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**IS REUNIFICATION A REALITY OR A FORSAKEN DREAM? : A CLOSER LOOK
AT PERMANENCY OUTCOMES FOR CHILDREN IN OUT OF HOME PLACEMENTS
DUE TO PARENTAL SUBSTANCE ABUSE**

A Thesis in

Criminal Justice

by

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ABSTRACT

Youth in juvenile dependency courts face potential separation from their parents. This outcome may be influenced by a variety of parental behaviors, including substance abuse. The purpose of this study is to identify whether children placed in out of home care (e.g., foster care) due to parental substance abuse have a different permanency outcome (e.g., return to biological family) than those placed in out of home care due to other reasons (e.g., parental mental health concerns). Using 2015-2018 data from the dependency court in York County (PA), this study examines whether children placed in out of home care for parental substance abuse experience different permanency outcomes than their peers. Results and implications for juvenile dependency courts will be discussed.

Keywords: Permanency Outcomes, Juvenile Dependency Court, Out of Home Placements, Reason for Placement, Substance Abuse

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Furthermore, some of what is expressed in this thesis are those based on the author's experience and knowledge within the field as a current supervisor at York County Offices of Children Youth and Families. Author's experience and knowledge within the literature may only apply to the procedures and processes of York County Offices of Children Youth and Families and York County Juvenile Dependency Courts.

Chapter 1.

Introduction

The Child Abuse Prevention and Treatment Act (CAPTA) states child abuse and neglect are any recent act or failure to act on the part of a parent or caretaker. This act or failure to act may result in death, serious physical or emotional harm, sexual abuse, or exploitation of a child. The CAPTA also defined child abuse and neglect as an act or failure to act by a parent or caretaker, which presents an imminent risk of serious harm to the child. Child abuse and neglect in Pennsylvania is an ongoing concern. In 2017, Pennsylvania had a state population of 12,783,977, with 2,704,268 under the age of 18 (2017 Annual Child Protective Services Report, pg 4). The number of child abuse reports in 2017 Pennsylvania totaled 47,485; 4,836 were substantiated reports. This is a .2 % increase from substantiated reports in 2016 (2017 Annual Child Protective Services Report, pg 4). Reasons for child abuse reports vary. Statewide, parent substance abuse was the leading cause of substantiate reports with 17,948 out of 80,007 validated allegations (2017 Annual Child Protective Services Report, pg 25). Behavioral conduct by parent that places a child at risk was second with 7,556. In 2017 in York County, PA alone there were 2,194 total suspected reports with 189 being substantiated (2017 Annual Child Protective Services Report, pg 8).

When child abuse is substantiated, the juvenile dependency court steps in to provide services to protect the youth including parent-child separation. In this thesis, the juvenile dependency courts will be explored to examine the use of the Adoption and Safe Families Act (ASFA), for improving child placement through parental sobriety. In Chapter 1, I will discuss the development of ASFA and the juvenile dependency court process describing how child welfare agencies and families enter juvenile dependency courts. Factors resulting in out of home

placements, with a focus on parent substance abuse, will follow. This chapter will conclude with a brief discussion on the existing gap in the literature and the purpose of this thesis research.

The Development of Adoption and Safe Families Act

The Adoption Assistance and Child Welfare Act of 1980 was a federal law that was created to assist welfare and dependency court systems. Through this law, permanency planning was developed as a solution to prevent kids from entering foster care (Hardin, 1996). There are three main functions that permanency planning seeks to achieve with the help of periodic court reviews and timetables. The first function, permanency planning, seeks to prevent out of home placement of children by offering services to families. Reunifying the family after a child is placed into foster care is the second function of permanency planning. If reunification efforts fail, permanency planning then seeks to secure a new permanent home for the child (Hardin, 1996). The Adoption and Assistance and Child Welfare Act of the 1980's put emphasis on placing the child with his or her own parents to avoid the need for out of home placements and required states to exercise reasonable efforts to avoid placement of a child out of the care of his or her parents.

The Adoption and Safe Families Act (ASFA) of 1997, followed by juvenile dependency courts today, amends the Adoption and Assistance and Child Welfare Act of the 1980s and shifts the emphasis from family reunification to the child's overall safety and well-being. The ASFA was passed to decrease the length of time children spend in out of home placements, prevent possible future abuse from biological parents by promoting adoptions, and make timely permanency outcome decisions. In 1998 when ASFA was passed the termination of parental rights rate was 10.7 % which increased to 16.2 % a decade later. This is because ASFA requires

that juvenile dependency courts move to terminate parental rights for children who have been in out of home care for 15 out of the last 22 months. By doing so, parents have as few as 15 months to demonstrate they are substantially improving the conditions that led to the removal of their child from the home in attempts to regain custody of their child. This creates a great deal of pressure on not only the family but the juvenile dependency courts and child welfare agency to develop a plan for the child whether it is reunification, adoption or custody with a legal custodian within a timely manner.

