designed to also improve reunification and reduce re-entry. While some reunification programs demonstrate that families reunify more quickly as a result of the intervention, many studies fail to use an experimental design or examine the impact on subsequent re-entry (Littell & Schuerman, 1995). As this review indicates, quicker reunification does not meet the objective of a safe and permanent placement for children unless the issues that caused the placement are addressed and re-entry is prevented.

In addition to child welfare interventions designed to reduce re-entry, the next section reviews two models for improving reunification and reducing foster care re-entry. Due to the infancy of program development in family reunification, each program requires further evaluation.

Homebuilders. The Homebuilders program strives to provide families with the skills they need to successfully reunify with their children or to prevent placement (Kinney, Haapala, & Booth, 2004). Rated as a Promising Practice by the California Evidence-Based Clearinghouse for Child Welfare (2007) and as highly relevant to child welfare practice, Homebuilders is a home and community-based intensive family preservation and reunification treatment program.

The program involves intensive in-home services provided by a practitioner who works with a caseload of approximately two families in order to provide the counseling, resource development, and practical support the families need. Skills are taught through education, modeling, and role play and practitioners rely on cognitive strategies such as motivational interviewing and skill building (Strengthening Families, 2002).

A modified version of the Homebuilders model, Utah's Family Reunification Services (FRS) involves: (1) building with parents collaborative relationships that are supportive and motivational; (2) strengthening family members' skills in communication, problem-solving, and parenting; (3) addressing concrete needs for food, housing, employment, health and mental health care; and (4) providing in-home support after initial re-entry and during the reconnecting process (Fraser, Walton, Lewis, Pecora, & Walton, 1996; Walton, Fraser, Lewis, Pecora, & Walton, 1993). In an evaluation of FRS using random assignment, services were provided to 110 children (57 experimental and 53 control; mean age 10.8 years) by state welfare agencies and the children were followed for 6 years. When identified initially, all of the children were in out-of-home placements.

In a 90-day service period, the modified reunification services were effective when compared with routine foster care services, with 93 percent of children receiving reunification services returning home compared to 28 percent of the control group (Walton et al., 1993). Looking at outcomes past the 90-day service period, 75.4 percent of children receiving reunification services remained in their homes at the end of a 12-month follow-up compared with 49% of the control group. Over 6 years using state computer databases, it was determined that the children in the experimental group required less supervision time, lived at home longer, and were in less restrictive placements than those in the control group. At the time all public agency

involvement was terminated, two-thirds of the experimental families were classified as “stabilized,” compared with approximately one-third of the control group. The experimental treatment had a substantial effect on families that continued throughout the 6-year follow-up period.

An evaluation of family preservation and reunification programs conducted for the Department of Health and Human Services (Westat, Inc., Chapin Hall, & James Bell Associates, 2002) included Homebuilders and a broader, home-based service model. Families were randomly assigned to Homebuilders services and family functioning was assessed prior to and at the close of services, as well as a one-year follow-up. Study sites included Kentucky, Tennessee, New Jersey, and Philadelphia. In addition to data collected from parents, administrative data was collected on children’s placements, re-entries, and subsequent abuse/neglect allegations up to 18 months after receiving services. Case workers also completed questionnaires.

The evaluation found no significant differences between the experimental and control groups on family level rates of placement, case closings, or subsequent maltreatment. Better outcomes in a few areas of child and family functioning were found for the experimental group in comparison to the control group in at least one of the states but were not represented across all four states. In two states, clients assigned to the family preservation program provided higher assessments of the extent to which they found their goals accomplished. Study results did not indicate significant differences between the experimental and control group on family level rates of placement or case closings or on levels of subsequent maltreatment (with the exception of one subgroup in Tennessee). Study results indicate that family preservation services may have small and apparently short-term effects on certain areas of functioning. The authors conclude that the

findings clearly show the difficulties in designing and evaluating programs to effectively work with complex family circumstances (Westat et al., 2002).

