

IN THE OHIO SUPREME COURT

STATE, ex rel. THE CINCINNATI  
ENQUIRER, a Division of GANNETT  
SATELLITE NETWORK, INC.,

Case No. 06-2239

Relator,

vs.

DIRECTOR OF OHIO DEPARTMENT  
OF JOB AND FAMILY SERVICES,

Respondent.

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STIPULATION OF FACTS

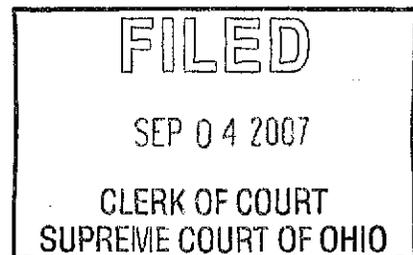
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**IN THE OHIO SUPREME COURT**

**STATE, ex rel. THE CINCINNATI  
ENQUIRER, a Division of GANNETT  
SATELLITE NETWORK, INC.,**

Case No. 06-2239

Relator,

vs.

**STIPULATION OF FACTS**

**DIRECTOR OF OHIO DEPARTMENT  
OF JOB AND FAMILY SERVICES,**

Respondent.

The parties hereto tender to this Court the following Stipulation of Facts:

1. Helen Jones-Kelly is the Director of Ohio Department of Job and Family Services ("ODJFS"), and as such, is a custodian of the records of ODJFS;
2. Helen Jones-Kelly is the successor to Barbara Riley, who served as Director of ODJFS immediately before Ms. Jones-Kelly;
3. ODJFS is a public body as described in R.C. §149.011(A);
4. Exhibit A is a true and correct copy of a request for records submitted by The Cincinnati Enquirer ("The Enquirer") reporter Gregory Korte to the ODJFS on September 15, 2006 ("The Request");
5. ODJFS maintains the records described in The Request;
6. ODJFS has provided to The Enquirer a list of private agencies licensed to perform foster related functions as of September 2006;
7. ODJFS has not provided a list of the names and addresses of licensed foster homes to The Enquirer.
8. The transcript of the deposition of Helen Jones-Kelly filed in this action is a true and correct transcript of the deposition of Ms. Jones-Kelly ("The Deposition") taken on Tuesday August 28, 2007.
9. As of August 1, 2007, there were 9985 licensed foster homes in Ohio.
10. The parties stipulate that Exhibits 1-3 of The Deposition have already been filed in this action, and are not included with the transcript filed herein. Exhibit 4 will be filed in its entirety. The parties further stipulate that only the following portions of the Exhibits 5--7 will be filed with the transcript:

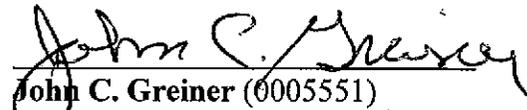
Exhibit 5 – pages 0221–0222; 0234–0238; 0259–0269.

Exhibit 6 – pages 1066; 1074–1077; 1105–1107; 1110–1116; 1122–1123; 1311–1323; 1329–1349.

Exhibit 7 – pages 0662; 0853–0860.

11. Exhibit B is a true, authentic and admissible copy of a section of a training manual, prepared by the Ohio Department of Job and Family services, entitled “Promoting Reunification.”

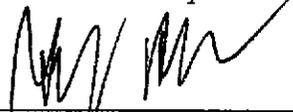
Respectfully submitted,



**John C. Greiner** (0005551)

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*The Cincinnati Enquirer*



**Henry G. Appel** (0068479)

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*Director of Ohio Department of  
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# THE CINCINNATI ENQUIRER

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September 15, 2006

Barbara Riley, Director  
Ohio Department of Job and Family Services  
30 East Broad Street  
Columbus, Ohio 43215-3414

VIA FAX: (614) 466-2815 AND U.S. MAIL

Dear Ms. Riley:

I write to formalize the Cincinnati Enquirer's request for certain public records held by your office. I previously made this request via telephone with Carmen Stewart in your Office of Communications, but she has indicated to me that the department will not release the records. Given the tremendous importance of these records to public understanding of the state's care of abused and neglected children, I wanted to bring this matter to your attention.

The Enquirer would like to request, under the Ohio Public Records Act, an electronic copy of the ODJFS database containing the names and addresses of all foster associations, institutions or homes certified by the state under O.R.C. Chapter 5103.