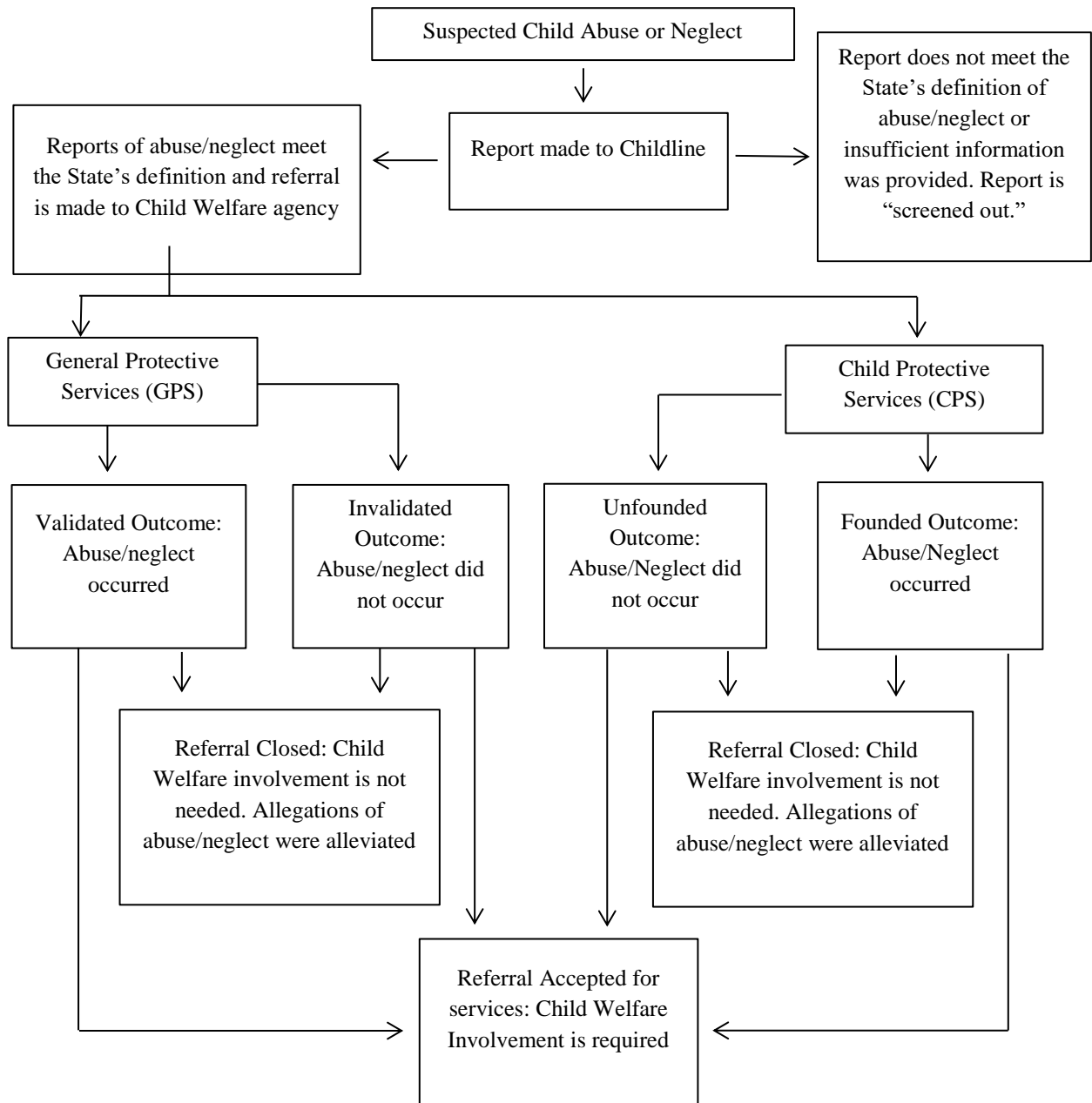
Juvenile Dependency Court Process

Child maltreatment is used to describe all forms of child abuse and neglect which causes the need for the intervention of dependency court jurisdiction. There are currently four main types of abuse the courts see today which include physical, sexual, neglect, and emotional. Anything that is considered to be non-accidental physical injury caused to a child by the child's parents or legal guardian is considered to be physical abuse. This can include shaking, slapping, punching, beating, kicking, burning, and/or biting. Traits including, touching, fondling, and penetration fall into the sexual abuse category. Failure by the caretakers to provide for a child's basic needs would be considered neglectful. This would include anything from the child's housing, food, clothing, medical, and educational needs. Emotional abuse, which is often the most difficult abuse to identify, includes verbal harassment of a child, shaming along with threat and ridicule (Ventrell, 1998).

Today, mandated reporters are required to report suspected child abuse to the state. Mandated reporters are typically specific groups of child serving professionals. Reports are then generated into two groups, general protective services and child protective services seen in Figure 1 (page 5). Examples of general protective services include but are not limited to truancy,

child behavioral problems, and drug usage by both parents and children. Child protective services are generally more serious and can include sexual, physical, and emotional abuse reports. Once reports of child maltreatment are received by child welfare agencies, caseworkers will then need to investigate to determine a final disposition. The disposition options are validated, also known as founded in CPS referrals, or invalidated which is also known as unfounded in CPS referrals. Once a disposition has been made, the caseworker will then need to determine whether the family should be accepted for services. If a case is accepted for services, caseworkers will then need to determine whether services to keep the child within the home can be provided or if a petition to remove the child from the home should be filed (Barth, 1996). If a child is placed under emergency custody of the state, the family is automatically accepted for services. Figure 1 displays a more detailed outline of the child welfare process from when a Childline report is made until the case is either accepted or not accepted for services.

Figure 1. Child Welfare Process for a Referral



If it is determined that the family should be accepted for services, the case will then transfer to one of two departments within the child welfare agency seen in Figure 2 (page 8). If the child is placed in out of home care (e.g., foster care) the case will be passed to the reunification and permanency unit. In this unit, the child welfare caseworker will work to reunify the child back to his or her biological parents if and when appropriate. If a child remains in the home of his or her biological parents, under protective supervision, the case will be transferred to the family preservation unit. The child welfare caseworker within the unit is obligated to provide services to the family to assure the safety of the child within the care of his or her biological parents. If it is determined that the child is no longer safe within the home, the child welfare caseworker will then petition the courts for placement into out of home care.

