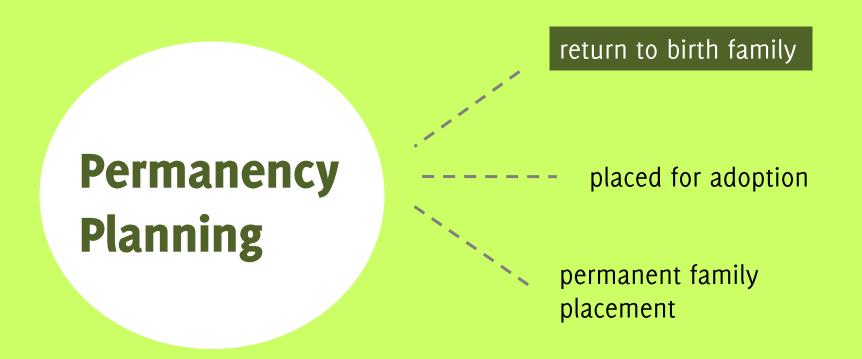
the long way to FAMILY REUNIFICATION

Factors associated with family reunification for children in foster care

Mónica López & Jorge F. Del Valle
University of Oviedo. Spain



The objective of planning for permanence is to ensure children have a secure, stable and loving family to support them through childhood and beyond

Context

- International consensus on the need for out-of-home children to obtain a permanent solution within the shortest possible period
- General agreement in family reunification as the most appropriate solution, once the family has overcome the obstacles
- **BUT** in the practice of child protection, family reunification is still clearly difficult to achieve

1 Question

What are the factors associated with success and failure of family reunification?



children's characteristics that that make reunification more difficult

being older, presenting disabilities, health problems, mental health issues, emotional and behavioral problems...



characteristics of the biological family which are obstacles for the return of the child

one-parent family status, poverty, abuse of alcohol and other drugs or having a great geographical distance with the children



The return can be influenced by variables of the protection process

Type of carers, time in care, frequency and regularity of family contact, commitment by social workers, decision-making processes, type and intensity of family support

3 | The study

SAMPLE 305 cases closed in the previous 5 years. 55% in non-kinship care and 45% in kinship care. Girls accounted for 52%

DATA COLLECTION Review of child care files through an instrument with variables on the children, the families, and the process + interview with social workers



STATISTICAL ANALYSIS

The t test for comparison of means in quantitative variables.

Other variables were dichotomized into o and 1

The χ_2 test to analyze possible associations between each factor and the variable reunificationno reunification.

OUTCOMES AND REASONS FOR CASE CLOSURE



	Non-kinship Care	Kinship Care
	(n = 163)	(n = 142)
	%	%
Reunification	15	26
Adoption	20	2
Reached adulthood	25	44
Disruption	26	16
Change to residential placement	10	8
Other	4	4

THE RATE OF FAMILY REUNIFICATION

... for the total sample was **20%**, although it was significantly different in kinship care (26%) than in non-kinship care (15%)

INFLUENCE OF AGE

mean age at the **beginning** of foster care was similar for both types of care: **around 8 yrs. 6 months**. BUT care **ended** an average of **one year later**for children in kinship care

INFLUENCE OF AGE

reunification was more likely in those children who had begun their placement earlier, in non-kinship care (reunification: M=5.51; no reunification: M=9.04) and kinship care (reunification: M=5.65; no reunification: M=9.63)

lower age at the end of placement in the family reunification group, in both non-kinship (reunification: M=7.49; no reunification: M=12.94) and kinship care (reunification: M=9.09; no reunification: M=14.94)

DURATION IN FOSTER CARE

in the group in which reunification took place, mean time in care for non-kinship cases was **1.98** and for kinship cases **3.43**

DIFFERENCE OF INCIDENCE OF FAMILY REUNIFICATION FACTORS

Non-kinship foster care 1

		Reunification	No	χ2	р
		%	reunification		
			%		
	Sex (male)	56	47	0.67	.274
	Presence of serious health problems	4	6	0.13	.585
	Presence of disabilities	8	9	0.13	.634
<u>_</u>	Presence of behavioural problems	4	11	1.12	.257
Children	Has received psychological treatment	4	23	4.82	.018
ا إذ	Physical abuse	8	16	1.03	.247
O	Physical neglect	8	43	11.14	.000
	Emotional abuse	12	17	0.32	.410
	Total abandonment	4	26	5.81	.009
	Request for voluntary foster care	56	14	22.32	.000
Process	Previous residential care measure	28	77	23.98	.000
	Previous breakdown of foster care	16	28	1.59	.155
	Visits with birth family	84	55	7.54	.004
	Frequent visits	52	9	30.84	.000

