Legal professional perspectives on barriers and supports for school-aged students and families during reunification from foster care

Jacqueline Huscroft-D'Angelo[a,*,1], Alexandra L. Trout[a,1], Christine Henningsen[a,2], Lori Synhorst[a,1], Matthew Lambert[a], Irina Patwardhan[b,3], Patrick Tyler[b,3]

[a] University of Nebraska-Lincoln, USA
[b] Boys Town National Research Institute, USA

ABSTRACT

Background: Supports following reunification play an important role in successful transitions from out-of-home care to home and school settings for children and their families. There are several stakeholders who play critical roles supporting families during this transition. One key role is tied to legal professionals, who often work closely with the child or family while in care and then continue to monitor family progress during the transition from foster care to the home setting. Although work has been conducted to understand what supports other stakeholders feel children and families need during this transition, little is known about the perspectives of legal professionals.

Objective: This exploratory study gathered perspectives from legal professionals regarding the challenges these youths and families face and necessary supports to promote successful reunification. Three research questions guided this work: (1) How prepared do legal professionals feel youth and families are for the reunification period? (2) What do legal professionals perceive as existing barriers for youth and families during reunification? and (3) What services do legal professional perceive as necessary to promote successful reunification and the effectiveness of existing supports?

Methods: Participants ($N = 13$) completed a brief survey including demographic items and questions on reunification supports following departure from foster care. Participants also engaged in a focus group using the nominal group technique to address two primary questions that addressed challenges faced by families during reunification and necessary supports or services to promote positive youth and family outcomes.

Results: Participants felt that families were not well prepared for reunification and that current supports were somewhat effective to support this transition period. They also indicated supports in the mental health domain to be most important. A total of 36 independent barriers were generated for the first question and 27 supports were identified for question two.

Conclusion: Establishing effective and accessible supports for families during reunification is necessary for positive family outcomes. This study highlighted barriers in preventing successful reunification, namely limited access to resources and supports in preventing successful reunification and the importance of mental health support for the entire family in promoting successful outcomes.

1. Introduction

Approximately 443,000 children (one out of every 184 children) are served each year in foster care (AFCARS, 2018; CWIG, 2016) and more than half will reunify with caregivers (AFCARS, 2018; Child Welfare Information Gateway, 2016). Although children and families meet specified goals to work towards permanency, the initial phase during this transition period presents many challenges (i.e., educational, environmental, behavioral, social, emotional, health, existing services, and preparedness for transition; Basca, 2009; Child Welfare Information

Gateway, 2011; Foster & Gifford, 2005; Geenen & Powers, 2006; Ogongi, 2012; Pecora, 2012; Zetlin, Weinberg, & Kimm, 2004). Children may return to home environments that continue to be affected by poverty, substance abuse, domestic violence, and mental illness (Foster & Gifford, 2005; Zetlin, Weinberg, & Kimm, 2004). Caregivers also face ongoing difficulties with issues of shame, guilt, resistance to service providers, and mistrust with schools (Child Welfare Information Gateway, 2011; Ogongi, 2012; Stukes Chipungu & Bent-Goodley, 2004).

In addition to their caregivers, school-aged (elementary, middle, and high school) children in particular, may also face significant educational, behavioral, social, and emotional challenges during the period from foster care back to the home and school setting. Foster care programming differs based upon local oversight and state agency guidelines, generating extreme variability as to what children in foster care will experience pertaining to therapeutic or educational support (Burns et al., 2004; Committee on Early Childhood, Adoption, & Dependent Care, 2002; Leslie, Hurlburt, Landsverk, Barth, & Slymen, 2004). It is also common for school-aged children to move several times following placement before finding a stable foster home, further decreasing the likelihood that they will receive the necessary supports to address educational, social, behavioral, or health needs (Olin et al., 2010; Turnball, Turnball, Erwin, & Soodak, 2015). Therefore, many school-aged children depart foster care and enter the reunification period with many of the same risks that were present when they were removed from the home. This consists of a multitude of problems including poor physical and mental health, poor academic functioning, limited school engagement, poor relationships, and delinquency (Basca, 2009; Geenen & Powers, 2006; Pecora, 2012).