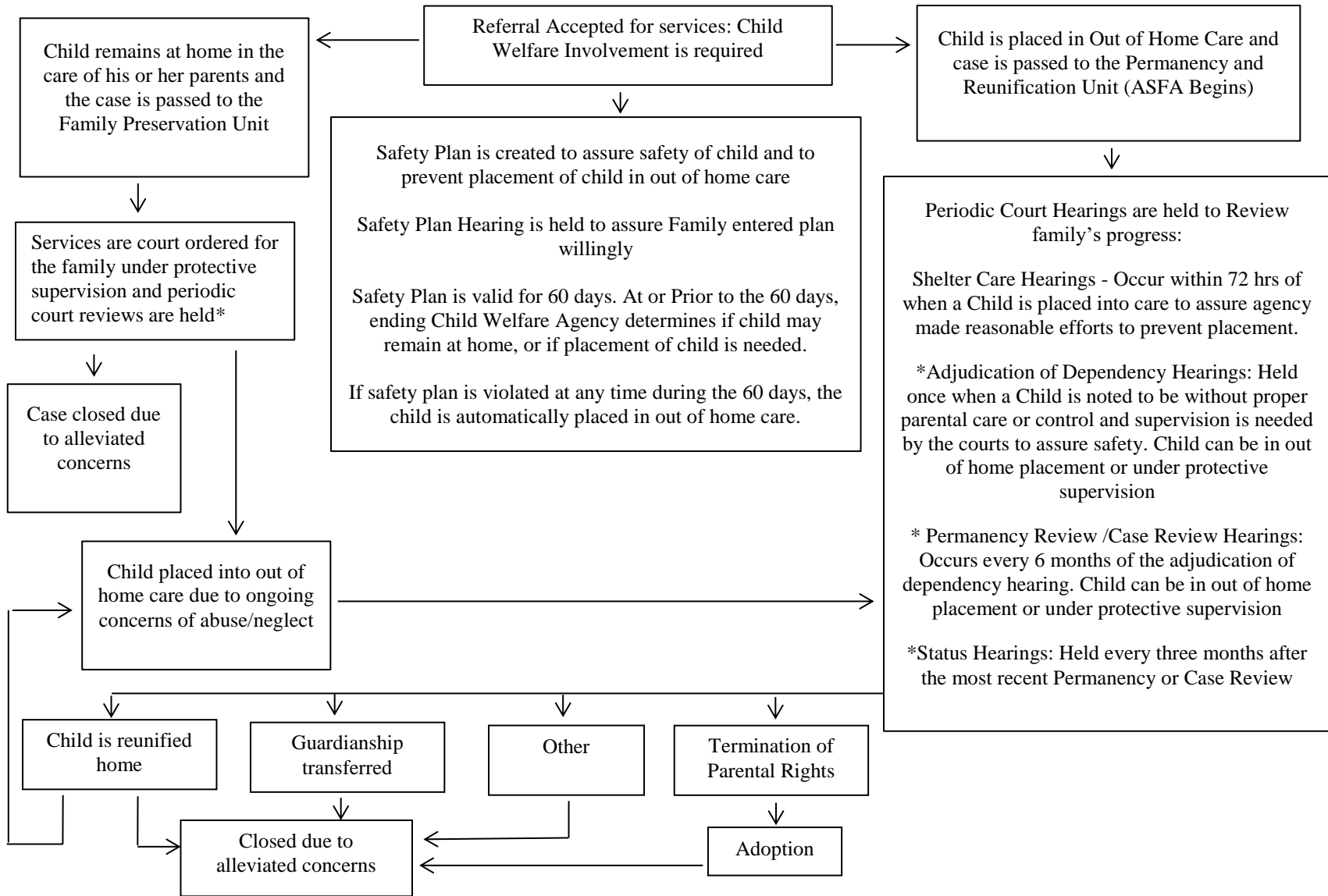
Under federal mandate, child welfare agencies are obligated to offer and provide services to the family prior to removing a child (Sagatun-Edwards & Saylor, 2000). An exception to this federal mandate would be when an emergency placement of a child into foster care is required. If services are not helpful or if the family denies the help of services with or without court supervision the child is at a higher risk of placement outside of the home. There are often times a child can only be protected if removed from the custody of the parents and placed elsewhere. Out of home care is often referred to as foster care. Foster care is a term used to refer to kinship, non-kinship, group homes, shelters, detention centers and residential treatment facilities (Barth, 1996).

If a child were to be placed outside of the home, an emergency placement hearing will be scheduled within a certain time period. This hearing is held with all parties involved to determine if the placement of the child was appropriate. Whether reasonable efforts by the agency to avoid out of home placements were made is also determined by the courts during this hearing as well

as the adjudication hearing (Hardin, 1996). Reasonable efforts to prevent placement could include removing the abuser from the home and safety planning with the family. A safety plan hearing can be held in place of an emergency placement hearing if the child welfare caseworker is able to assure the child's safety with the help of others by removing the alleged perpetrator from the identified child(ren). We can often see this happening with parents allowing the child to reside elsewhere voluntarily or by a parent removing the alleged perpetrator from the home. An adjudication hearing is then held which determines whether the child is dependent and also determines who has custody of the child. A dependent child is defined as one who is without proper parental support or care and is in the custody of the state (Ventrell, 1998). Courts will then review each case periodically to determine the amount of progress made by families. Disposition hearings are held every three months by a hearing officer and in addition, a six-month review will be held in front of a judge (Hardin, 1996).

Figure 2. Child Welfare Process for an Accepted Case, shown below, outlines what happens once a report is accepted for services:

Figure 2. Child Welfare Process for an Accepted Case



Factors Resulting in Out of Home Placements

One responsibility of juvenile dependency courts and child welfare agencies is to determine if out of home placement is warranted (Hardin, 1996). Out of home placement includes placement beginning in the least restrictive setting and becomes more restrictive pending on risk levels. The least restrictive setting for a child placed in out of home care is placement in foster care with an emergency caretaker. Foster care can include residing with relatives which, is known as kinship, or with non-relative foster parents. Placement into a shelter/detention center would be the next least restrictive level of out of home placement. Placement within group homes would be the next restrictive setting with placement in a residential treatment facility would be the most restrictive setting for out of home placement.

Children can be placed in out of home care for a variety of different reasons including parent substance abuse (Lloyd, Akin, & Brook, 2017), parent and/or child mental health, parent incarceration, and lack of overall stability (Nicholson, 2006). These factors, with a focus on parent substance abuse, are discussed below;

Parent Substance Abuse. About 40 to 80% of child maltreatment cases in the United States today involve parental substance use (Chaung, Barrett, & Young, 2012). Parental substance used is implicated in 11 to 14 % of investigated cases through child welfare, 18 to 24 % of substantiated cases through child welfare, 24 to 56 % of family preservation cases in child welfare, and 50 to 79 % of foster care cases (Testa & Smith, 2009). Children who are raised by substance using caregivers run a higher risk of child abuse and neglect compared to those who are raised in families without substance use disorders (Sagatun-Edwards & Saylor, 2000). Children who are also involved within the juvenile dependency court system and have a parent with a substance use disorder are at a higher risk of experiencing extended time in out of home

placements, recurrent involvement with both the child welfare system and juvenile dependency court system and lower rates of reunification (He, Traube, & Young, 2014). These factors place a strain on the juvenile justice and child welfare systems, as well as reduce custody by biological parents.

Studies have also found that between 2009 and 2014, the percentage of children placed into foster care with parental drug use as a reason for removal from the home increased almost eight percent demonstrating a large increase than any other removal reason (Young, 2016). Permanency for young children removed due to parental drug use, often occur at two levels. The first level suggests that younger children are more likely to be adopted than older children leading to juvenile dependency courts having a higher sense of comfort in terminating parental rights (Akin, 2011; Connell, Katz, Staunders, & Tebes, 2006). The second level suggests young children with drug removals are less likely to return home or if they do return home do so more slowly (Green, Rockhill, & Burrus, 2008; Green, Rockhill, & Furrer, 2007). In a study by Lloyd, Akin, and Brook (2017), three main questions were asked: Do young children ages zero to three with parental drug removals exit foster care to reunification at different rates as compared to older children with parental drug removals and to other younger children without parental drug removals; Do young children ages zero to three with parental drug removals exit foster care to adoption at different rates compared to older children with parental drug removals and to other young children without parental drug removals; and Do young children ages zero to three with parental drug removals exit foster care to guardianship at different rates as compared to older children with parental drug removals and to other young children without parental drug removals? To address these questions, Lloyd et al. (2017) used administrative child welfare data from a Midwestern state which included all children who entered foster care during a ten-year

period. Results showed that parental drug use was a barrier to reunification; however, its effects on permanency exits such as adoption and guardianship, has been mixed.

