

## Barriers to Successful Reunification in Philadelphia

Findings from the Perceptions of Birth Parents & Child Welfare Professionals

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## Executive Summary

This report presents the findings from a study of the experiences of families who have reunified or soon will reunify with their children from foster care. The aim of this study was to identify challenges that families face during and after the reunification process, especially recurrent systemic issues that may contribute to foster care reentry, which, once identified, can be anticipated and eliminated. Individual interviews with twenty parents whose children were in foster care were gathered either immediately prior to or after reunification. In addition, data was gathered through individual interviews and focus groups with various child welfare professionals practicing in Philadelphia.

Findings from this study revealed a consensus among parents and professionals of the existence of several barriers to successful reunification, including:

- ⓐ Agency planning for reunification lacked concrete plans for foreseeable problems that families face post reunification.
- ⓐ Transition planning lacked sufficient parent engagement and interagency communication and coordination.
- ⓐ A lack of continuity of services and supports after reunification and significant delays in implementing services upon reunification, especially in the case of children with emotional and behavioral challenges.
- ⓐ A lack of information about the role of aftercare services and what assistance aftercare may be able to provide initially and on an ongoing basis.
- ⓐ Parents were not provided upon reunification with the basic documents and information regarding their children's behavioral, mental health, or school evaluations and records while in foster care, thus creating delays for treatment for children, school reenrollment, and transfers.
- ⓐ Services provided to families prior to reunification did not always meet the actual needs of families.

The overall recommendation of the participants was that more consistent and genuine planning for reunification is necessary and post reunification services must continually assess and meet the actual needs of the family. Some specific recommendations include:

- ⓐ Include early and aggressive planning for foreseeable concrete needs of the family in reunification planning.
- ⓐ Meaningfully engage parents as equal partners before and after reunification and ensure their input is incorporated in planning and decision making.
- ⓐ Meaningfully incorporate input from all team members when planning for reunification, including families, parent attorneys, child advocates, and all case workers who assist the parent and the child.
- ⓐ Clarify the types of interventions and services that are available after reunification and better advise parents, their advocates, and other team members of their functions and availability.

- ④ After care service providers should have the training and resources to help families with certain foreseeable problems including adjustment issues and navigating systems.
- ④ If ongoing services are desired by the family, offer the opportunity to continue with the services they received prior to reunification, including the same workers.
- ④ Provide parents with important documents and information before reunification.

## **Findings from Open Ended In-depth Interviews with Parents:**

### **Specific Post-Reunification Barriers Identified by Parents**

In interviews, parents shared information about the problems that arose after reunification and how they dealt with them. The following section focuses on concrete or material barriers that parents encountered and how those problems manifested. Specific problems that parents identified included: managing adjustment issues, obtaining mental health services for children, transferring schools, reinstating public benefits, obtaining child care, losing employment, the perceived inflexibility in choice of providers and logistical difficulties, and the lack of clarity about how to get help without triggering foster care reentry.

#### **Post-Reunification Adjustment**

The findings from this research suggest that returning home from foster care is a challenging period for both children and parents. A total of twenty birth parents were interviewed for this study, seventeen of whom had reunified with at least one child at the time of the interview. All seventeen of these parents indicated that they had experienced some adjustment challenges after their child returned home from foster care. These parents noticed significant behavioral or emotional changes in their children in the period following reunification, including anger, anxiety, and nightmares. Some of these parents struggled to find help when dealing with these adjustment issues. Additionally, parents reported their own anxiety about how to assert their role as parents and reestablish parenting routines.

In discussing her family's emotional and behavioral reactions and her child's adjustment after reunification, one parent explained that:

*WN: Like when she's sleep [sic], she wakes up and says "mom don't leave me"*

*Int: Are there other things that she's doing that are different?*

*WN: Just a little bit of anger... I see it in her, she hits her sister. She is clingy too nowadays.*

Parents of teenage children, especially those with mental health and behavioral challenges, also noticed disruptive behaviors at school and/or at home after reunification. Some parents reported the children blamed them for "allowing them to be placed into foster care" which resulted in tension between the child and parent. Some parents stated:

*DJ: She used to be yelling at me all the time and I had to let her know that you are not going to do that. And sometimes she is still defiant, and she still argues.*

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*JW: Even after she came home, she was so angry, she blamed me.*

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*CP: Once in a while when we are alone and we talk she's like "I can't believe you did that"..... stuff like that.*

Parents also reported challenges in reestablishing parenting routines and roles due to the fear of losing their children again. Some felt they had lost their parenting authority once DHS got involved, and they struggled to find their role as parents after reunification. Parents expressed anxiety over reassuming the role of parent and the limits of their authority:

*JW2: I am not being strict with my children. I am not telling them to stay quiet, sit down, I am not being stern ... I can't because I am walking on eggshells I can't do this, I can't say that, 'cause I don't know what.... I am supposed to do, I really don't.*

Overall, the interviews with parents suggest that the period following reunification is often emotionally volatile for parents and children. Helping families anticipate and plan for a readjustment period may help stabilize the family during the transition home. To gain a deeper understanding of the type of interventions that would be useful to ease the transition, parents were asked to describe how and where they sought help, as well as why they sought help from specific providers. One parent who felt her child's adjustment issues were serious enough to warrant intervention stated:

*WN: I just noticed the way my daughter was, and she was not acting right... the same place that I went to [program name], they have a big facility with doctor's offices, drug and alcohol treatment and another office for counseling... so I, I just went there and told them about what was going on.*

This parent turned to the program where she had received mandated services while her children were in foster care. Her actions suggest that when parents form relationships with social service providers in their communities or become knowledgeable about available resources, they may turn to those programs for help if problems arise in the future.