Shared Family Care. Placing a parent (typically the mother) and at least one child with another family who provides mentorship, skills, and resources to meet treatment goals, Shared Family Care (SFC) is an innovative alternative to typical case management or skills training. With the goal of permanency for the child and moving the family toward self-sufficiency, SFC offers parents intensive services provided by a professional team (i.e., drug abuse counselor, case manager, housing specialist) while providing intensive 24-hour support via the trained mentoring family.

SFC relies on the notion that families have the capability of becoming self-sufficient and are more likely to do so if given concrete and practical supports to meet basic needs. SFC assumes that mentors are a critical component to service delivery and, further, that most individuals raise children in the way they were raised and may thus require re-training on appropriate family practices and skills. Finally, by keeping the family together and providing a safe environment, SFC minimizes the damaging impact of child removal (Price & Wichterman, 2003).

Rated by the California Evidence-Based Clearinghouse for Child Welfare in the area of reunification as an Acceptable/Emerging Practice (Effectiveness Unknown), SFC was determined to be of high relevance to child welfare practice but still in need of evaluation. Based on an in-depth case trial of 87 families in Contra Costa County, California, Barth & Price (2005) suggest that SFC, while not appropriate for every family, is effective with certain groups, such as individuals engaged in treatment, those who are motivated to change, and individuals with housing issues. Specifically, successful completion of the program was consistent with

improvement across a range of indicators such as income, housing, employment, and family stability. A more recent study of 21 SFC graduates also found improvement in parenting skills including child care and development, child safety, health, nurturing, and nutrition (A. Price, personal communication, April 2, 2008). Preliminary results suggest that the considerable costs associated with such an intensive and time-consuming intervention may be offset by the improvements noted, particularly when taking into consideration the stability (including housing) offered by the program.

Discussion and Future Directions

Efforts to reduce foster care re-entry for child welfare's most vulnerable children and youth require considerable attention to the risk factors and correlates of re-entry, in addition to the burgeoning literature on protective factors for re-entry. Findings related to risk factors and foster care re-entry suggest that a number of child characteristics are associated with higher rates of re-entry (e.g., health, mental health, and behavior problems; African American race; and infant or pre-teen/teenager age). Further, family characteristics related to increased re-entry include poverty; parental substance abuse; maltreatment type; parental ambivalence about the parenting role; and other parent characteristics such as lack of parenting skills, lack of social support, and mental illness. Research also confirms a number of child welfare service attributes associated with higher rates of re-entry such as very short initial stays in foster care; more foster care placements; placement in group care; presence of unmet needs, unresolved problems, or continuing need for services at the point of reunification; and prior involvement with child welfare services, particularly prior unsuccessful attempts at reunification. It is important to consider known correlates of foster care re-entry when developing assessment tools and interventions.

In contrast to the relatively well-studied area of risk and correlates of re-entry, studies investigating factors associated with successful reunification are limited. While certain factors such as fewer out-of-home stays and returning home with siblings were identified as correlates of successful reunification in one study (Farmer, 1996), further research is needed to identify individual, family, and system-level correlates of successful re-entry and practitioner recognition and assessment of protective factors alongside risk factors for re-entry.

Understanding the factors that lead to re-entry and those that can help prevent it is challenging. As Festinger & Botsko (1994) suggest, “all of this leads... to the unhelpful generalization that the situations that resulted in re-entry 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... Perhaps [this situation] reflects the difficulty of attempting to capture the reasons for an outcome that is the product of complex forces interrelated in very complex ways” (pp. 6-7). The myriad of factors leading to re-entry requires innovative services and programs to address the diverse and uncertain situations of children in foster care.