Previous studies have shown that children with parental drug use are at high risk of foster care involvement (Lloyd, Akin, & Brook, 2017). Due to this, Wattenberg, Kelley, and, Kim (2001) identified four permanency options that were commonly available when reunification failed. Those four permanency options included kinship adoption, nonrelative adoption, long term family foster care (kids whom are still in placement) and transfer of legal custody/legal guardianship. The authors note that almost 63 % of children had no permanent placement plan at the time of termination. Adoption was being arranged for 30 % of the children and only two were being maintained in long-term family foster care (Wattensberg et al., 2001).

Parents often seek drugs to escape reality and when they become ready to fight their addiction they encounter difficulties along the way (Hannett, 2007). Harris-McKoy, Meyer, McWey, and Henderson (2014) found that the shortened time emphasis of ASFA may be of significant concern for parents struggling with substance abuse. This struggle is faced as ASFA allows juvenile dependency courts to terminate parental rights when a child is placed into out of home for 15 of the past 22 months. ASFA, in combination to the seeking drug and alcohol treatment in a reasonable timeframe, increases the difficulties faced by parents. Access to and compliance with treatment may be affected by a number of factors such as, insurance approvals, lack of treatment facilities and resources and poverty (Harris-McKoy et al., 2014), and the inevitable wait for a spot to open for treatment are only some of the difficulties faced by parents facing substance abuse concerns.

How successful the treatment is can also depend on a number of factors and lead to additional burdens faced by parents with substance abuse concerns who are racing the clock against the ASFA mandate. Factors leading to the success of treatment depends on, the type of substance used, the severity of use at intake, type of treatment and the definition of what is meant by success in outcome. To be effective treatment length may be extensive for substance using parents. The identified threshold for maximum improvement in general is 90 days for residential and outpatient care to a year for methadone users. Adding this length of time needed for treatment effectiveness to the amount of time to secure a place in appropriate treatment expedites the urgency associated with child placement under ASFA.

When reflecting on both ASFA and parental drug use combined, Harris-McKoy et al. (2014) highlight two important considerations to take into account when determining if termination of parental rights is appropriate to pursue. These two considerations consist of how long it takes for parents to engage in treatment, and, how far along they are in the treatment process when the court reviews their cases. This creates the question as to how juvenile dependency courts and child welfare agencies can determine if ASFA is appropriate when the parent's ability and willingness to recover cannot be clearly ascertained within the 15-month time frame. Research has shown that focusing on adequate treatment for drug and alcohol abusers improves the lives of children and their families by reducing the need for reliance on termination of parental rights (Hannett, 2007).

Termination of parental rights is a decision made by the juvenile dependency courts to break the legal bond between the child and his or her parents. Under ASFA, caregivers have as little as 15 months to comply with reunification requirements (Wattenberg, Kelley, & Kim, 2001). When making the determination to pursue termination of parental rights, judges within

juvenile dependency courts must reflect on both clear and convincing evidence, as well as, what is in the best interest of the child (Meyer, McWey, McKendrick, & Henderson, 2010). Juvenile dependency court judges may reflect on a parent's ability to maintain and obtain sobriety (Meyer, McWey, & Henderson, 2010), a parent's stability (e.g., income and housing), the bond between the child and parent, and past history and/or involvement with child welfare agencies as evidence to help determine whether termination of parental rights is for the best interest of the child. Additional circumstances of parents that may also lead to the courts' determination to terminate parental rights include mental illness (Meyer, McWey, & Henderson, 2010), domestic violence, involvement with the criminal justice system (Wattenberg, Kelley, & Kim, 2001), and incarceration (Meyer, McWey, & Henderson, 2010).

Parent substance use was found to be the leading problem associated with the termination of parental rights in juvenile dependency courts. Substance abuse related problems are often combined with mental health, poor health, poverty, and a general lack of resources and human capital. The combination of lack of housing, lack of money, lack of treatment options, and single parenting in conjunction with parent substance use can often make good parenting difficult. Lopez, del Valle, Monsterrate, and Bravo (2013) identified seven factors that were associated with the family reunification process. These seven factors include the age of the child, kinship care with family co-operation, drug dependence in parents, neglect due to alcoholism, parental impossibility due to imprisonment, and other negative behaviors.

Reunification requirements include successful recovery from addiction and maintaining sobriety. It has also been determined that, quick and easy access into treatment programs and successful completion of at least one program can increase the likelihood of reunification. In return, the amount of time a child spends in out of home placements decreases (He, Traube, &

Young, 2014); a desirable outcome for family and the various social agencies involved. If reunification requirements are not done within this timeframe, parents risk termination of their parental rights. The definition of sobriety and the challenges included in the recovery process are discussed further in Chapter 2.

Purpose of the Current Study

The gap that exists in current knowledge is whether ASFA allows families enough time to obtain reunification for parents who have a substance abuse problem or if reunification is inhibited by the 15-month ruling. The main purpose of this thesis research is to assess permanency outcomes for children placed in out of home care due to multiple placement reasons, with a focus on parental substance abuse. The study will then identify if parental alcohol and drug use is a predictor of reunification and if ASFA provides sufficient time to support this goal.

This quantitative research study will provide a current picture of permanency outcomes among children placed in out of home placements in a central Pennsylvania county and whether there is a difference between children placed in out of home placement due to parental substance abuse versus other reasons for placement (e.g., parent mental health). If there are more children in out of home placement due to parental substance abuse and less children being reunified due to parental substance abuse, both child welfare agencies and juvenile dependency courts can look to provide families with additional community resources to address the lack of drug and alcohol treatment to achieve a higher likelihood of reunification.

Chapter 2.

Literature Review

In most cases involving children who are in out of home placements, parents are ordered to secure and maintain stable housing and income, address all goals within the family service plan and cooperate with child welfare agencies prior to a child being reunified home. This, coupled with the Adoption and Safe Families Act (ASFA), hinders a parent's ability to obtain sobriety by limiting the amount of time to become sober, prior to termination of parental rights occurring. To better understand the ASFA process and how it affects a child's ability to return home in parental substance abuse cases, we must understand how juvenile dependency courts and child welfare agencies define sobriety and what factors play into reunification of a child during these types of cases.

Obtaining and Maintaining Sobriety

Scholars have identified that the sobriety process is not always the easiest or quickest when struggling with a substance abuse addiction. When a child enters out of home placement for parent substance abuse, juvenile dependency courts, with the help of child welfare agencies, are able to order parents to comply with services to assure sobriety. Judges are able to order parents to obtain level of care assessments, obtain and follow through with all recommendations that come from a drug and alcohol evaluation, comply with drug and alcohol counseling and submit to random drug tests. Follow through by parents is measured by child welfare caseworkers by obtaining evaluations and reports from drug and alcohol providers. Summaries of these reports are then provided to all legal counsel and the Judge and progress is reviewed during hearings.