Similarly, relationships established between parents and child welfare professionals during placement can be resources for families if problems arise in the future. Only one parent who was interviewed stated she had a good relationship with her DHS caseworker, but she also reported turning to her DHS worker for help post-reunification when her child was acting out in school, was truant, and was on the verge of expulsion from school. The parent reached out to her former DHS worker for advice and support:

*DJ: [DHS worker name] said, let me see what is the problem, so she called the school and they explained what was going on; then she called me back and told me some things I could do.*

This parent did not understand what services were available at school or elsewhere that could help her child. This story also illustrates the need some parents have for assistance

as they navigate complex systems such as schools, mental health services, and medical services after reunification. This specific worker's availability and willingness to assist this parent were essential in resolving problems this family faced post-reunification.

The reported experiences of parents and children with adjusting post-reunification suggest that families may need more targeted assistance during the transition or immediately after to help them anticipate and handle the specific adjustment issues identified. This should include ensuring parents have access to real support during this process of reasserting their parental role and responding to the anger and other emotions of children returning home.

Parents of children with behavioral and mental health needs were especially unhappy with services to help them parent and had difficulties securing services for their children post-reunification. Of the twenty parents interviewed during this research project, thirteen reported having a child with mental health and/or behavioral issues. Of these thirteen parents, eleven had a child who had returned home from foster care at the time of the interview. The eleven parents of teenagers with mental health problems unanimously reported dissatisfaction with the interventions they received during their child's placement.

For example, parenting training programs or classes were offered to almost all of the parents interviewed. These interventions are designed to give parents information and practical skills to help them with various parenting tasks. However, these parents stated that the content of the classes was not appropriate for their needs, especially if they were parenting children with significant behavioral and mental health problems. Others shared that the content was more targeted to parents who are parenting younger children, like babies and toddlers, as opposed to older children such as pre-teens and teenagers. Therefore, the parents in this sample concluded that the classes were not appropriate for learning appropriate methods to parent their children and did not think they benefited from the parenting classes they attended. The experiences of these parents also suggest the need for parenting programs and other supports that are tailored to helping parents who have children with mental health and behavioral issues.

*ML: With those parenting classes, it was a joke; everything they told me.... my kids was already older maybe 15 or 16.....so it was such a waste, 'cause they tell you about putting kids in corners and stupid stuff like that.*

One parent even resorted to her own solution to the problem:

*CP2: It was two or three parents in there with teenagers, so we kinda formed our own group; we had our own set of questions and took our own initiative.*

Parents of children with behavioral and mental health problems also noted difficulties accessing supportive services once their children returned home. Of the eleven parents whose children exhibited mental health and/or behavioral issues and had returned home

by the time of the interviews, only one reported that mental health services for her child were in place prior to reunification.

In addition, five parents reported they had been informed that some type of services would be put in place but were still waiting for services – even though their children had already been home between one and three months. These parents were unsure what these services would be and were concerned about the long wait to get these services in place:

*AS: She [foster parent] was receiving services over there for him. Like somebody was going to school and checking on him, they had a whole program, a whole multi- program because he was in foster care. Now he's home, and he has no services.*

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*JS: They said they were going to put something in place. But they didn't tell me what it was going to be or who the worker was going to be... they just sent him home.*

Parents of children with mental health issues expressed the opinion that DHS caseworkers need more specialized training to help parents with teenagers who have mental health and behavioral problems. One mother suggested that:

*CP2: I think they need to have a whole complete unit just for kids like my son with staff trained to deal with this. They need to have a whole new department to deal with teenagers and teenagers with mental health issues.*

While parents of children with mental and behavioral health problems wanted to see services set up prior to reunification, they did not want further delays in reunification. Their experiences gave rise to concerns that problems securing services often unnecessarily delayed reunification, leaving children in foster care far longer than necessary. As parent AS suggests, delays in reunification occur even when the child received services while in foster care, because services did not follow the child when s/he returned home. AS indicated that, despite a court order and agreement that her child would return home after therapeutic services were put in place, services were not ready until her next court date almost six months later. This long delay in setting up services meant an unnecessary stay in foster care for at least one child.

It's notable that all of the participants whose children had mental health or behavioral problems reported difficulties with accessing mental health and behavioral services during the transition period. Their experiences indicate not only that there is a need to ensure that services are in place at reunification or shortly after, but also that services must be available and instated in a timely manner to avoid unnecessarily long family separations. In cases where appropriate services are implemented during foster care, plans for moving these services with the child should be set prior to reunification. In addition, parents should also be provided with the evaluations, treatment and medication

history/plan and other relevant documents about their children's mental health and behavioral issues and needs.