My understanding of Ms. Stewart's position is that these records contain confidential information. If there is confidential information, it can be easily redacted from the database by omitting those fields. So that the Enquirer can better understand what information is kept in the database and what information might be confidential, I am asking that you promptly provide a data definition document identifying the appropriate tables and fields kept in the Statewide Automated Child Welfare Information System database.

Thank you for your attention to this matter.

Regards,



EXHIBIT A

## **SECTION IX**

### **PROMOTING REUNIFICATION**

#### **Time**

(1 Hour & 45 Minutes)

#### **Objectives:**

- Trainees will know the factors that lead to successful reunification and how to plan for successful reunification within a developmental model.
- Trainees will understand the importance of post-reunification services to maintain the child's placement.
- Trainees will know the continuum of family connections possible for children who cannot return to their primary family.

#### **Method**

Presentation by trainer, small group experiential activity, video, large group discussion

#### **Materials Needed**

- PowerPoint presentation
- Prepared flip charts
- Markers, tape
- Letter writing materials
- Video: *Annie the Lucky One*, Part Two

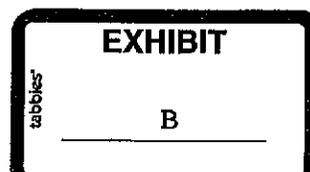
#### **Trainer Resource Materials**

*Field Guide to Child Welfare, Volume II*, Rycus and Hughes, Child Welfare League of America, 1998. Excerpt.

Case Scenarios for letter writing activity

#### **Activities at a Glance:**

- A. Factors that Support Reunification



- Lecturette, research
- Lightening Round

B. The Developmental Model

- LGD, lecturette – determining the proper level of reunification, strategies to promote reunification

C. Preparing Children to Leave the Foster Home

- Lecturette and LGD: Worker's and Caregiver's role
- Video: Last part of Annie the Lucky One regarding reunification ceremony

D. Post-reunification Services

- Lecturette, tasks (funding from ASFA), recidivism and reentry
- Letter writing activity – workers respond to parents as they tell the worker how they feel in case scenarios

E. When a Child Cannot Go Home

- Lecturette

## **A. Factors that Support Reunification**

### Trainer Instructions

► *Introduce the discussion of reunification with the following content:*

- Most children still exit the foster care system through family reunification. However, “nearly 30% of children who were reunified in 1990 reentered foster care within 10 years”. That makes it even more important to remember that the Adoption and Safe Families Act of 1997 (ASFA) specifically authorizes funding for time-limited reunification services. (Wulczyn, 2004)
- According to the Adoption and Foster Care Analysis and Reporting System (AFCARS), reunification was the stated permanency planning goal for 44% of the children in care.
- The Multistate Foster Care Data Archive is a longitudinal dataset that includes data on approximately 1.3 million foster children in 12 states (including Ohio). In 2000, key findings include:
  - a. Most children are reunified; over half age and race/ethnicity matter; under one year, adoption was the main reason for exit; adolescents who didn't go home either aged out, were AWOL, etc. Caucasian children were more likely to be reunited, whereas African American children were more likely to be adopted. In other words, in these 12 states, 21% of African American children were adopted, compared to 14% of Caucasian children. Also, African American children were also more likely to still be in care 10 years after their initial placement
  - b. Length of stay is linked to exit type; reunification is much more likely to take place early in a placement rather than later. “The likelihood of reunification falls off sharply after the first year”. During each subsequent year, children who remain in foster care face a declining probability of reunification.
  - c. For adoption, it is different. After the first year, the likelihood of adoption rises steadily.

### Trainer Instructions

► *To engage participants in identifying the issues and difficulties around reunification, conduct a lightening round as follows.*

- ▶ *Prepare and post four flip chart pages titled:*

*Why is reunification difficult for children?*

*Why is reunification difficult for families?*

*Why is reunification difficult for the worker/agency?*

*Positive indications for successful reunification*

- ▶ *Ask participants to circulate and record their responses on each flip chart.*
- ▶ *After all responses have been recorded, ask a nearby participant to read a flip chart.*
- ▶ *Lead a guided group discussion of each, assuring the following information is covered.*