Quick access into drug and alcohol treatment is only a portion of the recovery process to become sober. Those racing the ASFA clock must not only seek treatment in a timely fashion but must maintain their sobriety. The process to sobriety varies pending on drug choice and length of drug use and can take up to years to complete. Detoxification is widely considered to be the first step in drug treatment but is often not sufficient enough in maintaining sobriety (Guide to Drug Detox, n.d.). Sack (2012) found that while the relapse rate post-detox is 65 to 80 %, recovering drug addicts who remained in treatment were 10 times more likely to stay drug-free. The level of time commitment to treatment is also an important factor. Research demonstrates that there is a direct correlation between the length of time in treatment and rate of relapse (Sack, 2012). In addition, participation in a 12-step program like Narcotics Anonymous (NA) program can be another step in the recovery process. With the ample number of steps taken in the recovery process in addition to the wait to get into treatment leaves little time for parents to show progress in the eyes of the juvenile dependency courts before ASFA determines termination should be pursued.

Permanency Outcomes for Children

When a child is placed into out of home care there are a number of permanency outcomes that are available to the child upon release. In a study by Akin (2011) the most common type of permanency outcome was reunification with biological parents. Adoption was the second most common type of permanency outcome followed by legal guardianship (Akin, 2011). York County Offices of Children, Youth and Families include additional permanency outcomes including Subsidized Permanency Legal Custodian (SPLC), and Another Planned Permanent Living Arrangement (APPLA), which caters more towards the older youth that prefer independent living. The type of permanency outcome is closely related to the amount of time

children remain in out of home placement (Sinclair, Baker, Lee & Gibbs, 2007). Studies, including Akin (2011), indicate that the likelihood of family reunification is much less likely occur the long the child remains in out of home care.

Once entering out of home placement, both a primary and concurrent goal is established by juvenile dependency courts for the child. For the Offices of York County Children, Youth and Families the primary goal more often than not is set at reunification with a concurrent goal of adoption. If adoption is ruled out as an option, the next concurrent goal would be SPLC which must then be eliminated as an option with clear and convincing evidence prior to another concurrent goal being chosen. Ultimately, if a child is five years of age or younger, the concurrent goal, shall always be adoption. Once adoption occurs, the birth parents to the child will no longer be considered the child's parents as the bond is forever severed.

Reunification of a child to his or her parents typically occurs once juvenile dependency courts determine it is appropriate and safe to do so by using the help of child welfare agencies. Reunification is measured by a parent's progress during periodically held juvenile dependency hearings. In order for a child to be reunified to their biological parents, the parents must convince the courts that they have made sufficient progress within their goals and that the risk for neglect or abuse has been lowered. For this to occur, in any instance or circumstance, parents must comply with state mandated child welfare policies. These policies include allowing the child welfare agency to conduct both announced and unannounced visits to the home. Home visits are used to assure that the family continues to reside in a home that is fit for a child. This includes electricity, running water, and proper/appropriate sleeping arrangements. Parents must continue and maintain communication with child welfare agencies as well and notify the child welfare caseworker of any sudden change in house hold member, phone number or address. A parent's

failure to cooperate with child welfare policies can negatively impact the chances of reunification. In addition, a parent must provide proof of stable housing and income and show interest in wanting reunification by participating in visitations on a regular basis. It would be contrary to the child's best interest if the child were to return home prior to successful completion or progress in goals.

Parental substance abuse cases must follow these same child welfare policies as well as additional requirements to assure successful reunification of a child. For cases involving parent substance abuse, a parent must show that they have remained substance free, for a consistent period of time, by providing random drug tests. Commitment to drug and alcohol counseling, rehab and/or any additional drug and alcohol services is required. In parental substance abuse cases, failure to obtain any drug and alcohol evaluations and failure to follow through with recommendations provided by drug and alcohol evaluations (i.e., individual and group counseling) may also lead to extended stay in out of home placement for the child. A parent's refusal to submit to random drug tests may also be seen as suspicious and subsequently result in a positive specimen further extending the length of time children remain in out of home placements. For some parents, beating the ASFA clock and obtaining quick access to drug and alcohol treatment can be difficult.

When reunification is the primary goal, many factors can be associated with both the success and failures that come with it. López and colleagues (2013) identified seven factors associated with family reunification processes. These include age of the child, kinship care with family co-operation, drug dependence in parents, neglect due to alcoholism, foster care under voluntary arrangement with visits, short-term fostering with family co-operation and parental impossibility due to imprisonment. It has been determined that reunification is less likely to

occur when children have health problems, including disabilities (Courtney, 1994; Teare, Becker-Wilson, & Larzelere, 2001; Wade, Biehal, Farrelly, & Sinclair, 2010), and/or have mental health concerns (Koh, 2007). Both age and race became factors of reunification as newborn children were less likely to return home (Wells & Guo, 1999) as well as African American children (Smith, 2003; Shaw, 2006; Koh, 2007).

Reunification may also be negatively affected when families are economically at a disadvantaged (Thomlison, Maluccio, & Abramczyk, 1996; Westat, 1995), when a child is from a one parent family (McDonald, Poertner, & Jennings, 2007; Rockhill, Green, & Furrer, 2007) and/or when a parent has a drug or alcohol problem (Brook & McDonald, 2007; Fein, 1993; Harris, 1999; Mapp & Steinberg, 2007; Wade, Biehal, Farrelly, & Sinclair, 2010). Shaw (2006) also confirmed reunification is negatively affected when alcohol and other drugs and age are involved. A child's reunification can also depend on the reason why children were placed into out of home care in the first place. A child/family's behaviors once a child enters out of home placement can also negatively or positively impact reunification (Bullock, Little, & Millham, 1993).

Research has indicated that quick access and use of services by biological parents is a major component of successful reunification (Cheng & Li, 2012; Murphy & Fairtlough, 2015). Foster children are much more likely to achieve permanency when their birth families receive services that match their actual family needs (Cheng, 2010). Targeted services might include concrete services as housing and cash assistance (Cheng & Li, 2012), substance abuse treatment (Choi & Ryan, 2007), mental health counseling (Marsh, Ryan, Choi, & Testa, 2006), and in-home child welfare services (Lee, Jonson-Reid, & Drake, 2012), including frequent home visits to the parent's home by the child welfare caseworker (Talbot, 2008). Regularly held visits

between the child and his or her parents can increase the chances of reunification as it improves relationships, and helps monitor the parent's progress (Fanshel & Shinn, 1978; Perkins, 1997; Carnochan Rizik-Baer, & Austin, 2013; Chambers, Brocato, Fatemi, & Rodriguez, 2016).