### **School and Educational Issues**

Parents expressed that they faced challenges when navigating the school system after their children were reunified with them. Some parents were not given the documents they needed to enroll their children in school, and in some cases the neighborhood school was not able to provide the appropriate services for the child.

Out of the seventeen parents whose children were at home at the time of the interview, eight reported that they had experienced some problems obtaining the documents from DHS or provider agencies that were required to transfer their children to their neighborhood school or to ensure continuation of necessary educational services. Compounding the problem, families' case workers often changed after reunification, making it difficult for parents to get in touch with anyone who could provide them with documentation:

*JS: He needs a school around here. I have been having a problem getting the paper work so I can let them [school] know about his behavioral problems.*

This parent was interviewed about three weeks after her child returned home, and he had not yet started at his new school.

Another parent also met with resistance when she tried to transfer her child to her neighborhood school, despite the fact that her child's current school was not providing her son with an appropriate educational program:

*AS: I just got a letter from the school saying that they're not going to transfer him. They don't want to transfer him but they don't have a program for him there [school attended during placement].*

This parent was responsible for transporting her son to and from school, and she wanted him in a neighborhood school closer to her home. She was given no explanation of why she could not transfer her child even though the child apparently required services available at the new school. She was not given information about what educational services the child had received while in placement and what his educational needs were, which contributed to the confusion.

Two other parents explained that their children had received educational evaluations, new diagnoses, and new medication prescriptions during their foster care placement, but they were not given this new information after the child returned home. Without documentation, parents were unable to prove what services the children were entitled to and enrolling in school was further delayed.



Even when parents obtained necessary documentation in a timely fashion, sometimes the neighborhood school still lacked appropriate services. One parent stated:

*CF: So I took my daughter over to the school and I told them I had the IEP, which said she needed emotional support, and the school said I'm sorry we only have behavioral support so you're going to have to wait until transportation becomes available and we will contact you when it does. In the meantime, we'll put her into behavioral class.*

By the time transportation to an appropriate school became available for CF's daughter, she had been hospitalized for emotional problems, lost her transportation spot, and had to be placed on a wait list again.

Almost all of the parents interviewed reported difficulties meeting the educational needs of their children. Their comments indicate a need to ensure that all documents required to enroll a child in an appropriate school be given to parents prior to reunification. Parents require birth certificates, school transfer paperwork, IEP paperwork, copies of all educational evaluations, etc. For those children who received educational supports while in foster care, there should be concrete plans for ensuring the child has those services without delay.

### **Childcare Issues**

Out of the seventeen parents whose children were already reunified at the time of the interview, five reported childcare challenges after reunification. Childcare was particularly difficult for working parents; those who continued with social and behavioral services that did not provide childcare; and those who reported they had experienced a sudden, unexpected, reunification with little planning help ahead of time.

One mother explained that she was not aware of the exact date her child would be returned to her, and therefore did not make arrangements for childcare prior to reunification. She reported that she went to a court hearing and learned that her son was coming home immediately:

*AS: I wasn't prepared. I mean, to be honest with you, all I know was that on the fourth we were having a meeting, they were expecting to have a date as to when he would be able to come home, and what changes and services they would be placing.*

Other parents reported that DHS involvement limited their childcare choices, especially in cases where the parent reunified with some children while their other children remained in foster care. For example, one parent could only rely on her elderly grandmother for childcare, because she was the only relative willing to get the needed clearances to show that she was a suitable baby sitter for the children. Other family members were cautious about helping out, as they were afraid of becoming vulnerable to scrutiny by DHS.

Some of the parents also stated that they received childcare subsidies before their child's removal but had to reapply once the children returned to their custody. Because processing applications required time and their subsidies could not be reinstated right away, they faced delays in obtaining affordable childcare for their children.

Childcare is almost always a concern for families after reunification. This is exacerbated when a child returns home unexpectedly. To address this problem, the potential date of reunification should be shared as soon as possible prior to a court date and potential babysitters should not be required to obtain clearances unless there is a legitimate safety concern. Any clearances required by DHS should be paid for by DHS and the process for clearances should be expedited. Ideally DHS would fund transitional childcare costs to prevent economic destabilization or missed services where child care is not immediately available. Additionally, DHS and Child Care Information Services may be able to collaborate to eliminate or minimize the need for unnecessary reapplications and delays.

### **Loss of Employment and Continuation with Mandated Services**

Several parents in the sample lost employment a result of involvement with child welfare services. Some could not sustain employment while meeting the requirements they were mandated to complete prior to reunification and after reunification to maintain custody. Some other parents reported losing their jobs after reunification with their children because they were not aware when reunification would occur and therefore did not make arrangements for childcare. Six of seventeen parents in the sample who had been reunified with their children lost their jobs once their children returned home.

One parent stated:

*AS: they just sent him home, and with me working for [employer's name], I had to go to work the very next day. Now I can't go to work because they sent my son home and I don't have before or aftercare for him.*

This parent further explained that she was not aware that her son would be coming home when she went to court in the morning and that she had been scheduled to work that afternoon. She had no sense of when reunification would occur and therefore did not have childcare in place. She applied for childcare through CCIS but by the time she received it, she had lost a stable job which further jeopardized the family's wellbeing.