Interventions and specific service models designed to reduce foster care re-entry are limited and demonstrate somewhat mixed results. For example, there is no definitive evidence to suggest that an increase in parental visiting during out-of-home placement results in subsequent stability of reunification. There are a number of factors that complicate evaluations of parental visiting such as quality of relationship and availability of parenting supports. Specific service models require further experimental evaluation to determine their effectiveness. Even Homebuilders (Kinney et al., 2004), the most consistently evaluated model reviewed in this report, requires further experimental evaluation to determine the long-term effectiveness of the

program in reducing foster care re-entry and promoting successful reunification. Effective programs still need to be developed and evaluated given mixed evidence of the effectiveness of practices and programs. Further, program models need to be assessed for cultural relevance and tested with diverse populations. Measures of effectiveness should include outcomes such as subsequent maltreatment rates for children returned home and indicators of child and family functioning, in addition to re-entry rates (Littell & Schuerman, 1995). Similarly, follow-up services to help families maintain a healthy and safe home environment are limited and require further development to reach the goal of successful reunification.

Lastly, the interrelationship between reunification and re-entry requires further consideration. Many of the populations that experience high re-entry rates also experience low reunification rates, and thus represent extremely vulnerable populations (Shaw, 2006). Such populations are a service priority for the child welfare system. Infants exemplify the long-term consequences of the interrelationship between reunification and re-entry when one considers the impact of a low exit rate combined with high re-entry rates, resulting in “an increasingly large group of children being raised for most of their childhoods in substitute care” (Courtney, 1995, p. 237). Evidence from Courtney, Piliavin, & Wright (1997) suggests that some of the factors associated with greater risk of re-entry are actually mediated by unmeasured factors that affect reunification in the same way. More research is needed to untangle these factors. Better assessment of reunification readiness may help to sort out compliance with the courts from long-term change in parenting behavior. Frame (2002) suggests a need for empirically tested models of reunification prognosis.

Overall, re-entry must always be accounted for in any consideration of reunification, since a reunification that results in re-entry to foster care is an unsuccessful outcome. Supports

for permanence should be a primary consideration in the reunification process, particularly because of the documented negative impacts of multiple moves and residential instability on children and youth, particularly very young children.

References

- Ainsworth, M. (1985). Attachments across the lifespan. *Bulletin of the New York Academy of Medicine*, 61, 792-812.
- Barth, R., Guo, S., & Caplick, E. (2007). Child welfare reinvolvement and re-entry following reunification: Implications for practice and for national performance standards. Paper presented at the Conference of the Society for Social Work and Research (SSWR), San Francisco, CA, January 11-14, 2007. Abstract retrieved July 8, 2007, from <http://sswr.confex.com/sswr/2007/techprogram/P6948.HTM>.
- Barth, R., & Price, A. (2005). Shared Family Care: Child protection and family preservation in action. In J. Scott & H. Ward (Eds.) *Safeguarding and promoting the well-being of children, families and communities* (pp. 197-227). London: Jessica Kingsley Publishers.
- Berrick, J.D., Needell, B., Barth, R., & Jonson-Reid, M. (1998). *The tender years: Toward developmentally-sensitive child welfare services for very young children*. New York: Oxford University Press.
- Berzin, S. (2006). Using sibling data to understand the impact of family group decision-making on child welfare outcomes. *Children and Youth Services Review*, 28(12), 1449-1458.
- Bowlby, J. (1973). *Attachment* (2nd ed.). New York: Basic Books.
- Burford, G., & Hudson, J. (2000). *Family Group Conferencing: New directions in community-centered child and family practice*. New York: Aldine de Gruyter.
- California Evidence-Based Clearinghouse for Child Welfare (2006). Homebuilders. Retrieved December 13, 2007 from <http://www.cachildwelfareclearinghouse.org/program/20/detailed#references>
- California Health and Human Services Agency, Department of Social Services (2003). The California Child Welfare Outcomes and Accountability System: Workplan. Retrieved August 1, 2007, from http://www.dss.cahwnet.gov/cfsweb/res/pdf/AB636Workplan_032603.pdf.
- Caplick, E. (2007). Family Group Decision Making: Using propensity score matching to assess services and safety outcomes after 36 months. Paper presented at the Conference of the Society for Social Work and Research (SSWR), San Francisco, CA, January 11-14, 2007. Abstract retrieved July 8, 2007, from <http://sswr.confex.com/sswr/2007/techprogram/P6946.HTM>.
- County of Santa Clara, Social Services Agency, Department of Family and Children's Services (1998). Family Conference Program Evaluation. Retrieved July 8, 2007, from http://www.americanhumane.org/site/DocServer/sc_execsumm_2002.doc?docID=227