Summary

The decision to reunify a child with their biological parent(s), or to pursue alternative permanency options, is a huge decision to make as it can affect the lives of children and families (Jedwab, Chatterjee, & Shaw, 2018). At early stages, children begin to form attachments with their biological parents (Bowlby, 1982). Separating a child from their parents and placing them into out of home placements, creates a risk associated with poor mental health for the child (Lowenthal, 1999; McWey & Mullis, 2004). Bowlby (1982) asserted that children who experience the loss of an attachment figure will exhibit distress even if the attachment figure is replaced with a capable caretaker. Whether the attachment is secure or insecure, separation will likely be distressing and anxiety-provoking (Howe, Brandon, Hinings, & Schofield, 1999). This distress can manifest in problematic behaviors, such as aggression, delinquency, and depression (Kaplan, Pelcovitz, & Labruna, 1999).

A child may also feel that they have lost a part of themselves when separated from their biological parents (Littner, 1975). This is not only damaging to their self-esteem but their ability to relate to others (Littner, 1975). Roberts (2002) asserted that disruption of the parent-child relationship could actually cause youth to feel like they are being disloyal to their parents. Even if the biological parent-child relationship is not entirely positive, some espouse that continued contact allows youth to have a more realistic view of their biological parents (Fahlberg, 1991), and can help to preserve family relationships (Hess, 1987; Hess & Proch, 1988). For families

involved with the social services system, the child's removal from the home does not necessarily represent a clear-cut and final exit from the family, possibly resulting in a high degree of boundary ambiguity. In fact, Jones and Kruk (2005) found many children in foster care reported they do not feel like they are part of any family. This ambiguity can lead to feelings such as hopelessness and depression (Boss, 2004). Reunification back to biological parents would help lower the risk of mental health created in children and would rebuild the bond originally made in early stages. It can create a sense of want and relief to be reunified to the ones they love.

If proper time is not given to review each case in court, and if careful consideration to the parent's progress and attempts are ignored, a parent's bond with that child may forever be severed. Once adoption occurs and a parent's rights are terminated, the adoptive parents ultimately determine whether visits shall continue and if the child's name will change. This can not only be damaging to the child but to the parent's as well. Parents do have the right to appeal the termination of parental rights, but chances of the termination being reversed are often slim.

Chapter 3.

Data and Methodology

This thesis uses cross-sectional data from the Offices of York County Children, Youth and Families to identify whether children placed in out of home care due to parental substance abuse have different permanency outcomes. In this chapter, the study data, sampling techniques, and variables used to test the research questions are outlined. The chapter concludes with the data analysis approach and hypothesis.

Data

The data for this study are from the Offices of York County (PA) Children, Youth, and Families. This agency works in tandem with the county's juvenile dependency court. The sample consists of all children (N=1,464) placed in out of home care through the York County juvenile dependency court system between January 1, 2015 and December 31, 2018.

All data obtained were de-identified by the Program Analyst employed through the Offices of York County Children, Youth and Families prior to receipt by the primary researcher. The Program Analyst removed any identifiable information that could directly or indirectly link an individual to the study and used random case numbers for each family in lieu of the identifiable information. Data were stored electronically in a password protected file on the primary investigator's computer that contains a password protected lock. This study has been approved by the Pennsylvania State University Institutional Review Board.

Variables

The reason for the child's placement (e.g., parent substance abuse), and the permanency outcome for each child (e.g., returned home) are both included in the data collected from the

Offices of York County Children, Youth, and, Families. Sixteen types of abuse were identified within the study as a reason for child placement. A child's age, race, and ethnicity were also included.

Dependent variables. The primary study endpoint is the permanency outcome for children placed in out of home placement. This outcome variable has the following options: (1) reunification to biological parents or legal guardian at the time of removal; (2) adoption; (3) transfer of legal custody/legal guardianship (e.g., with relative); (4) emancipation; (5) no outcome (e.g., child continues in out of home placement); and (6) other outcomes (e.g., death of a child, transferred case to another child welfare agency, child runaway). The dependent variable of interest in this study is the reunification permanency outcome for the children. For analysis, this variable was coded as a binary indicator where 1 = *reunification*, and 0 = *another outcome*. A second dependent variable was created to compare adoption to other outcomes. This variable was coded as 1 = *adoption*, and 0 = *another outcome*.

Independent variables. The focus of this research is investigating if the 15-month rule under AFSA hampers reunification for youth in out of home placements due to parental substance use. There are many reasons a child may come to the attention of the juvenile dependency court, including physical abuse, sexual abuse, neglect, abandonment, and child's behavior. The independent variable is reason for out of home placement. This variable is coded as 1 = *parental alcohol and drug use* and 0 = *other reason for out of home placement*.

Control variables. These variables include child's age, race, ethnicity, and gender. Child's age was a continuous variable indicating the age of the child when the data were collected (12/31/2018). Child's race was coded as White, Black, more than one race, other, and unknown. For the analysis, race was grouped into three categories: White, Black, and Other.

Child's ethnicity was recorded as Hispanic or non-Hispanic. Child's gender was measured as the child's sex at birth: 1 = *male* or 0 = *female*.

Data Analysis Approach

The study employed various statistical techniques for analysis. These techniques include descriptive statistics for all variables and a logit regression model to test the hypothesis.

Hypothesis. The purpose of this study is to identify whether children placed in out of home care (e.g., foster care) due to parental substance abuse have a different permanency outcome (e.g., return to biological family) than those placed in out of home care due to other reasons (e.g., parental mental health concerns). This quantitative research study seeks to provide a more realistic view on permanency outcomes for children in out of home placements and whether there is a difference between children placed in out of home placement due to parental substance abuse. As such, the hypothesis for this research is:

H1: Children placed in out of home care for parental substance abuse are less likely to be reunified with their parents than children who are placed in out of home placement for other reasons

If there are more children in out of home placement due to parental substance abuse and fewer children being reunified due to parental substance abuse, both child welfare agencies and juvenile dependency courts can look to provide families with additional community resources (e.g., family drug court). Addressing this hypothesis will provide foundational knowledge to address drug and alcohol treatment and reunification under AFSA.

Chapter 4.

Results

As a first step, descriptive statistics were generated (Table 1). A total of 1,464 children are in the sample. Most youth were White (69.13%), about one-fifth were Black (22.54%), and a small proportion identified as another race (8.33%). The majority (84.98%) are non-Hispanic. There were 26 children whose ethnicity was unable to be determined or unknown within the data set. About half of the sample is male (51.23%) and the average age of youth is 10.14 (SD: 6.27), with a range of 0 to 24. When compared to the 2017 U.S. Census Bureau report for York County, Pennsylvania, sample results are similar. In 2017, York County, Pennsylvania, Whites (89.1%) took the lead in race with Blacks (6.8%) being the second biggest race. White non-Hispanic totaled 83.5% in the 2017 U.S. Census Bureau report for York County, Pennsylvania.