Other parents reported that they were unable to continue working in their current job or to find work once their children returned home because they were too busy participating in mandated reunification services, or were required to continue with services they or their children were receiving prior to reunification and could not therefore maintain stable employment:

*MD: I can't go out and get a job because we have to go to domestic violence counseling once a week, individual therapy once a week, family therapy once a*

*week, and I have to take her [youngest child] to [program name] once a week. The DHS worker is supposed to make one unannounced visit, and [provider agency] comes twice a week.*

The parents' experiences suggest that parents need help before reunification reorganizing and balancing their new responsibilities while maintaining employment. Since many parents must attend their own treatment programs, they face additional time constraints and travel requirements. One parent illustrated how difficult it can be to juggle appointments, and how hard it is on children:

*TP: It just takes so much time too because I have to be there by nine, and they used to give us cab money, but now I have to take public transportation. So then I have to take the bus, train and then the trolley to get all the way to [South Philadelphia location] and I have to be there all day [twice a week] and when I come home I just want to rest and then sometimes the worker has to come over [twice a week]. And then my outpatient treatment [attends 3 times a week] is at [location in North Philly], where I have a therapist, psychiatrist and a counselor. So sometimes I have to come all the way from [South Philadelphia location], go to my therapy and then come home, all the while, I am dragging my son around with me.*

This particular parent had reunified with one of her children while the other was still in foster care: she had to meet one set of requirements to keep the first child at home, and a different set of requirements to be reunified with the second. Her case illustrates that families may require assistance in organizing schedules, flexibility in changing providers, and that providers who acquire contracts from DHS should be encouraged to provide multiple services onsite to reduce this fragmentation of services.

Some parents obtained services during their involvement with DHS that they found helpful and wanted to continue. However, transportation challenges made continuing with services difficult, especially when multiple children were involved. One parent's statement is illustrative:

*LD: I would still go, but being that it will not be required and I will have two kids to put on the bus and train, I'll think about it.*

In conclusion, post-reunification services should be flexible enough to allow parents to continue working or complete a job search, including offering convenient appointment times and places. This flexibility is especially needed where the location of services for the children and the dates and times of regularly occurring treatment may have been set for the convenience of the foster care agency or foster parent. Ideally, DHS should find service providers who have childcare and/or multiple essential services on site. Parents and children should be referred to service providers who are located close to the parent's home, even when the child is in foster care to not only allow the parent to be involved, but also allow for easier transition and continuation of services.

## Financial Constraints

Parents experienced problems obtaining or maintaining public welfare benefits for themselves and for their children, including general assistance, SSI, and childcare benefits, among others. Five of the twenty parents interviewed stated that they lost their public welfare benefits once their children were removed from the home. For families already struggling with poverty, losing public benefits made it even harder for the parent to maintain the economic stability and housing necessary to take care of their children. Some parents explained that:

*KW: Once they take your kids, they take all your benefits from you. I was getting welfare and health benefits, I got one more check and then they took the kids.*

Other parents faced delays getting public benefits reinstated once the children returned home. One common cause was that DPW requires certain documentation that the children had returned home, and many parents had no proof of reunification. This meant that the first month or more post-reunification was a time of particular financial hardship:

*LD: I lost my welfare when the kids got taken away. So there is this guy from the welfare unit there that helped me get my cash back because on the computer it was still saying he was in foster care, which in fact he wasn't.*

In some cases, parents stated that they were promised they would be provided with some financial assistance once the children returned home and had planned accordingly:

*MD: So when they told me that I was going to get \$1500, I made plans [emphasis] I went downstairs and told my landlord I said listen I am going to get a check, I am going to give you the rent. Now, my unemployment check it came up to \$562; my rent is \$600 a month, so I don't even make enough to pay rent. I wasn't even getting food stamps when the kids come home. To this day they [DHS] have not helped me financially.*

Some parents unexpectedly had to pay out-of-pocket to participate in programs that were a condition of reunification. One parent explained that:

*CP: So I had signed this paper and it said it [drug treatment] was going to be covered by BHSI, but at the end it only covered like two months and I was going 6-7 months and if I didn't give them the money even though I completed the program, they would never have given me the certificate saying that I completed the program to bring to court to show I completed the program to let me come home to the kids. So they withheld my certificate until they got full payment even though I was officially done.*

Unfortunately, families face economic hardship immediately after reunification if there is a delay before the benefits, for which they are eligible, are made available to them. This is not a problem that can be solved by DHS alone in each circumstance. Systemic reform

is needed to eliminate all delays. DHS should provide immediate financial assistance to families should there be a delay to reduce the financial stress during this vulnerable time.