- Courtney, M. (1995). Re-entry to foster care of children returned to their families. *Social Service Review*, 69(2), 226-241.
- Courtney, M., Piliavin, I., & Wright, B. (1997). Transitions from and returns to out-of-home care. *Social Service Review*, 71(4), 652-667.
- Davis, I., Landsverk, J., Newton, R., & Ganger, W. (1996). Parental visiting and foster care reunification. *Children and Youth Services Review*, 18(4-5), 363-382.
- Delfabbro, P., Barber, J., & Cooper, L. (2002). The role of parental contact in substitute care. *Journal of Social Service Research*, 28(3), 19-39.
- Fanshel, D., & Shinn, E. (1978). *Children in foster care: A longitudinal investigation*. New York: Columbia University Press.
- Farmer, E. (1996). Family reunification with high risk children: Lessons from research. *Children and Youth Services Review*, 18(4-5), 403-424.
- Festinger, T. (1996). Going home and returning to foster care. *Children and Youth Services Review*, 18(4/5), 383-402.
- Festinger, T., & Botsko, M. (1994). *Returning to care: Discharge and re-entry in foster care*. Washington, DC: Child Welfare League of America.
- Frame, L. (2002). Maltreatment reports and placement outcomes for infants and toddlers in out-of-home care. *Infant Mental Health Journal*, 23(5), 517-540.
- Frame, L., Berrick, J.D., & Brodowski, M. (2000). Understanding re-entry to out-of-home care for reunified infants. *Child Welfare*, 79(4), 339-369.
- Fraser, M.W., Walton, E., Lewis, R.E., Pecora, P. J., & Walton, W.K. (1996). An experiment in family reunification: Correlates of outcomes at one-year follow-up. *Children and Youth Services Review*, 18, 4/5, 335-361.
- Fuller, T. (2005). Child safety at reunification: A case-control study of maltreatment recurrence following return home from substitute care. *Children and Youth Services Review*, 27(12), 1293-1306.
- Haight, W., Kagle, J., & Black, J. (2003). Understanding and supporting parent-child relationships during foster care visits: Attachment theory and research. *Social Work*, 48(2), 195-207.
- Hess, P., & Folaron, G. (1991). Ambivalences: A challenge to permanency for children. *Child Welfare*, 70(4), 403-424.
- Hess, P., Folaron, G., Jefferson, A., & Kinnear, R. (1991). The Impact of Caseload Size and

Caseworker and Supervisor Turnover on Foster Care Re-entry. Indianapolis, IN: Professional Review Action Group, School of Social Work, Indiana University, for U.S. Administration for Children, Youth and Families.

- Jones, L. (1998). The social and family correlates of successful reunification of children in foster care. *Children and Youth Services Review*, 20(4), 305-323.
- Jonson-Reid, M. (2003). Foster care and future risk of maltreatment. *Children & Youth Services Review*, 25(4), 271.
- Kinney, J.M., Haapala, D.A., & Booth, C. (2004). *Keeping families together: THE HOMEBUILDERS® MODEL*. New Brunswick, New Jersey. Aldine Transaction.
- Koh, E. (2007). Predictors of re-entry into foster care. Paper presented at the Conference of the Society for Social Work and Research (SSWR), San Francisco, CA, January 11-14, 2007. Abstract retrieved July 8, 2007, from <http://sswr.confex.com/sswr/2007/techprogram/P6705.HTM>.
- Leathers, S. (2002). Parental visiting and family reunification: Could inclusive practice make a difference? *Child Welfare Journal*, 81(4), 595-616.
- Littell, J. H., & Schuerman, J. R., (1995). A synthesis of research on family preservation and family reunification programs. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation: Department of Health and Human Services.
- Lupton, C., & Stevens, M. (2003). Family outcomes: Following through on family group conferences. *Protecting Children*, 18(1-2), 127-128.
- MacMahon, J. (1997). Perinatal substance abuse: The impact of reporting infants to child protective services. *Pediatrics*, 100(5), 1-9.
- McDonald, T., Bryson, S., & Poertner, J. (2006). Balancing reunification and re-entry goals. *Children and Youth Services Review*, 28(1), 47-58.
- McWey, L., & Mullis, A. (2004). Improving the lives of children in foster care: The impact of supervised visitation. *Family Relations*, 53(3), 293-300.
- Needell, B., et al. (2008). Child Welfare Services Reports for California [March 18, 2008], from University of California at Berkeley Center for Social Services website. URL: http://cssr.berkeley.edu/ucb_childwelfare
- Poulin, J. (1992). Kin visiting and the biological attachment of long-term foster children. *Journal of Social Service Research*, 15, 65-79.
- Price, A., & Wichterman, L. (2003). Shared family care: Fostering the whole family to promote safety and stability. *Journal of Family Social Work*, 7(2), 35-54.