These risks result in re-entry rates between 21 and 38%, with rates on the higher end among subsets of children in foster care (e.g., school-aged [grades K-12th]; Hatton & Brooks, 2008; Kids Count Data Center, 2017; Wulczyn, Hislop, & George, 2000). For families, re-entry contributes to increased parental stress, poor family functioning, and strained parent-child relationships (Child Welfare Information Gateway, 2011). For school-aged children, re-entry negatively affects social and emotional well-being, peer relationships, and education. Follow-up studies of children served in the foster care system reveal that nearly half will fail to graduate high school with their peers (National Foster Youth Institute [NFYI], 2018), only 11% attend college, and a mere 3% complete college (Barrat & Berliner, 2013; Child Trends Data Bank, 2015; Ryan & Bauman, 2016; U.S. Department of Education, 2015). As such, these children demonstrate continued risks into adulthood resulting in unemployment, financial instability, poverty, and homelessness (Courtney & Heuring, 2005; Dworsky, 2005; Park, Metraux, & Culhane, 2005; Pecora et al., 2006). Thus, while re-unification is the desired outcome for families, unsuccessful reunification can result in many costly and adverse consequences (Hatton & Brooks, 2008; Kids Count Data Center, 2017).

One method for preventing this cycle of failure is to provide effective and comprehensive supports following reunification. This includes services or supports that are designed to address the transition period, facilitate family reunification, improve family stability, address social, emotional, health, and academic domains, and prevent children from returning to foster care (Pecora & English, 2016; Trout et al., 2012). This support often requires the ongoing involvement of numerous stakeholders including service providers, educational, and legal professionals. While *comprehensive* evidence-based programs exist to support the transition home for children in other out-of-home settings (e.g., residential care; On the Way Home, Trout et al., 2012), there are no similar programs for school-aged children departing foster care and transitioning to home and school settings. Existing programs for children departing from foster care are often time limited and focus on a specific area of risk (e.g., family functioning, substance abuse; Children's Bureau, 2014; English, 2007; Zetlin, Weinberg, & Shea, 2006) or focus on younger children (birth through preschool) (e.g., My

Life/Better Futures) and those ageing out of foster care (19 years and older) (e.g., Transition to Independence Process). Thus, little is known about effective strategies and supports that address the broad challenges faced by reunifying school-aged children departing foster care settings. To change the trajectory of outcomes for this population and better understand comprehensive needs, it is necessary to identify supports or services that foster a path towards success.

An initial step in this process is to gather to the perspectives of numerous stakeholders (i.e., service providers, children, families, caseworkers, legal professionals) on necessary child and family supports and potential barriers that prevent success during this period. Although limited, some literature exists examining perspectives of certain stakeholder groups (service providers, caseworkers). While there are numerous stakeholders involved during this transition process, one group that plays an integral role in many of the identified risk areas during and following the reunification period are legal professionals. Yet, there are no existing studies that capture insight from this stakeholder group. Although there are several kinds of legal professionals, each serves the child or family in specific capacities at different times during the transition (prior to, during, and following). Moreover, in some states, legal professionals may even serve in multiple legal roles for the child or family (e.g., legal counsel and guardian ad litem [GAL]). For example there are prosecuting attorneys who represent the interests of the State; attorneys who represent the child welfare agency; attorneys who represent the parents or guardians; and GAL(s) serving the children who are the subjects of the petitions. A GAL may be an attorney or Court Appointed Special Advocate (CASA) who investigates the needs of the child andmakes recommendations in the best interests of the child (42 U.S.C. 5106a(b)(2)(A)(xii)). As each legal professional role is unique, individuals provide varied perspectives on how prepared families are for the transition, necessary supports during this transition period and barriers that exist for school-aged children and families. Understanding the diverse perspectives from each type of legal professional can provide a more comprehensive picture of what is needed to promote youth and family success.

The American Bar Association has adopted standards for legal professionals who represent children (ABA, 1996) and parents (ABA, 2006) in cases of abuse and neglect and lawyers representing child welfare agencies (ABA 2004). These standards require attorneys to take a role in case planning, advocate for appropriate services, and take reasonable steps to ensure that court orders are complied. This includes (a) identifying the circumstances that led to child or youth placement into care; (b) monitoring court involvement including court-ordered treatment for parents, tracking visits that occur between the youth and family, and making recommendations to judges on behalf of the family regarding services and progress (Guggenheim, 2016; Krinsky, 2010; Sankaran, 2010); and (c) monitoring "red flag" behaviors of school-aged children across several domains (e.g., academics, behavior, social, emotional, health) which put them at risk for involvement in a juvenile justice case or possible re-entry to care. Given that school-aged children have elevated rates of re-entry to care, legal professionals likely provide support and advocacy for extended periods of time during the transition period. This high-level and diverse involvement in each of the proposed challenge areas (e.g., educational, environmental, behavioral, social, emotional, health) experienced by school-aged children and families provides legal professionals with a unique perspective to identify unmet needs and necessary supports during reunification.