During the study period, 56% of youth in dependency court were reunified with their parents and 44% experienced another permanency outcome or remained in the juvenile dependency court pending placement. Adoption was the permanency outcome for 24.18% of youth. Approximately 27% of youth were in out of home placement through the dependency court because of parental substance use; the remainder were involved with the juvenile dependency court because of other factors. From the other 16 types of abuse identified within the study, parent drug (31%) and parent alcohol and drugs (27%), take the lead in types of abuse within the Offices of York County Children Youth and Families. Other types of abuse include: physical (10%), sexual (7%), neglect (13%), child alcohol (.14%), child drugs (3%), child disability (1%), child behavior (22%), parent death (.61%), parent incarceration (8%), caretaker inability (17%), abandonment (7%), inadequate housing (16%), relinquishment (2%) (data not

shown). More than one reason may bring youth to the attention of the juvenile dependency court, resulting in overlap in categories.

Table 1. Descriptive Statistics.

Variable	Coding	N	%
<i><u>Dependent Variables</u></i>			
Permanency outcome	Reunification = 1	565	56.00
	Other = 0	444	44.00
	Adoption = 1	244	24.18
	Other = 0	765	75.82
<i><u>Independent Variable</u></i>			
Parental alcohol and drug use	Yes = 1	400	27.15
	No = 0	1,073	72.84
<i><u>Youth Characteristics</u></i>			
Race	White	1,012	69.13
	Black	330	22.54
	Other	122	8.33
Ethnicity	Hispanic = 1	216	15.02
	Non-Hispanic = 0	1,222	84.98
Gender	Male = 1	752	51.23
	Female = 0	716	48.77
		M	SD
Age	Continuous variable (0-24)	10.14	6.27

Table 2 presents outcomes from the logistic regression analysis for parent-child reunification focusing on parental alcohol and drug use, race, ethnicity, gender, and age. The chances of a child being reunified to his or her biological parents or legal guardian are lowered when parent alcohol and drugs are involved at the time of removal ($\beta = -.629, p < .000$). Chances of reunification in cases involving parent alcohol and drug use decrease by 47%, where % =

$\exp(\beta)-1*100$. Age is also predictive of parent-child reunification. Younger children are more likely to be reunified with their parents than older youth ($\beta = -.054, p < .000$). Chances of reunification decrease 5% for each year older the child is when placed in the dependency court. Gender, race, and ethnicity have no statistical significance on reunification outcome.

Table 2. Results of Logistic Regression Analysis Predicting Parent-Child Reunification.

	β	SE	<i>p</i> -value	OR
Parental alcohol and drug use	-.629	.149	.000	0.53
Race	.124	.143	.386	1.13
Ethnicity	.061	.185	.741	1.06
Gender	-.089	.130	.491	0.91
Age	-.054	.011	.000	0.95

To examine an alternative outcome, the logistic regression analysis was rerun with adoption as the dependent variable. The estimated odds of adoption for a youth in juvenile dependency court due to parental alcohol and drug use is 1.99 times the estimated odds of a youth in the court for other reasons. The odds of being adopted are 99% higher among youth whose parents have alcohol or drug use problems. Children are less likely to be adopted as they age. For each year older, the odds of adoption decrease by about 6%. A child's race, ethnicity, or gender had no statistical significance when it came to adoption.

Table 3. Results of Logistic Regression Analysis Predicting Adoption.

	β	SE	<i>p</i> -value	OR
Parental alcohol and drug use	.692	.163	.000	1.99
Race	-.329	.176	.062	.72
Ethnicity	-.245	.232	.290	.78
Gender	.132	.153	.386	1.14
Age	-.059	.013	.000	.94

Chapter 5.

Discussion

Juvenile dependency courts were designed to help protect children of all ages from experiencing abuse and neglect in their lives (Ventrell, 1998). What was once considered to be an appropriate child rearing technique may cause child welfare agencies to intervene today (Ventrell, 1998), which leads us to believe that juvenile dependency courts will continue to develop in time as the laws are continuously changing, which in theory, can lead to a significant increase in the number of families involved within the juvenile dependency court system in return. This significant increase can lead to youth being placed into out of home care due to multiple reasons (e.g. parent substance abuse).

ASFA was implemented to reduce the length of time a youth spends in out of home placement (Nicholson, 2006) by expediting the route to permanency. ASFA obligates states to begin termination of parental rights proceedings when a child has been in out of home care for 15 of the last 22 months and allows concurrent planning to occur in which efforts at family reunification proceed simultaneously with attempts to achieve alternative permanency such as legal guardianship or adoption (Hort, 2001). Not only does ASFA require reasonable efforts at reunification be made by children and youth caseworkers; it provides financial inducements to states that accomplish a successful foster care adoption.

All states are granted a base number for the estimated amount of foster care adoptions they should have within the fiscal year. A state is awarded \$4,000 for each additional foster child that is adopted and also receives an additional incentive for placing a foster care child up for adoption. In order for a state to receive the incentives ASFA requires the state to file a petition to terminate the natural parents' rights if reunification has not been successful within 15 months.

With these financial incentives in play, Lercara (2016) points out that it may often be easier to find state agencies putting their own best interests before the best interest of a child.

The subjective nature of the reasonable efforts coupled with the financial incentives provided to states placing children into adoptive home effectively undermine the goal of reunification (Lercara, 2016). This is often a result of aggravated circumstances which allow states not to make reasonable efforts to reunify the child with his/her natural parents. Lercara proposes that the ASFA be amended to replace the term reasonable efforts with the term best efforts. Having a best efforts standard would increase the child welfare agency's obligation to work toward the permanency goal of reunification of the family.

ASFA requires that both the courts and the child welfare agency develop a permanency goal for children who are removed from their natural parents. Permanency goals can include reunification back with natural parents, adoption or independent living which is based off the age of the child. A permanency plan is developed and is used as a roadmap for all parties involved to ensure the success of the permanency goal. This permanency plan is then reviewed within 12 months of when the child was placed by the courts and this hearing is called the permanency hearing. If the courts determine little progress has been made towards the permanency goal they have the ability to change the goal from reunification to adoption. By setting a 15-month deadline as to when the state agencies are required to file a petition to terminate parental rights the child welfare agency is able to make efforts toward finding alternative permanency for a child before reunification efforts fail.

