

## Reentry of elementary aged children following reunification from foster care

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### Abstract

A recognized goal of family reunification programs is preventing the reentry of children into foster care. Using data from the National Survey of Child and Adolescent Well-Being, this study examined reentry for 273 children between the ages of 5 and 12 years. In multivariate models, reentry into foster care was associated with higher Child Behavior Checklist (CBCL) scores and higher numbers of children in the household when the child is living at home. Although these are not the only risk factors that should be considered in deciding whether to reunify a child, these characteristics appear to be high valence problems for families and their children who are reunified. Future research on reentry and on placement disruptions from foster care should routinely include information about the number of children in the family and behavior problems when endeavoring to explain caseload dynamics.

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### 1. Introduction

When children enter out-of-home care, in the vast majority of instances, the service plan is to return them safely to their family. Yet, reunification fails in a substantial proportion of cases. This is an enduring concern to local, state, and federal child welfare administrators, who strive to keep the failure rate below strive to keep the failure rate as low as possible, especially since it is included as a performance measure in federal performance reviews. Reunification failures may result in reentry without abuse (e.g., when early warning signs of parental inadequacy are observed), abuse but no reentry into care, reentry into foster care (most often into another foster home), and greater likelihood of later placement instability and admission into group care.

Although rates of reentry vary widely, the available evidence has demonstrated that reentry to foster care after reunification is not a rare event. In one study of reunified families in Illinois (Goerge, 1990), one third of all children who were returned home during the 1980s, reentered foster care. Similar results were reported in a study of Texas

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reentry rates that showed that 37% of children who were reunified reentered foster care in Texas within 3.5 years (Terling, 1999). Wulczyn (2004) further reported that nearly 30% of children from 10 different states who were reunified between the early 1990s and early 2000 reentered care between those years. In the context of a randomized trial to evaluate a therapeutic foster care program, Fisher, Burraston, and Pears (2005) observed that over 50% of children reunified or adopted following placement in regular foster care reentered care within 24 months.

Most studies of reentry into foster care have relied on administrative data collected during the routine operation of child welfare cases. This single-source reliance often means that models explaining reentry are not well-specified, and some findings are explainable by idiosyncratic administrative rules (e.g., by the coding of drug-exposed newborn cases as physical abuse in the state of Texas, as detailed in Terling, 1999).

Nonetheless, some findings from administrative data emerge with notable consistency. Courtney (1995), studied reunified foster children in California and found that six groups of children had faster rates of reentry than their comparison groups: (a) children with health problems; (b) children from families receiving Aid to Dependent Children; (c) children who spent three months or less in care; (d) children who were placed in nonrelative care; (e) children who had a greater number of placements during their first spell in care, (f) and African American children. Correlates of reentry in Terling's (1999) study included abuse type, prior child welfare services (CWS) history, parental competency, race, criminal history, substance abuse, and social support. Notably, in Terling's study, assessments of risk made by caseworkers were not found to be related to reentry.

A shorter duration in foster care appears more likely to be followed by a reentry into care. McDonald, Bryson, and Poertner (2006) recently studied the relationship between reunification and reentry rates for 33 Oklahoma counties occurring in 2002. Consistent with prior research (e.g., Wulczyn, Brunner, & Goerge, 1999) McDonald et al. found a relationship between early reunification (less than 6 months spent in out-of-home care) and higher reentry rates; counties with the greatest number of cases in which reunification took place within the first 30 days reported lower reentry rates. Jonson-Reid (2003) found that children with a postreunification report of maltreatment or reentry were more likely to have been in care for a shorter time (i.e., less than three months in out of home care).

In general, foster care reentry research has included children of all ages. Although several studies have included age groups as predictors in their analysis, few studies have stratified their analyses by age. For example, Courtney (1995) found that children between 7 and 12 years had lower reentry rates than infants, but that this age group was indistinguishable from preschool children or adolescents. Wells and Guo (1999) disregarded the likelihood that there might be discontinuities in the relationship between age and reentry, and treated age as a continuous variable. They showed that the likelihood of reentry increases nearly 10% for each year of age at exit from foster care.

Reentry is also likely to be related to the number of prior foster placements. For example, Fisher et al. (2005) found that a positive association among foster children between number of prior placements and the likelihood of permanent placement failure. Children with multiple prior placements were much more likely to have difficulty achieving a lasting permanent placement.

Research has consistently shown that a stronger developmental perspective is needed in child welfare research (Berrick, Needell, Barth, & Jonson-Reid, 1998; Wulczyn, Barth, Yuan, Jones Harden, & Landsverk, 2005) because the predictive factors for reentry in one age group may not be explanatory for another age group. Children of different ages enter care for different reasons (Barth, Wildfire, & Green, 2006) and leave care at different rates (Wildfire, Barth, & Green, 2007). The interrelationship of these factors is likely to contribute to reentry.

Only a few studies have looked in greater depth at reentry, by using more detailed case histories or observational/interview data. These analyses have allowed for the inclusion of more varied predictors in the reentry models. For example, Frame, Berrick, and Brodowski (2000) examined reunification and reentry among 98 infants in Alameda County California. Although their review of case records showed that maternal criminal history was a key predictor of reentry, they found no clear relationship to several other expected predictors such as type of maltreatment, parental visiting, gender, or time in out-of-home care.

Festinger's (1996) study of 210 children in New York and who were younger than 15 years at the time of entry into CWS is something of an exception. This study detailed measures of factors contributing to reentry, but obtained on a sample of children with a broad age range (with a median and mean age of about 6 years old). Of the 210 children sampled, only 27 experienced reentry during the 16 months after their return home. Festinger concluded that the reunifications that resulted in reentry were generally more problematic, and often took the form of limited parenting skills, poor social support, and a history of mental health problems and homelessness. Yet, none of these factors could be isolated as significantly different between reentry and nonreentry cases.

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