Given the unique and varied roles that legal professionals play in the reunification process, it is hypothesized they will provide pivotal information to fill in some of these existing gaps related to preparedness, necessary supports, and potential barriers. Thus, the goal of this exploratory study was to address the following research questions: (1) How prepared do legal professionals feel children and families are for the reunification period? (2) What do legal professionals perceive as existing barriers for children and families during reunification? and (3) What services do legal professional perceive as necessary to promote

successful reunification and the effectiveness of existing supports?

2. Method

2.1. Procedures

The University's institutional review board (IRB) approved all study procedures. Potential participants were legal professionals ($N = 39$) recruited from one state in the Midwest who attended a four-hour continuing legal education (CLE) training by the state bar association on re-entry planning for children. For 90 min of the CLE, attendees were invited to complete a brief survey and participate in a focus group on aftercare or reunification needs for children departing out-of-home care and asked to rank (1 = most involved to 3 = least involved) their experience with children in three different settings (residential care, foster care, and juvenile justice). Participants were grouped according to their highest rated experience area. The present study focuses solely on the perspectives of those with the most experience with children and families involved in foster care.

Thirteen legal professionals ranked their experience as highest with foster care and were invited to attend the foster care focus group and complete a brief survey. Participants were informed of the time commitment and efforts for participating and consent was collected. Participants then completed six demographic items that included items on gender, age, ethnicity, race, education level, and legal professional role. To gather additional information on key areas of the transition process and service provision, participants were also asked to complete four additional items. These four items were used in a previously developed, comprehensive survey assessing the aftercare needs of school-age children departing residential care (Huscroft-D'Angelo et al., 2013; Trout et al., 2014). The items used in this version were modified to reflect reunification and foster care versus aftercare. Participants were asked to provide their perspectives on the transition period including caregiver preparedness for transition (very prepared, somewhat prepared, not at all prepared), youth's preparedness for transition (very prepared, somewhat prepared, not at all prepared), effectiveness of existing services (very effective, somewhat effective, not at all effective), and the importance of services in eight critical domains (e.g., education, mental health, physical health) identified in previous research (Huscroft-D'Angelo et al., 2013; Trout et al., 2014). Items were rank ordered by importance with 1 being the *most* important to 8 being the *least* important. Following completion of the survey, participants engaged in a systematic focus group approach to address two primary questions: (1) What are the primary challenges/obstacles that you see faced by school-aged children and their families during the reunification period? and (2) What services or supports would you recommend for these school-aged children and their families to promote school and home stability?

Nominal group technique. Participants responded to the two questions in a 90-minute focus group using a modified version of the nominal group technique (NGT; Delbecq, Van de Ven, & Gustafson, 1986). The NGT process was used for each target question. NGT is a structured procedure that uses both qualitative and quantitative methods to collect consumer feedback in a timely manner. This approach was selected because it has been widely used in the identification of consumer needs and opinions across broad populations. It has also been identified as an important initial step in the development of interventions and programs (Trout and Epstein, 2010). The NGT questions focused on understanding barriers to the reunification process and identifying necessary supports for school-aged children and families following reunification. NGT procedures involved the completion of seven steps: (1) brainstorming and silent generation of ideas, (2) reading aloud, recording, and display of generated ideas, (3) group discussion for clarification, (4) categorization of ideas into themes, (5) a preliminary vote to identify high priority ideas, (6) group discussion of preliminary vote, and (7) a final vote of ideas (Delbecq et al., 1986;

Trout and Epstein, 2010). In step 1, individuals independently generated as many ideas as they could on notecards to the presented question. The notecards were placed in the middle of the table and collected by members of the research team. Each idea was recorded anonymously onto a word document and projected onto a large screen (step 2). Next, the group went through each idea and discussed an overlap in ideas along with clarification of presented ideas (steps 3 and 4). Then as a group any ideas that needed to be eliminated due to overlap and a lack of clarity were removed (step 5). The group then came to an agreement on the final list of independent themes and ideas (step 6). Finally, using the the remaining items, participants independently selected the ideas that were the most important to them and placed each on idea onto separate notecards. A member of the research team then used scripted and systematic approach to have participants rank order the ideas they selected from the list in order of importance (5 = most important to 1 = least important; step 7).