### **Perceptions of Post-Reunification Services**

Several parents reported dissatisfaction with post reunification “aftercare” services. Some reported that they did not understand what aftercare services consisted of and they did not feel meaningfully engaged in the planning process or during aftercare service provision. When questions were posed to parents on aftercare services, some representative responses included:

*Int: What type of aftercare services does the aftercare worker provide?*

*VS: They talk to her [daughter].*

*Int: What is it that they talk about?*

*VS: I don't know I have no clue. But I don't see a change in her behavior or anything.*

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*ST: They come out and sit in the house, twice a week for 2 hours [per week] and she sits there and watches us. Whatever she's watching, she's watching, I can't tell you what it is. When them people are out in my home I feel uncomfortable, because I don't know what they looking for.*

Some parents did find aftercare services helpful, especially when they included concrete services:

*DJ: He was going to school and checking up on the kids, coming here checking on us, and he was teaching me stuff like not to punish them and put them in the corner, so I really liked him. I felt like he supported me.*

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*MD: She [aftercare worker] would pick up my son and take him to his counseling sessions, which was a big help for me because I was working and using public transportation so the transportation piece was really hard for me to get back and forth.*

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*AJ: I didn't even need to ask. Like when [child's name] came home, I said she has to wear uniforms and she [Aftercare worker] was like let me talk to my supervisor and see if we can get you a voucher for that. I didn't even need to ask her. She do her job, but she go beyond her job. She do it because she wants to see me successful and me and [child's name] living right.*

Aftercare could conceivably address almost all of the issues raised by parents in these interviews. However, most parents were unaware of any of the services that are currently offered in the aftercare program and were not given adequate opportunity to plan for

using them. DHS should stress that the aftercare providers need to meet with the family as soon as reunification is a possibility. Planning should start as soon as possible so that families have assistance during and immediately after the transition as well. The providers should also clarify with families what concrete services are available, including cash assistance. There should be periodic re-assessment of the needs and services required by the family.

Some of the issues that parents addressed were shared by the child welfare professionals interviewed during the course of this project. The following section presents the findings from the child welfare professional interviews and focus groups.

### **Findings from Interviews and Focus Groups with Professionals**

In addition to parents, data was collected utilizing individual interviews and focus groups with a diverse group of child welfare professionals who practice in Philadelphia. Ten interviews with key informants such as child advocates, child welfare caseworkers and supervisors, DHS staff, and court personnel were conducted. Additional data was obtained in seven focus groups with child and parent attorneys, paralegals, social workers from parent and child advocacy organizations, DHS staff, and provider agency staff.

Although different groups raised unique issues and sometimes presented conflicting viewpoints, there were some common themes raised by several groups. This section highlights the convergent themes.

#### **Quality and Role of Pre-Reunification Services**

Child welfare professionals in Philadelphia shared with the parents interviewed the perception that the quality of interventions provided to parents prior to reunification is often inadequate and does not fulfill its intended role. In addition, many of the participants questioned the effectiveness of the services provided to families in addressing families' problems:

*“I don’t think families are being adequately prepared for reunification.”*

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*“We end up in a situation where the parent has been going to treatment, and they can show they have, but does anybody really feel comfortable with the quality of treatment that they have been receiving? Sometimes we know that the quality of this program is not really high quality or its not really addressing the underlying issue, but the parent has gone through it, they have a certificate.”*

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*“I have actually gotten progress notes, and you could tell they were a student’s because every page that you turn it has the same thing on it and it might be one little difference, and you turn to another page and it has the same thing on it.”*

Lack of high-quality, effective programs is especially troubling, since the participants also shared that child welfare decisions such as whether or not to reunify are frequently made based solely on families’ compliance with mandated services and interventions. Some participants reported a lack of confidence in relying on compliance alone to evaluate a family’s readiness for reunification. They stated:

*“Everybody just looks at the attendance lists and certificates, but what does that attendance certificate really mean? And that is what is more important. And then you call the trainer and they don’t even call you back.”*

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*“Sometimes we will send the family to family therapy, and then we’ll check that box.”*

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*“The real effectiveness of the services families are receiving prior to being reunified [is unknown]. We are going and asking for a parenting certificate, instead of looking into the real effectiveness of the services.”*

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*“I have no idea who is doing quality oversight [of service providers].”*

Every group of child welfare professionals agreed that compliance alone was an inadequate measure of whether a child should be reunified with their parents. They were of the opinion that child welfare interventions should be aimed at ameliorating the conditions in the home/family that led to the placement of the children in foster care in the first place, as opposed to simply tracking attendance. Research participants stressed the importance of the quality of services and interventions offered to families as vital to ensuring permanency and preventing reentry into the foster care system.

When discussing reunification services, professionals paid special attention to parenting classes, as this was seen as the most common intervention provided to parents involved with child welfare. As with other services, many professionals expressed their opinion that the quality of parenting trainings for birth parents is poor. Participants questioned both the content of parenting curriculums as well as the teaching techniques used. They noted that the parenting training does not engage parents or solicit their input:

*“There is a teacher in front of the classroom, there isn’t much interactivity as there should be and they are expected to learn, and they are dealing with recovery...so our model is wrong, our whole training model is wrong.”*

Interestingly, many professionals also shared the observation that parenting trainings provided to foster and adoptive parents do not exhibit these same shortcomings:

*Our birth parents aren't getting the training our adoptive parents are, so adoptive parents feel more prepared. They are providing us documentation but we are not giving them any specific training to deal with their kids like we do with adoptive parents or foster parents.*

Many of the participants reported they believed the curriculum and teaching techniques used in trainings for foster parents and adoptive parents are more effective at imparting good parenting skills.