- Previous discussions have focused on preventing placement whenever possible, and on involving parents while their children are in placement, thereby reducing separation trauma and promoting timely reunification. Unless the child's placement does not require reasonable efforts to reunify (as per ASFA), assuring safety and reunification are the main focuses immediately after placement. (Field Guide, p. 781)
  - Many children in foster care, however, have been separated from their families for long periods of time. In addition, for some children, the permanent plan may include placement with a parent who has been largely absent or who may have never had direct caregiving responsibility for the child. This presents several potential problems that can affect the reunification process.
- 1) Separation can seriously damage the parent-child relationship, which then works against successful reunification.
- After a lengthy separation, the child may have completed the grieving process from her family. She may also have attached. For successful reunification to occur, the parent must repeatedly confront the child's demonstrated loyalty and affection to the substitute care parents. The parent must then work to "re-win" the child's affection. This is particularly difficult for parents who have experienced previous painful rejections, and who expect rejection from other people.
  - The parents may, themselves, have grieved the loss of their children and built lives without them. They may have moved, remarried, had other children. The child in placement may be theirs in name only.

This is also true when reunification is being attempted with a parent who has not had significant parenting responsibility for the child in the past. In reality, the parent and the child are virtual strangers.

- After lengthy separation, where the child has had an opportunity to mature and develop in a different environment, the parent may see the child as being very different from the one she remembers. This is similar to how we feel when reunited with a friend or relative whom we have not seen for many years, and experience them as "not the same person" as the one we remember.

2) Reunification may be very threatening to both parents and children.

- Many parents whose children have been removed believe themselves to be failures as parents. Re-involvement with their children reminds them of this, and they often re-experience the pain and anger that accompanied the initial separation.
- Reunification is likely to be viewed by some families as another potential failure, since there is no guarantee that their involvement with their child will be any different this time than previously. Parents often wonder if they will be able to re-establish themselves in their parental role. Parents may lack the confidence to try again.
- Children in placement often ask their parents why their parents abandoned them, didn't come to get them from their foster homes, didn't work harder to get them back. Children are often angry and hostile toward a parent who, in their minds, has failed them once before. Angry children will also display considerable ambivalence about re-attaching to their parents because of their fear of being abandoned or rejected again. The child's ability to trust the parent has been seriously compromised. The parent must confront and deal with their child's anger and resentment. Yet, both may still hold primary identification with one another and genuinely desire reunification. This may create an "approach/avoid" behavior pattern in both parents and children that is confusing and disconcerting to both.
- Children who have developed strong and healthy attachments in their foster or other caregiving homes may adamantly resist separation from their substitute care families. Such separation may, in fact, be seriously disruptive and emotionally traumatic for them. Older children may clearly express their desire to stay where they are, rather than be reunited with their families. In these situations, the child himself may sabotage efforts at reunification.

3) Some parents may be unwilling or able to participate in reunification.

- Some parents may truly not want their children, but may not be able to verbally express this. It may be demonstrated nonverbally, through failure to participate in reunification activities or to meet case plan objectives, in spite of intensive agency support and intervention.
- Some parents may want to maintain a relationship with their children, but do not want the responsibility of full-time parenting. They will often seek to maintain an affectionate relationship with their children, but will not take steps to provide a home for them. This is very confusing to the children.
- Despite a verbalized desire to reunify, some parents may not choose to, or cannot, make the necessary changes to assure the protection of the child in their home, and reunification with them will likely place the child at risk of future harm. This might include a mother who chooses to remain with an abusive husband, despite the danger to the child of further abuse.
- The worker and family should assess the potential barriers to reunification, as discussed above, and construct strategies to overcome them.

### ***Assessing Readiness for Reunification***

#### ***Trainer Note***

- ▶ *Ohio has now incorporated a Reunification Assessment within CAPMIS.*

#### ***Trainer Instructions***

- ▶ *The following content can be presented as part of the discussion of the lightning round responses for "Positive Indications for Successful Reunification"*
  - A significant strength in many families is, despite lengthy separations, they perceive themselves to be a family and want to be together. These feelings promote searches by many adopted children and their birth parents to find one another and re-establish their relationship. A critical factor in assessing readiness for reunification is to determine the parent's commitment to and identification with the child, and their expressed desire for a relationship with their child, despite the potential obstacles.