2.2. Data analysis

Data for each question of the survey were entered into an excel sheet, cleaned, and verified. Descriptive data from the demographic and four-item surveys were calculated. Items from the focus group were tallied for each question to indicate the frequency of receiving a ranking score of 5 = most important to 1 = least important based on individual participant perceptions. Next, each item was summed to provide a total score based on the ranking scores indicated by participants. Finally, frequencies were tabulated to identify the how often an idea was ranked by the participants as a top five idea.

3. Results

3.1. Participants

Based on the information reported in the demographic portion of the survey, approximately 53.8% of the participants were male ($n = 7$), 92.3% were Caucasian ($n = 12$), and 7.7% were Asian ($n = 1$). Their average age was 42.31 years (SD = 12.09). All participants had a professional degree with an average of 9 years of experience. Participants were asked to identify what they felt was their primary role in serving children in foster care, more than half ($n = 8$; 61%) perceived their primary role during reunification as serving as a dual role of GAL and legal counsel (e.g., youth, family, state, agency). One participant ($n = 1$; 8%) indicated legal counsel, and three ($n = 3$; 23%) indicated other, but identified as counsel for the parent. Finally, one participant ($n = 1$; 8%) identified as a child advocate for CASA, which is not an attorney, but may be appointed by a judge in a child welfare case. Of note, in the state where the study was conducted, GALs serve a dual role as counsel for the child and best interest attorney.

3.2. Preparedness, effectiveness, and importance

Participants were asked to provide their perceptions on how prepared they felt families and children were to experience reunification, how effective they felt existing services were in preparing children and families for this transition period, and to rank the importance of supports in key domains related to reunification. None of the participants reported families to be "very prepared" for the reunification period, 23.1% ($n = 3$) felt families and children were not at all prepared for the transition period following a stay in foster care. Similarly, the majority ($n = 11$; 84.6%) reported that existing services are somewhat effective in supporting this transition, and the remainder ($n = 2$, 15.4%) reported that services were not at all effective. None of the participants indicated that existing services were "very effective" for families. Participants were also asked to rank order the importance of receiving supports in critical domains of reintegration (see Table 1). Overall, participants felt supports in the mental health domain to be most

Table 1
Importance of supports and services in critical domains (N = 13).

Domain	M	SD
Mental health supports	1.91	1.3
Family supports	2.18	1.07
Educational supports	3.81	1.72
Relationship supports	4.36	1.57
Safety supports	4.91	2.25
Physical health supports	5.82	1.89
Independent living supports	6.45	1.69
Legal supports	6.54	1.29

Note. Items were ranked with 1 = most important to 8 = least important.

important (*M* = 1.91; *SD* = 1.30) and legal domain to be the least important (*M* = 6.54; *SD* = 1.29).

3.3. Question 1: Challenges and obstacles preventing successful reintegration

As part of the NGT process, participants were asked to generate as many examples of challenges or barriers that families face which hinders successful reunifications. Overall, 36 independent barriers were identified during steps 1–6 and 29 of those were rated in the participants' top five rankings (step 7). Most notably, participants were concerned about the perceived lack of desire by parents to implement long-term changes; limited access to services in rural communities; limited access to resources such as family support, counseling, and vouchers; challenges with reintegrating into educational systems; a lack of continuity of services upon reentry; and limited access to relationships children formed while in care. Table 2 displays all 29 rated items, the total score each item received in the ranking process, and the number of times the item was ranked in the top 5.

3.4. Question 2: Services and supports to promote stability

For question 2, participants generated 27 unique supports or services that they perceived as important to promote school and home stability for reunifying children and families in steps 1–6. Of those, 24 were rated in participants' top five supports or services (step 7). Supports that were ranked highest amongst the group were mental health services for the entire family; consistent sharing of information between key stakeholders; access to a resource hotline, including information on availability and how to use it; having a consistent caseworker; parenting supports; and educating school personnel on ways to work with child-welfare involved students. Table 3 displays all 24 items, the total score each item received in the ranking process, and the number of times the item was ranked in the top 5.