REUNIFICATION FACTORS

Non-kinship foster care 2

		Reunification (N=25) %	No reunification (N=138) %	χ2	р
	Drug dependence in father	16	19	0.10	.501
	Alcoholism in father	0	14	3.86	.035
 	Father in prison	12	13	0.01	.598
Biological family	Drug dependence in mother	12	22	1.21	.207
	Alcoholism in mother	0	11	2.96	.074
	Mental health problems in mother	4	21	4.03	.032
	Mother in prison	32	12	6.41	.018
	Mother with chronic illness	4	7	0.34	.477
	Other children in care	21	59	8.60	.003
	Father cooperates	28	8	8.74	.008
	Mother cooperates	72	25	22.11	.000

DIFFERENCE OF INCIDENCE OF FAMILY REUNIFICATION FACTORS

Kinship foster care 1

		Reunification	No	χ2	р
		%	reunification		
			%		
	Sex (male)	56	45	1.25	.177
	Presence of serious health problems	6	9	0.33	.433
	Presence of disabilities	0	5	1.77	.223
ے ا	Presence of behavioural problems	14	13	0.00	.565
dre	Has received psychological treatment	11	17	0.74	.284
Children	Physical abuse	6	12	1.31	.207
	Physical neglect	30	41	1.22	.182
	Emotional abuse	25	31	0.39	.345
	Total abandonment	3	27	9.36	.001
	Request for voluntary foster care	28	15	2.80	.080
Process	Previous residential care measure	8	25	4.42	.026
	Previous breakdown of foster care	8	18	1.94	.128
	Visits with birth family	58	52	0.38	.337
	Frequent visits	25	18	0.80	.252

DIFFERENCE OF INCIDENCE OF FAMILY REUNIFICATION FACTORS

Kinship foster care 2

		Reunification (N=36)	No reunification	χ2	р
		%	(N=106)		
			%		
	Drug dependence in father	56	33	5.56	.016
	Alcoholism in father	8	19	2.25	.104
 	Father in prison	25	23	0.06	.478
l ii	Drug dependence in mother	56	39	2.97	.063
Biological family	Alcoholism in mother	6	16	2.60	.086
	Mental health problems in mother	6	17	2.95	.068
	Mother in prison	25	15	1.75	.143
	Mother with chronic illness	0	11	4.49	.024
	Other children in care	53	50	0.11	.443
	Father cooperates	42	26	3.26	.050
	Mother cooperates	64	32	11.05	.001

Variables affecting the REUNIFICATION regardless type of care

having suffered total abandonment, having been in residential care (made reunification more difficult) and parents' cooperation (facilitated reunification)



the influence of the TYPE OF FOSTER CARE

Our results show that reunification is more frequent when children have been in kinship care but it takes longer



cooperation of PARENTS

strong association with family return, in both non-kinship and kinship care

support for the idea of working intensely with the family and for the need to implement measures of partnership among the parties involved



frequency of FAMILY CONTACT

- receiving visits by the parents was associated with reunification only in children in non-kinship care
- ▶ the group of children with the highest frequency of visits was the most likely to be reunited

visits should be considered as an essential aspect to be worked on in family intervention



STABILITY during care intervention

 having had previous experiences of other care placements was negatively related to family reunification

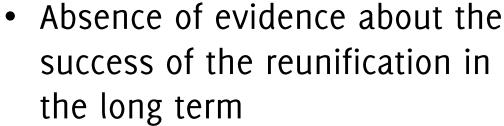


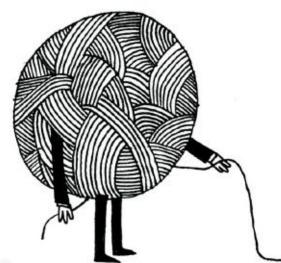
characteristics of the BIOLOGICAL FAMILY

in non-kinship care a relapse into alcoholism emerges as a factor that hinders reunification, whilst in the case of kinship care it is the mother's problems of chronic illness or mental health that have more impact

LIMITATIONS OF THE STUDY







THANK YOU FOR YOUR ATTENTION

Mónica López, PhD monicalopezlopez@gmail.com