- However, the worker must be careful not to mistake what appears to be ambivalence or a lack of interest as a lack of attachment; it may, instead, represent the parent's fear and ambivalence about subjecting herself to further hurt and failure. The worker must use the casework relationship to create a safe, non-punitive, and non-threatening environment in which parents can express their fears and anxieties about reunification, or can honestly communicate their clear desire not to be reunited with their children.
- Parents who do not want to directly parent their children can be encouraged to help develop an alternative permanent plan for them, either through care by relatives, a foster family, or an agency approved adoptive family. Placement planning by the parent can alleviate guilt and often frees the parent to let the child go, rather than perpetuating an impermanent situation because of ambivalence. It may be helpful to engage a mediator, whom the parent perceives as non-adversarial, in negotiating these plans.
- The family assessment for reunification does not differ significantly from a family assessment during the protective services process. The family's needs, strengths, and problems must be fully assessed. The assessment of potential risk to the child in the home is a critical component of this family assessment. The worker must help the family assess whether the problems that led to the original need for placement have been addressed and resolved; and, what must be done to make the home safe for the child.

Factors that can help to increase the potential success of family reunification are as follows:

- The situation of risk that led to placement of the children was acute (of recent origin and situational) rather than chronic (of longer duration and constant). If left untreated, child maltreatment tends to increase in severity and frequency over time. Intensive, in-home services to families in acute stress or crisis situations, at the time of and immediately following placement, can often help resolve the contributing factors to maltreatment and increase the likelihood of timely reunification.
- When the parent is actively and regularly involved with the child throughout the placement, the likelihood of successful reunification is increased, since the parent-child relationship is maintained and strengthened while the child is in substitute care. Many of the barriers to reunification that result from lengthy separation, grieving, and feelings of abandonment and/or failure, are reduced.

- The family has been assessed as having nascent abilities and potentials that could be developed and strengthened through the provision of intensive supportive and therapeutic services. Engaging families in a growth process can increase confidence, feelings of success, and can promote motivation to regain custody of their children.
- Families who have developed a strong, positive relationship with their child's caregiver and perceive the caregiver as a support and source of parenting information are more likely to be successful.
- Families who have strong support networks of extended family and friends, and who are willing to utilize community services and supports, have a higher likelihood of successful reunification.

Trained foster caregivers can also promote effective reunification.

- The caregiver can help prepare the child for reunification, by helping the child understand her situation, explaining the steps in the reunification process, helping allay unrealistic fears and anxieties, and being present with the child during initial reunification visits and activities.
- The caregiver can convey a supportive and positive attitude about the child's parents, while explaining to the child in empathetic terms the reasons the parent was unable to care for the child in the past. The foster caregiver must be realistic, but should help the child understand that parents can, and do, change.
- Caseworkers must facilitate the establishment of the parent-caregiver relationship. This includes conducting an ongoing assessment to determine if the nature of that relationship is appropriate given the circumstances of the case. Caseworkers may need to mediate disagreements between the parent and caregiver and assist the foster caregiver with issues such as establishing boundaries, improving communication and other relationship issues.
- The caregiver's acceptance of the parent may make it possible for the child to transfer affection to the parent without experiencing distress or loyalty conflicts because of his commitment and love for the caregivers. The caregiver can also help the child maintain his attachment to them concurrently, which prevents an unnecessary loss for the child.
- The caregiving family can provide support and encouragement to the parent, when they become frustrated or discouraged during the

reunification process. The caregiver can share similar experiences or feelings in caring for the child and model constructive ways of handling negative feelings.

- After the child is returned home, the caregiving family may become a respite family to care for the child in times of stress. This can also help maintain the positive attachment between the child and the caregiver family. The parent can also continue to draw on the expertise of the caregiver, by calling and asking for assistance or advice regarding the care of the child.

Conditions considered sufficiently serious to make reunification a very low probability are as follows. Please note that the second and third conditions are also conditions under which no efforts are required to reunify (according to the Adoption and Safe Families Act.)

- The parents' custody of another child has been previously permanently terminated, after a period of intensive service delivery, and there has been no significant change in the family during the interim period.
- The parent has killed or seriously harmed another child through abuse or neglect, and there has been no significant change in the family during the interim period.
- The parent has repeatedly, and with premeditation, harmed or tortured this child.
- The parent is diagnosed with severe mental illness or personality disorder, and has refused or has not responded to mental health services.
- The parent's only visible support system and means of financial support is found in illegal drugs, prostitution, and street life. Child will essentially be repeatedly exposed to this life style, or will be abandoned in substitute care, while parents continue their illegal life style.