- Rzepnicki, T. (1987). Recidivism of foster children returned to their own homes: A review and new directions for research. *Social Service Review*, 61(1), 56-70.
- Shaw, T. (2006). Re-entry into the foster care system after reunification. *Children and Youth Services Review*, 28(11), 1375-1390.
- Shaw, T., & Webster, D. (2006). Foster care re-entry: 1 and 2 year re-entry differentials. Paper presented at the Conference of the Society for Social Work and Research (SSWR), San Antonio, TX, January 12-15, 2006. Abstract retrieved July 17, 2007, from <http://sswr.confex.com/sswr/2006/techprogram/P3704.HTM>.
- Strengthening Families (2002). Homebuilders. Retrieved January 7, 2008 from http://www.strengtheningfamilies.org/html/programs_1999/23_HOMEBUILDERS.html
- Sundell, K., & Vinnerljung, B. (2004). Outcomes of family group conferencing in Sweden: A 3-year follow-up. *Child Abuse and Neglect*, 28(3), 267-287.
- Terling, T. (1999). The efficacy of family reunification practices: Re-entry rates and correlates of re-entry for abused and neglected children reunified with their families. *Child Abuse & Neglect*, 23(12), 1359-1370.
- Thomas, M., Chenot, D., & Reifel, B. (2005). A resilience-based model of reunification and re-entry: Implications for out-of-home care services. *Families in Society*, 86(2), 235-243.
- Turner, J. (1984). Predictors of recidivism in foster care: Exploratory models. *Social Work Research and Abstracts*, 20(2), 15-20.
- Turner, J. (1986). Successful reunification of foster care children with their biological parents: Characteristics of parents and children. *Child Care Quarterly*, 15(1), 50-54.
- U.S. Congress (1997). H. R. 867: The Adoption and Safe Families Act of 1997.
- U.S. Department of Health and Human Services, Administration for Children and Families (2006). AFCARS Report #13: Preliminary FY 2005 Estimates as of September 2006. Retrieved August 1, 2007, from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report13.htm.
- U.S. General Accounting Office (1991). Foster care: Children's experiences linked to various factors; better data needed (HRD-91-64 ed.). Washington, DC: U.S. General Accounting Office.
- Walton, E., Fraser, M. W., Lewis, R. E., Pecora, P. J., & Walton, W. K. (1993). In-home family-focused reunification : An experimental study. *Child Welfare*, LXXII(5), 473-487.
- Webster, D. (1999). California's group care population: A longitudinal analysis of placement