To further improve a family's odds of achieving successful reunification and maintaining permanency, child welfare professionals require better tools to identify a family's needs, access to better quality and effective programs, and methods to assess whether or not interventions have helped families address these problem areas. Many participants further expressed sentiments that quality programs in Philadelphia are rare and that they do attempt to lobby for their families to get services from these "good programs." However, the scarcity of such programs limits the number of families and children who can access and benefit from them. Since programs are intended to address the problems that led to the child's placement in the first place, resolving them adequately is critical to preventing reentry.

### **Family Focused Practice and Family Service Plans**

Participants report that Family Service Plans (FSPs) are an essential part of reunification planning. The Family Service Plan, as described by participants, is a legal document that lists the services and interventions that will be provided to the family by DHS and the goals a parent will accomplish to better their chances of reunification. FSPs are designed to capture the reasons for a family's involvement with child welfare, prescribe the interventions and services needed to ameliorate these problems, document progress the parent has made, and detail any next steps a family should take prior to reunification. Despite the important role played by the FSP, many professionals who participated in this study indicated that this essential document does not always mirror the needs of the family. They pointed out a tendency to send families to rote interventions that are neither necessary nor address the current needs of the family:

*"I think we always have FSPs and regardless of whether it is a general neglect case or a severe abuse case; we have these boiler plate objectives like housing, employment, maybe some very generic therapy."*

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*"So they [DHS] make standardized FSP's and they make people do things sometimes they don't need to do."*

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*“DHS when they give services, they do it not to fit the individual family, but it’s like “one size fits all” and so the clients are not really getting the services that they actually need.”*

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*“I went to a meeting yesterday... and there was a family service plan that was made up before we got there, that didn’t even address the issues that the family had.”*

In a closely related issue, some participants pointed out that they lack assessments tools and skills to accurately and comprehensively assess parenting ability and the family’s needs. Participants felt that because the right assessments are not conducted, family needs are not identified accurately, and therefore the most salient concerns may not be addressed during the child’s stay in foster care:

*“You need a really functional assessment of what are their strengths and what are their deficits that really relate to parenting that relate to keeping this kid safe...and that is where I feel that the system does a really poor job.”*

Case workers from a variety of agencies also pointed to the challenges they experienced implementing the case plan. Participants indicated that case planning is coordinated by DHS in Philadelphia, and then the case is handed down to provider agency caseworkers for implementation and provision of identified services to the family. As such, DHS coordinates the FSP. Provider agency workers expressed frustration about their lack of involvement in the FSP process from the beginning of the case, and the difficulty obtaining the FSP and other needed documentation in a timely manner to implement the services they are required to provide:

*“So we are responsible for implementing a Family Service Plan, which most of the time we are not even invited to the meeting! Or they invite us the day before.”*

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*“Sometimes the Individual and the Family Service Plan don’t mesh because we haven’t seen it [FSP], and we don’t know what’s in it.”*

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*“Do we get an FSP? Out all of all of us, how many people have an FSP in the file? We may have some, but not for each child.”*

Family Service Plans should be individualized to meet each family’s needs. All stakeholders in the case should be invited to attend the meeting and should come prepared to identify barriers to reunification and solutions for overcoming them.

## **Team Approach**

Participants believed that a team approach is missing from reunification planning, which impedes service provision and adversely affects parents and their children. Participants shared that they felt there is little meaningful team work among all the different members assigned to a child welfare case, and that most decisions are ultimately left to the discretion of the DHS caseworker:

*“It’s almost like it’s not a collaborative effort from the beginning.”*

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*“It’s supposed to be that we work as a team, that doesn’t happen... not in foster care.”*

Many of the professionals interviewed, including direct service providers like foster care and aftercare workers, stated that they attended family planning meetings but did not feel that their contributions were valued or included in case planning and implementation. Further, they believed that their inclusion in planning was fully dependent on the specific DHS worker assigned to the case, with some workers being better at incorporating and allowing team planning and others making decisions on their own:

*W: “It is supposed to be everybody works together to plan for that family.*

*Int: And that doesn’t happen?*

*W: Well, not every time. Sometimes it does, sometimes it doesn’t. It all depends on the worker.”*

Some direct services providers indicated that lack of collaboration in planning and decision-making diminishes their ability to provide quality services to families assigned to them. Their involvement was further circumscribed by what they indicated was unresponsiveness between DHS and the variety of provider agencies that serve families at different capacities. Services for families are fragmented and it is very rare to find providers who offer multiple mandated interventions (e.g. parenting classes that also provide individual and/or family therapy and/or substance abuse treatment), as such, DHS contracts with separate entities to provide specific services to parents and/or children. Provider agencies rarely share information with each other due to confidentiality requirements even when they provide services to the same parent; rather, all communication is channeled through DHS workers, who do not always share it with the other providers involved in the case.