## ***B. The Developmental Model*** (Field Guide, p. 794)

### ***Determining a Proper Level of Reconnection***

- Visitation is the center of all plans to reunify children with their families. In fact, parent-child visiting can be thought of as the laboratory in which children and their parents learn to be together again. Research supports the importance of contact in maintaining children's psychological health. (Kluger, ed., et al, 2000)

- According to Pine, Warsh, and Mallucio (1994), there are many ways in which children and their parents can be reunited. For clarity, we shall use the term "reunification" to refer to a complete reuniting of the family, with the parents assuming full-time care of the children in their own homes. "Reconnection" will refer to re-establishing and maintaining a relationship between the child and his family, even though the child may be permanently placed in a relative's home, an adoptive home, permanent planned living arrangement home, guardianship home, an emancipation group home, or living independently.
- Pine, Warsh, and Maluccio suggest that even though some parents are not able to provide full-time care for their children, maintenance of family and kinship bonds may be an important therapeutic intervention for children who are placed in alternative permanent families. This is particularly important when children have an affectionate bond with their parents. Some form of contact with the parent helps to preserve continuity for a child, strengthens and preserves personal and cultural identity, and allows the child a feeling of connectedness to his/her past.
- Family reunification has been defined as "the planned process of reconnecting children in out-of-home care with their families" to help them achieve and maintain that reconnection at an optimal level (Warsh et al. 1994: 3). Viewed along a continuum with outcomes ranging from "full reentry into the family system, to partial re-entry, to visiting or other occasional contact." (Kluger, ed., et al, 2000)
- 
- A continuum of options – family reunification is too often viewed as a dichotomy – either a family can provide a suitable home or the child is permanently removed. However, family reunification can be viewed more productively as a continuum rather than a narrow goal. (Like degrees of openness in Adoption Assessor training). These options can range from letters to visits to permanent placement of the child in the home. Our goal is "an optimal level of reconnection" (Mapp, 2002)
- "Reunifying a child with his or her birth parents is not a one-time event. Rather it is a process involving the reintegration of the child into a family environment that may have changed significantly from the environment the child left".
- There are several ways that parents can maintain contact with their children, including cards and letters, telephone calls, occasional visits, or

attendance by parents at important events in the child's life. The parent may assume a role with the children similar to that of a favorite aunt/uncle, a family friend, or a godparent. The adoptive or guardianship parents retain the primary parenting role for the children. This is an effective strategy when a child is placed with relatives because of a parent's mental illness or mental retardation, or other condition that is not the fault of the parent, but that prevents the parent from providing safe care for the children.

### ***Strategies to Promote Reunification***

Regular and frequent parent-child visits are an essential component of reunification casework. Visitation is the **heart and soul** of reunification. We have already identified several ways that infrequent visits or long parental absences can potentially damage the parent-child relationship and increase barriers to successful reunification. Visitation, when properly planned and utilized, can also be a therapeutic intervention for the entire family, and can promote successful reunification.

Hess and Proch [1988] describe the important benefits of regular family visits:

- Visits present the caseworker with a valuable opportunity to help family members assess and identify their needs and strengths. By observing family members together, and using appropriate listening and interviewing techniques, the worker can elicit important information about the parent-child relationship, the parents' developmental needs, and the parents' motivation and capacity to reassume care of their children. The worker should discuss her observations with family members so they can be considered in reunification planning.
- Careful observation during visits can also help the caseworker identify when reunification may not be possible, or when termination of the parent-child relationship is in the child's best interests. Visits may also help ambivalent parents make a final decision regarding whether they want to pursue reunification or relinquish their children to an alternative permanent home.
- Visits help families prepare for reunification. Without frequent visits, parents and children are both likely to develop unrealistic expectations. Casework intervention during visits can help families develop realistic expectations for reunification, and help them identify problems that must be resolved before they can live together again.

- Family visits can be used as interventions to achieve specific objectives. For example, foster or relative caregivers might use visits to model parenting skills and train parents in home management, child care, and child management strategies. Parents can practice newly acquired parenting strategies during visits, and can receive immediate constructive feedback and coaching from the caseworker or foster caregiver.
- Regular and frequent family visits can greatly contribute to "reasonable efforts" to promote reunification. When these efforts do not result in reunification, the agency has adequate justification to pursue an alternative permanent family for the child.