- dynamics and outcomes. Doctoral dissertation, School of Social Welfare, University of California, Berkeley.
- Wells, K., & Guo, S.Y. (1999). Reunification and re-entry of foster children. *Children and Youth Services Review*, 21(4), 273-294.
- Wells, S., Ford, K., & Griesgraber, M. (2007). Foster care case types as predictors of case outcomes. Paper presented at the Conference of the Society for Social Work and Research (SSWR), San Francisco, CA, January 11-14, 2007. Abstract retrieved July 8, 2007, from <http://sswr.confex.com/sswr/2007/techprogram/P6991.HTM>.
- Westat and Chapin Hall Center for Children. (December 2001). Chapter 5. Reunification from Foster Care in Nine States, 1990-1997: Description and Interpretation. *Assessing the Context of Permanency and Reunification in the Foster Care System*. Report to: Department of Health and Human Services, Assistant Secretary for Planning and Evaluation.
- Westat, Inc., Chapin Hall, & James Bell Associates. (2002). Evaluation of family preservation and reunification programs: Final report. Retrieved 1/7/2008 from <http://aspe.hhs.gov/hsp/evalfampres94/final/>
- Wilson, D. (2000). Reducing Multiple Placements. Olympia, WA: Washington State Children's Administration.
- Wulczyn, F. (1991). Caseload dynamics and foster care re-entry. *Social Service Review*, 65(1), 133-156.
- Wulczyn, F. (2004). Family reunification. *Future of Children*, 14(1), 94-113.
- Wulczyn, F., Hislop, K., & Goerge, R. (2000). An Update from the Multistate Foster Care Data Archive: Foster Care Dynamics 1983-1998. Chicago, IL: Chapin Hall Center for Children, University of Chicago. Retrieved June 20, 2007, from http://www.chapinhall.org/content_director.aspx?arid=1322&afid=75&dt=1.

Appendix

Search Protocol

Search Terms

foster AND reent*
foster AND reunif* AND fail*
foster AND reunif* AND succe*
foster AND reunif* AND visit*
“family group decision making” AND reent*
FGDM and reent*
“family group conferenc*” AND reent*
FGC and reent*
“team decision making” AND reent*
TDM and reent*
“family unity meeting” AND reent*

Sources

Academic and Research Literature Databases

Family and Society Studies Worldwide
Social Services Abstracts (CSA/Illumina)
Social Work Abstracts
JSTOR
CSA/Illumina - other databases:
Criminology: A SAGE Full-Text Collection
Education: A SAGE Full-Text Collection
ERIC
IBSS: International Bibliography of the Social Sciences
LISA: Library and Information Science Abstracts
Management & Organization Studies: A SAGE Full-Text Collection
NTIS
PAIS International
Political Science: A SAGE Full-Text Collection
PsycARTICLES
Psychology: A SAGE Full-Text Collection
PsycINFO
Sociological Abstracts
Sociology: A SAGE Full-Text Collection
Urban Studies & Planning: A SAGE Full-Text Collection
Worldwide Political Science Abstracts

General Internet Search Tools

GoogleScholar
Melvyl (collections of the University of California)

Conference Proceedings

PapersFirst
Proceedings
Society for Social Work and Research (SSWR) – 2007 Conference Proceedings

Child Welfare Research and Policy Organizations

American Humane Association (www.americanhumane.org)
Annie E. Casey Foundation (www.aecf.org)
Bay Area Social Services Consortium (BASSC), Center for Social Services Research (CSSR),
School of Social Welfare, University of California, Berkeley (<http://cssr.berkeley.edu>)
California Evidence-Based Clearinghouse for Child Welfare (
www.cachildwelfareclearinghouse.org)
Chapin Hall Center for Children, University of Chicago (www.chapinhall.org)
Child Welfare Information Gateway (www.childwelfare.gov)
Child Welfare Research Center (CWRC), Center for Social Services Research (CSSR), School of
Social Welfare, University of California, Berkeley (<http://cssr.berkeley.edu>)

Systematic Review Collections

Campbell Collaboration (www.campbellcollaboration.org)
Children and Family Research Center, School of Social Work, University of Illinois at Urbana-
Champaign (<http://cfrcwww.social.uiuc.edu>)
ESRC Evidence Network, University of York (www.york.ac.uk/inst/chp/srspsc)
Nordic Campbell Center (www.sfi.dk/sw22406.asp)
Social Care Institute for Excellence (SCIE) (www.scie.org.uk)