Lercara (2016) outlines the many flaws in the ASFA and provides examples of how it is making an inappropriate push for adoption to limit the child's time in out of care placement and

proposes that ASFA be amended to put more of an emphasis on reuniting the children back with his/her biological parents. Studies have shown that siblings who are placed together in a foster home do better than those who are separated. ASFA requires that the state only make reasonable efforts to place siblings in foster homes together (Lercara, 2016); however, in most cases this does not happen. When siblings are separated while in out of home placement visitation should occur, though only 13 states have legislation mandating sibling placement and visitation. ASFA also requires a child to be placed in a setting closest to his/her own home environment however this goal is also not always achieved (Lercara, 2016). More than 75 % of children in foster care reported being forced to change schools and 65 % reported transferring schools in the middle of the school year.

Moye and Rinker (2002) also outline how ASFA can ultimately set parents up for failure. They note that if a family is receiving any Temporary Assistance for Needy Families (TANF) benefits such as welfare it is ceased when a child enters an out of home placement. Most families who enter the child welfare system depend on welfare, case assistance, and food stamps and without TANF benefits most are left without adequate housing, food and proper clothing. Access to Medicaid benefits for families is also lost when a child enters placement which prevents most parents from receiving substance abuse treatment or proper medical care. To make matters worse, most child welfare agencies require parents to have stable and appropriate housing and a proper source of income prior to reunification. Parents in some cases may also have to pay for child support when their children are in foster care (Moye & Rinker, 2002).

Although ASFA was created to promote timely permanency placements for children in the child welfare system, existing data have said little about whether ASFA is meeting its intended goals. Rockhill, Green, and Furrer (2007) explored whether or not ASFA was

influencing child welfare outcomes for families with substance abuse issues. Lack of appropriate services for families poses a significant barrier to reunification. Families with substance abuse issues have been noted as facing particular challenges under ASFA given the lack of treatment services in a given area, availability of treatment and the length of the treatment process.

The recovery from addiction is also not a straightforward, quick and easy, process. ASFA's twelve-month time limit often proves too short for parents to locate and utilize services for such problems as substance abuse and mental illness. For those parents who are offered and provided substance abuse services, research has demonstrated that it often takes longer than twelve months to overcome their addictions (Moye & Rinker, 2002). Rockhill, Green, and Furrer (2007) found that on average it took almost three months for women to access substance abuse services even after the implementation of ASFA. Research has established that parents with substance abuse issues had lower rates of reunification and ASFA made it less likely that parents in need of substance abuse treatment will be able to receive treatment before their children are placed into permanency homes (Moye & Rinker, 2002).

As mentioned earlier, permanency for young children removed due to parental drug use, often occurs at two levels. The first level suggests that younger children are more likely to be adopted than older children leading to juvenile dependency courts having a higher sense of comfort in terminating parental rights given that permanency is the goal under AFSA (Akin, 2011; Connell, Katz, Staunders, & Tebes, 2006). The second level suggests young children are less likely to return home or, if they do return home, they do so more slowly (Green, Rockhill, & Burrus, 2008; Green, Rockhill, & Furrer, 2007).

Results from this study coincide with the hypothesis as well as the study done by Green, Rockhill and Burrus (2008) and Green, Rockhill and Furrer (2007). Findings indicate that youth placed in out of home placements (e.g., foster care) due to parental substance use remain in out of home care at a higher rate during the earlier phases of juvenile court involvement. Findings also show that being older and placement outside of the home via juvenile dependent courts due to parental alcohol use were significant predictors of days in out of home placement. For every year a youth gets older, they are 5% less likely to receive a permanency outcome (e.g., reunification, adoption) during the three-year study period. Younger children are more likely to be reunified with their parents than older youth. Youth in out of home placements via juvenile dependency court because of their parent's alcohol and drug use are 33% times less likely to receive a permanent care placement. The chances of parent-child reunification are significantly less likely if the child was placed in out of home care due to parental substance use alone.

This research study identifies that adoption is often the main route taken in most cases consisting of parental substance abuse. Parental substance abuse is the leading reason for out of home placements of a child. The reasoning behind those results are due to the 15 month ruling set by ASFA. This would potentially be due to the lack of drug and alcohol treatment centers nearby, lengthy waitlists at treatment facilities, and length of time needed for recovery. This in the end would create an unfair setback for parents making reunification more of a forsaken dream.

What was not discussed in this study was the number of days children spend in out of home placement. Length of care, measured in days, was a continuous variable (0-4,697). The amount of time youth spend in out of home placement is positively skewed with an average of

439.41 days (SD: 484.30) which approaches the 15-month rule of ASFA (15 months equals 450 days).

Although ASFA helps assure permanency outcomes for children as quickly and safely as possible, the majority of dependency cases seen today only allow 15 months for parents to achieve court ordered goals which in most cases isn't enough time. We can also expect that parent substance abuse within juvenile dependency courts will continue to be a growing concern. Parents are often left with their parental rights terminated as they were not able to successfully complete treatment, case planning goals and/or, control their substance abuse disorder in a timely manner to assure the safety, well-being and permanency of their child within their own care (Karoll & Poertner, 2003). Both York County Children Youth and Families and juvenile dependency courts within the county of York would benefit from this study. The information obtained provide both parties a better understanding of how many children are placed in out of home care placements due to each specific reason of placement. This would allow both agencies to create additional resources within the community to address each placement reason in attempts to prevent placement of a child and promote reunification if a child is placed out of home.

Limitations

Research has shown the endless amount of limitations that could possibly occur during data collection and analysis. Some of those limitations could include the fact that there are universal assessments conducted for drug and alcohol abuse for parents. Not every parent needs the same assessment or can properly participate with the assessment which can cause a lengthy wait increasing the time it takes for the initial intake to begin. Timely referrals to appropriate treatment facilities for parents with substance abuse issues would be another limitation. If

referrals for drug and alcohol treatment were not made on a timely basis or consisted of a wait list for parents to have their initial intake creates a lengthier process which digs into the ASFA clock of not being able to complete treatment successfully within the time required. Some data that was found in other research was limited to appellate courts only and were not generalizable to all parents. The definition of reasonable efforts and each state's attempts to reunify the child back to his/her natural parents may also vary.

In addition to those listed above, limitations that exist in the current study would include data being limited to that collected through the office of York County Children, Youth and Families. If the study were to be conducted elsewhere the results may differ, which means generalizability would be limited to locations with similar demographics to the study site. This is due to the various demographics (e.g. population size and crime rates) that can be found throughout the states. Concerns for validity will need to be accounted for within the study. When data is being collecting for administrative purposes at the York County Offices of Children, Youth and Families, caseworkers are responsible for identifying the reasons as to why each child enters an out of home placement, the date each child entered into out of home care and the child's discharge date from out of home placement. If a caseworker fails to check all identifying reasons, or provide the wrong date for placement into out of home care and discharge from out of home care, the data could then skewed and would be inaccurate.

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