Even when parents are committed to reunification, it can be a difficult and time-consuming process, particularly when the child has been out of the home for an extended period of time, or when the child and parents do not know each other well.

- The worker must prepare the family for reunification. The nature of the parent-child relationship must be fully explored, including the identification of signs that the family has grieved, reached resolution, and family members have made other attachments. The parent must be prepared in a manner similar to that of a prospective adoptive family. Parents must be prepared to experience initial rejection and frustration, and perhaps a re-occurrence of negative feelings about the child related to earlier episodes of abuse or neglect. The worker must assure these are identified, explored, and resolved for the parent. The parent must also be assured that this is normal, and does not mean reunification will never occur.
- The steps in the reunification process must be carefully planned. These would include a series of pre-placement visits, with discussion and supportive feedback to the parent throughout the placement process. The potential barriers should be identified, and plans made to overcome them. *All family members and substitute care parents must be included in the development of this plan.* If the child is not old enough to have input into the development of the plan, it should be fully explained in terms he/she can understand.
- The foster or substitute caregivers must be engaged to help support the child during the reunification process. Changes in the child's behavior from the stress and uncertainty that accompanies reunification may be interpreted as "regression to all his old ways." Foster caregivers may feel their work in helping the child develop has been eroded, which may promote resistance to the reunification plan. Proper training and support of foster caregivers can help them deal with the stress of losing the child.

Developing a relationship with the child's primary family will assist the caregivers in maintaining their focus towards reunification and will aid in allaying their anxiety about the child's safety and care following reunification. (Helping foster caregivers deal with the loss of a child will be more fully discussed in the next section.)

- A formal case plan for the family should be formulated in the same manner as discussed in Module VI of this curricula. The plan should outline the goals and objectives for the family, and delineate activities to meet case objectives for the projected case plan period. The supportive services provided by the agency should be documented.
- Where several children are to be reunified, the plan might include the permanent return home of one child at a time at intervals of several weeks. This gives parents the opportunity to readjust to the children being home a little at a time, and prevents their becoming overwhelmed. It also provides each child with more intensive parental involvement during the early stages of placement back home, which helps adjustment. Visiting by all the children at home should be continued throughout the reunification process.

### ***C. Preparing Children to Leave the Foster Home***

If foster/kinship caregivers are adequately prepared to assist the child during the process of leaving the foster home to return home or to another placement, the separation trauma for the child can be greatly reduced. In order to keep the foster caregiver properly prepared, the caseworker should assure that:

- The foster caregiver should be given *current information regarding the plan* to return the child home, the results of the current risk assessment, and the expected time frame.
- When reunification activities begin, *the child should be informed* of the plan by the caseworker, with the support and assistance of the foster caregiver. The foster caregiver should also talk with the child about going home and should encourage the child to talk about her feelings. If they are not told, most children will sense that "something is happening" and will be more frightened than if the plan is explained to them. The child should understand that the caseworker has determined that risk of harm to the child at home has been reduced, and that he/she has used risk assessment to determine that the child can return home safely.
- The foster caregivers should *encourage the child to express any feelings* of sadness, anger or fear. Foster caregivers should be encouraged to

express their own feelings of sadness at the child's leaving. This reinforces for the child that he is not being moved again because of some fault or inappropriate behavior.

- The caregiver should be reminded to *expect recurrences of acting-out behaviors* by the child and to view this as an anxiety reaction to the impending separation.
- The child should be encouraged *to take photographs and other mementos* of his stay with the foster family home with him. If the foster family has developed a "Lifebook" for the child, the child should take the book with him when he leaves.
- When the child has developed a very close relationship with the foster caregivers, some form of *contact should be encouraged immediately following the child's return home*. Telephone calls, letters, and visits reassure the child that the foster family still cares about her and is thinking of her.
- When a relationship has been developed between the foster caregiver and the parent, *ongoing contact can reduce the parent's isolation* and provide a source of support to the parent. When appropriate, the foster caregiving family can provide occasional respite care for the child.

When a child leaves a treatment foster home or a home for medically fragile children a discharge summary must be written.