## **Aftercare Services**

During the course of this research many professionals shared that, post-reunification, families may receive Aftercare. However, many focus groups participants, including Aftercare provider caseworkers, struggled to give a clear explanation of what the “aftercare service” really is. While many explained that Aftercare ensures that children are safe and that the family is stable, they could not explain how aftercare workers

accomplished those goals or what modalities and interventions were utilized to meet that outcome. Even focus group participants who provided Aftercare services could not always clearly articulate which interventions they used to stabilize families after reunification:

*“Administratively, I can tell you every agency does Aftercare services in a different way, and have interpreted what Aftercare services means.”*

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*“There are no policies, no procedures, no performance standards attached to Aftercare. So every agency looks at it differently.”*

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*“Aftercare is confusing, everybody does it differently.”*

Participants, including those working directly with families, indicated that they do not believe aftercare workers receive specialized training to provide Aftercare services. However, all participants indicated that they believed services provided after a child returns home are essential to successful and permanent reunification.

In consideration of the foreseeable problems parents reported during the period following reunification, these focus group findings suggest the need to critically analyze and improve Aftercare services. Aftercare workers need adequate training, experience, and supervision to ensure they are able to serve the important purpose of assisting with the child’s adjustment home and concrete family needs after reunification.

### **Relationships with Other Service Systems**

Participants in these focus groups recognized that a child’s wellbeing is connected to ensuring that all social services, not just child welfare agencies, effectively work together. They believed that collaboration is especially important since so many parents served by child welfare are low income, and their families rely on various social service agencies to meet their basic needs. Participants identified schools, mental and medical health providers, childcare, and the public benefits system as agencies that must collaborate to ensure stability after reunification.

Similarly to data collected during parent interviews, the professionals described communication problems with the child’s school and what they saw as the overall inadequacy of the education system. Many of the workers in this group indicated that there are large numbers of older youth entering and reentering the child welfare system due to truancy. They stated that Philadelphia schools are unsafe, not academically challenging, and plagued by drugs and violence, all of which increase the likelihood that children will not attend school. On top of all that, as parents also indicated, once a child comes home from placement, enrollment in the neighborhood school is delayed due to lack of paperwork, which the parent is not necessarily provided with at reunification:

*“The transition should be a lot smoother. The parents have to take days off just to enroll the child back to school and the schools are not being helpful at all...you don’t have this piece of paper, you don’t have that piece of paper... parents get frustrated and they call us and then it takes us two three weeks getting that paperwork.”*

Some participants also shared that for parents who receive public benefits, maintaining economic stability to care for children is a challenge, even if it was not one prior to the child’s removal. This is especially true for parents with housing issues:

*“It’s so difficult because parents may have achieved all of their goals, but they don’t have housing. But housing is tied to their finances and their finances are tied to the fact that the child is still in care so it’s like this cycle that they just can’t get out of.”*

Participants indicated increased accountability and information sharing between child welfare and other social service systems in Philadelphia would ensure smoother transitions and help transfer needed services in a timely manner. Participants corroborated what we heard from parents, noting that even when parents are motivated and want to provide good parenting, economic and other hardships present challenges that the parent may not overcome alone.

The following section provides some practice and policy recommendations from this research to improve services to children and families involved with the child welfare system in Philadelphia.

## **Practice and Policy Recommendations**

The findings from this research indicate a need for several improvements in child welfare practice, program development, and policy to improve the well-being of children and their families in Philadelphia and to increase the likelihood of successful reunification. The following is a partial list of the policy and practice changes that would help address some of the findings in this research.

### **Recommendations While the Child is in Care:**

1. Connect parents to services that can remedy safety threats:
  - a. Conduct quality assessments early to identify the specific needs of the family. Connect parents to services that are most appropriate for their situation given the safety threats that need to be remedied by the family. This process should always include asking the parent directly what her concerns are and what assistance is needed.
  - b. There also needs to be a mechanism where parents are periodically and meaningfully asked about whether the services they are receiving are appropriate and meeting their needs to enable the program developers or others to make needed changes or confirm ongoing appropriateness.
  - c. Make public and clear the services that are available and what each service can specifically provide.
2. From the outset of the case, enroll parents and children in services and programs that can continue or will be accessible post reunification.
3. When the child is in care, the parent should be given the contact information for all the professionals who provide behavioral and mental health services to the child. The parent should be encouraged and given the opportunity to keep in regular contact with these providers.
4. Family Service Plan meetings should include all the stakeholders in a family's case. Include the voice of parents, all involved case workers, and professionals.
5. All families need the opportunity and assistance to plan. The date for reunification should be identified as far in advance as possible to enable better planning and preparation.
6. DHS and providers should begin early and aggressive planning for foreseeable post-reunification needs, even while the child is still in substitute care.

7. Meaningfully engage parents as equal partners early in the process and ensure their input is meaningfully incorporated in planning and decision making throughout their involvement with child welfare.