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### Trainer Instructions

- ▶ *Show the Video: Last part of Annie the Lucky One regarding reunification ceremony*
- ▶ *Show second part 15 minutes*
  - *Begins with casework discussion between Annie and foster mom in garden*
  - *Visits begin (supervised, Dad gone), Mom late to visit in foster home*
  - *Annie keyed up after visit*
  - *Angry with other boy in foster home, discipline example*
  - *Foster mom updates on therapy, casework progress, status of visits, mom's progress, dad in jail, Annie- one of the lucky ones*
  - *Reunification – ceremony, album of pictures, contact information to stay connected*
  - *END*

► Ask participants for feedback regarding the progression of visits and the foster family's role in the reunification process.

**D. Post-reunification Services** (Field Guide, p. 808)

- There is no aspect of child welfare practice in which family systems theory is more relevant than reunification. The reunification of a child after a lengthy absence changes the family structure and functioning in significant ways. Even if the child and family have maintained contact during the separation, the child's reintegration into the family will still alter the family system and create stress for all family members. Reunified families often encounter problems and issues similar to those faced by step-families or families created by remarriage. The absence of support for the family during the critical early stages after reunification can doom reunification efforts.
- Intensive, in-home supportive services should be considered a valuable agency resource to help prevent placement disruption once a child has been returned home. The family should also be linked to community support networks and services. Parent support groups, respite care providers, mental health or family counselors, and other community service providers can help strengthen and sustain the family. Family services after reunification are not significantly different from in-home services designed to help families retain custody of their children. However, it is valuable if the family has access to counselors with special expertise in working with step and reconstituted families.
- When the family has been stabilized, and a risk assessment has determined the children to be at little to no risk at home, the worker can consider closing the case. However, the worker should assure that the family has the knowledge and resources needed to access supportive services within its own family and community.
- Rates of reentry following reunification are high. 28% of the children admitted in 1990 reentered foster care over the next 10 years. In other words, one out of every 4 children who goes home returns to foster care.
- While there is little research to prove that specific reunification programs work, several practices seem to be common and appear to be achieving good results:
  - Placement decision-making. "Timely and successful reunifications begin with the initial placement into out-of-home care. FGDM, placing

in own neighborhoods, schools, and communities, competent legal representation of birth parents.

- Parent-child visiting. Parents can practice skills, visits in home of foster family and increasing in challenging situations and longer periods of times, including parents in activities (school, doctors), encouraging foster parents to interact with birth parents
  - Intensive services. Staff available, limited caseload size, service right away after return, delivered in family home
  - Resource parent/ birth parent collaboration. Resource parents facilitate parent-child visiting, teach and mentor birth parents in parenting skills, and participate in placement conferences.
  - Aftercare services. Reunification is the outcome, doesn't mean it's an event. It's a process that needs to be sustained with services. Post-reunification services and supports are considered to be essential by most child welfare professional and must be tailored to meet the needs of the child and family – clinical, material (financial) and support networks. (Dougherty, 2004)
- The 2001 federal Child Welfare Outcomes Report says what R1 said, "Under current practices, efforts to reunify families quickly tend to fail, and place children in harms way". There is an unanticipated result happening in expediting reunifications. Overall we may be seeing "competing tensions in timing reunification". There must be more research to "assess not only the speed of reunification, but the well-being of the children once reunification has occurred." (Schmidt & Dunn, 2004)
  - The likelihood of reunification varies considerably by both child and family characteristics – no "one size fits all" (Wildfire, et al, 2006)
  - According to Re-entry in Child Protective Services: A Rapid Evidence Assessment; Denise Bronson and Ron Hughes, August 2005, there is little research on the statistics for Ohio. There are, however, factors linked to failed reunification efforts.
  - The research question: What factors are associated with re-entry into foster placements and what interventions have been effective in reducing re-entry to foster care for children who were initially removed due to abuse or neglect? A Rapid Evidence Assessment method was undertaken to provide information on "the best methods for promoting successful family reunification and preventing re-entry into foster care". The conclusion was

"there is very little research on interventions to prevent re-entry into foster care." "The state of knowledge on interventions to reduce re-entry to foster care is in its infancy" "It appears that re-entry to care may be reduced by:

- 1) using or developing better assessment and decision-making methods to determine which children should be reunited" (goes on to recommend that we develop better risk assessment methods that are better able to predict re-entry to care by reducing the number of inappropriate reunifications
  - 2) implementing reunification services that focus on family, child, and systematic factors that support reunification and reduce re-entry." Need to have intensive services to families during the first months of reunification that are specifically designed to reduce re-entry and to promote reunification. Family factors such as parental drug and alcohol abuse, mental health issues, poor parenting, parental ambivalence, and poverty. Child factors – health and behavior problems. Systematic factors – research still needed to determine if the length or type of placement is directly related to re-entry. (Bronson, et al, 2005)
- "Above all, it should be stressed that, as a form of preserving families, reunification embodies conviction about the role of the biological family as the preferred child-rearing unit; the potential of most families to care for their own children, if properly assisted; and the value of involving, as appropriate, any member of the extended family." (Kluger, ed., et al, 2000)

#### Trainer Instructions

- ▶ *Conduct a letter writing activity to respond to parents based on case scenarios.*
- ▶ *Divide participants into five small groups. Provide letter writing materials to each small group. Ask groups to respond to the parent's concerns as expressed in the case scenarios (see Trainer Resource).*
- ▶ *Encourage participants to discuss reunification from the parent's perspective, the availability for post-reunification services from the agency, and the support that may be needed from extended family, the community and service providers.*

## Case Scenarios for Reunification letter writing activity

*Dear Caseworker,*

*When you first came and took Stacey away from me, I was really mad. All I could think about was getting her back. I didn't want to think about how my drinking had been affecting her or how hard her life had become. Since then, as you know, I've been working very hard on my recovery and it's taken everything I have to stay sober. I need my sponsor, my meetings, and all my focus to stay this way. Maybe it's selfish, but how am I going to take care of Stacey and still take care of me? If I slip, I know I couldn't go through this again. It would kill me and I'm just hanging on by a thread as it is. I'm scared.*

*Dear Caseworker,*

*Beth is the best! She is so good with my kids and she has really helped me a lot. She reminds me of my own foster mom who raised me. Every good memory I have growing up was because of that woman. I have always wanted the best for my kids and had hoped I could give them a nice house and good schools just like I had with my foster family - and just like my kids have now with Beth's family. But then I was laid off, lost my apartment, and, well, you know the rest. I visit the kids every week, and talk to them on the phone every day. Beth makes it so easy to talk and she KNOWS so much. My kids now have the things every child should have. How can I ask them to come back when all I can offer is this two room efficiency at the transition shelter? There's hardly room to live much less play and I really do not want them exposed to some of the other families here*

*Dear Caseworker,*

*Now that it's getting closer for Tony to come home, I'm getting really scared. The visits have gone well enough and even though he's done well in the foster home, I know he wants to come home. But, we've both just changed so much. What if he goes back to the way he used to act - not listening to me, staying out all night, not going to school? What if I can't handle him and we both get out of control again? Those parenting classes are all fine when it's only talking about stuff but what happens when it's real life again? I wish I could be sure Tony and I are going to make it this time.*

*Dear Caseworker,*

*At my last visit with Cassie, she asked me why I had "abandoned" her and let her go into foster care. I was devastated. What have you been telling her! I didn't even think she knew that word - she's only four! That's not the way it was when I agreed to foster care. You and I know I had to get away from*

*William and get my head on straight. When she first went into foster care, she begged me to take her home at every visit. Now she's mad at me! I thought she'd be happy about coming home. What have you all done to her?*

*Dear Caseworker,*

*Please help me find the words to tell Richard and Tonya that I don't think their coming home is a good idea. I know we've been working on a case plan to get them home again but for their sake and mine, they are better off with my sister. Its not that I don't love them but I've got a new life now and it's about all I can handle. They need what Marsha can give them – a stable life, a nice home, routine and rules. It's not like I won't see them because I will as often as I can. Actually, I think they even want it that way but none of us can say the words. They have a new life too. Can you help us?*

### ***E. When a Child Cannot Go Home***

Reunification case plans should specify an expected time frame for reunification to occur. As with any case plan, the reunification plan must be reviewed and revised as necessary. In most cases, this should occur every few weeks. If the family is working successfully toward reunification, but more slowly than expected, expanded time frames can be negotiated. However, if the agency has made reasonable efforts to support reunification, and the family does not comply with the reunification plan, the worker must consider termination of parental rights, and the formulation of a permanent plan for the child.

In these situations, it is important that the caseworker help the child understand the reasons for termination of contact with family members, and fully explain that a permanent family will be sought for the child. The child should be provided with a Lifebook and a "story about you," to explain the circumstances that led to placement, and the reasons reunification was not possible. Adoption or other permanency planning should be initiated.