**Transition and Post-Reunification Recommendations:**

8. DHS should clearly define what transitional and post-reunification services are available.
9. Regarding aftercare specifically, DHS should clearly define what the aftercare intervention is and what specific services they can provide to a family. This information should be transparent and available, so that families and their advocates clearly understand the assistance available from the aftercare program.
10. Discharge planning meetings and aftercare meetings should include a guide for discussion to common problems that parents face upon reunification, so that the parties do not overlook these common, foreseeable problems.
11. Implement changes in reunification planning and practice to ensure participation of all team members: including parent and child attorneys, and case workers serving in different capacities. Seek meaningful incorporation of input from all parties in planning for post-reunification needs.
12. There should be concrete assistance available, including financial assistance directly provided to the family where that will help promote a stable reunification and prevent reentry.
13. Solicit information from birth parents on aspects of aftercare and other reunification services that do and do not work, and ask for suggestions for improvements. This client-informed evaluation process would be useful in program development and implementation.
14. Revisit and streamline outcome measures for post-reunification services, to ensure meaningful data collection on these services and utilize data to inform policy and practice.
15. Any providers who are working with families during the reunification transition period and post-reunification should be trained to ensure that they are specifically able to help families resolve foreseeable problems mentioned in this research and navigate the systems these parents will most likely need help navigating.
16. Parents and children will face adjustment issues, thus providers should affirmatively raise and plan for the issues prior to, during and after reunification. This should include providing counsel on what to expect and suggestions for reassuming the parental role, engaging their children and responding to adjustment issues. Helping parents identify additional persons who can provide

support during this emotional period, like a therapist, a caseworker, a family member, or a friend is also suggested. Specially designed training for aftercare caseworkers would allow them to provide support at this time.

**Special Transitional and Post-Reunification Focus on Behavioral and Mental Health Issues:**

17. Establish policies that ensure information and documents such as psychological, behavioral and educational treatment history and evaluations are provided to parents prior to or by the date of reunification, as well as contact information for people they can reach out to if any issues arise.
18. In addition to actual documents and evaluations, prior to the date for reunification, provide a single, written document to the parent which details:
  - a. The child's progress in treatment, including any behavioral modification plans.
  - b. A list of the child's current medications, dosages, and the purpose of the medication.
  - c. The child's upcoming appointment dates, and any outstanding appointments that must be scheduled in the next sixty days.
  - d. Contact information for all mental and behavioral health providers.
19. When the child returns home, the parent should receive enough of the child's prescription psychotropic medications to last at least sixty days.
20. Where a child receives mental health services while in foster care, there should be a plan to transition those services prior to reunification.
21. Ensure that behavioral and mental health services are in place at reunification or shortly thereafter.
22. For children who receive wraparound or other community-based services, there must be concrete services for those same services to be in place immediately upon reunification. This may require the parties to meet with Community Behavioral Health prior to the date of reunification.
23. If the child is enrolled in behavioral or mental health services while in care, he should receive treatment from providers that are accessible/close to the parent's home.
24. Where siblings in care receive behavioral or mental health services while in care, they should be enrolled in services at the same facility.

25. Parents of children with mental health and behavioral issues should receive parenting assistance and support that is specific to their circumstances.

**Education Issues:**

26. All documents required to re-enroll a child in school should be provided to parents prior to reunification, including: birth certificates, school transfer paperwork, IEP paperwork, copies of all educational evaluations, and any other documents specific to education.
27. Parents should be meaningfully involved in meeting their children's special education needs:
  - a. When the child is in care, the parent should be included in all meetings of the child's IEP team and should be consulted when meetings are scheduled to ensure availability.
  - b. There must be concrete plans for the child's special education services to be in place on the planned date of reunification or soon thereafter.
  - c. The parent should receive, in writing, contact information for the special education contact at the child's school.

**Childcare:**

28. Provide as much advance notice as possible to the parents of the child's return home date for planning purposes.
29. Encourage support from the extended family to meet childcare needs:
  - a. Potential caregivers should not be required to complete child abuse or criminal clearances unless there is a clearly documented safety concern about that person.
  - b. If clearances are necessary, DHS should ensure that clearances are completed on an expedited basis and should pay for the clearances.
30. DHS should provide financial assistance for childcare costs during transition, and/or collaborate and communicate with social service agencies that assist with childcare.
31. DHS should contract with service providers that provide childcare, so that parents can continue to receive services after reunification.



### **Public Benefits and Financial Constraints:**

32. Facilitate partnerships with other city agencies, such as public welfare and CCIS to reduce delays in receipt or reinstatement of public benefits and subsidized child care after reunification.
33. Streamline the process for families to receive public benefits immediately upon reunification.
34. Prior to reunification, the family should receive an in-person or written explanation of the process for applying for public benefits.
35. Post reunification services should be flexible enough to allow parents to continue working or complete a job search, including offering convenient appointment times and places.

### **Systemic Issues:**

36. Child welfare professionals and stakeholders should continually review the diversity and quality of services available to families during placement, during transition home, and after reunification. Assessments should focus on how effective these services are at addressing the problems that led to the child's placement, and should include research-backed findings as well as feedback from the parents they are intended to help.
37. Plan to provide all information, complete all assessments, and implement services prior to the date of reunification. If they are not in place, the parties should work together to put them in place as soon as possible after reunification. Reunification should not be delayed to perfect the family's situation if the child can still return home safely.
38. Identify and address systemic issues that lead to delays in obtaining services for these children and families in a timely manner.
39. Streamline information sharing between providers.
40. Facilitate partnerships with other city agencies, such as public welfare and CCIS to reduce delays in receipt of public benefits and subsidized child care after reunification. For example: Court orders or standard letters should suffice as evidence of custody, or DHS should provide a standard letter to parents upon reunification that public benefits offices will accept as proof of child custody.