4. Discussion

Legal professionals play a critical role in all aspects of child welfare involvement. This includes removal from the home, monitoring while in care, identification of permanency plans, preparation for discharge, and monitoring reunification for children and their families following placements in foster care. Ultimately, this level of continuous involvement offers unique insight into potential barriers and needs of families to promote long-term stability. In many cases, the judge and other legal professionals may be the only individuals who have been involved in the case for its entire duration. As such, the legal professional has an intimate knowledge of the facts surrounding the case, and insight into what services should be provided to enable a successful transition back into the family home.

4.1. Preparedness for reunification and effectiveness of current supports

When asked about perceptions of preparedness for reunification, none of the participants felt that families were "very prepared" and just

Table 2
Participant ratings for barriers preventing successful reunification for youth and families following a stay in foster care (N = 13).

Item	Sum Score	# Times Rated in Top Five
1. Lack of desire by parents to implement long term changes	24	6
2. Limited access to services and supports in rural communities	17	4
3. Financial resources such as family support, counseling, vouchers are immediately cut off to both the child and parents	14	4
4. Reintegration into educational systems	11	4
5. Lack of continuity of support services upon reentry	11	3
6. Youth no longer have access to supportive relationships formed in care	11	3
7. Lack of caseworker continuity	10	4
8. Mental health support for youth	8	3
9. Quality family support workers and caseworkers who understand family challenges and needs	8	2
10. Lack of follow through by probation officers or caseworkers	8	3
11. Maintaining stability (physical/mental health) youth and caregiver	7	2
12. Follow through by parents	7	2
13. Lack of ability finding to address special needs	6	2
14. Increased stress/instability once direct care supervision needs	6	2
15. Access to substance abuse treatment	5	1
16. Appropriate transition plan for families and children	5	2
17. Re-entry into the community form where they were taken, where there are temptations such as friends, drugs, illegal behavior	5	1
18. Family does not have skills to support youth returning	5	3
19. Obtaining support within the school system to provide needed services within the school setting	4	1
20. Parents admitting there is a problem that needs fixed which leads to removal	4	1
21. Lack of support for parents to use skills they have learned	3	1
22. Lack of parental involvement in services/supports provided for their child	3	1
23. Continued support by the system (HHS, Foster care, etc.)	3	2
24. Lack of discipline leading to a return of old habits	3	1
25. Change of environment stressors	2	2
26. Lack of knowledge of follow up care resources	2	1
27. Youth struggle with the less rigid structured environment of home	1	1
28. Rebuilding of relationships	1	1
29. Getting reconnected with friends and others in the neighborhood	1	1

Note. [a]Individual items were generated by participants and then ranked from 5 = most important to 1 = least important. [b]This column represent the number of times the item was in a participant's top five rankings.

Table 3
Participant rankings for necessary supports or services to promote home and school stability (N = 13).

Item	Sum Score	# Times Rated in Top Five
1. Mental health services for the whole family	25	5
2. Consistent sharing of information between key stakeholders (caseworker, parent, school)	16	7
3. Access to a resource hotline and education on availability and how to access it	16	7
4. Consistent case-workers versus revolving door of caseworkers (turnover prevention)	14	3
5. Parenting supports such as homework support and respite services	12	4
6. Educating school personnel on special needs/ways to work with students who are in the system (helps reduce stigma)	11	3
7. Linking both youth and parents to mentors in the community	10	3
8. Access to counseling for parents and youth	9	2
9. Continued health checks	8	2
10. Providing ongoing support/mentoring efforts of the parents' skills	8	3
11. Non-judicial family follow through from caseworkers/ supports	8	3
12. Peer support groups for reintegrating youth and for caregivers	7	2
13. Implementation support of parenting class curriculum for generalization purposes	7	2
14. Youth involved in extra-curricular activities	7	2
15. Continues parent education offerings	6	2
16. In home therapy for parents/youth	5	2
17. Continuity in in-home &school family support	5	3
18. School mentors for youth	4	2
19. Tutoring services in school	4	1
20. Substance abuse treatment for family and children	4	1
21. Home visits consistently performed by one person	4	2
22. Scheduled case worker follow up	3	1
23. Engage and educate parents on the special education process	1	1
24. Improve Guardian Ad Litem training	1	1

Note. [a]Individual items were generated by participants and then ranked from 5 = most important to 1 = least important. [b]This column represent the number of times the item was in a participant's top five rankings.

over a quarter felt families are not at all prepared. Therefore, the majority (77%) felt that families and children are only somewhat prepared for the reunification transition period. Similarly, when asked about the effectiveness of current supports, none of the participants reported that supports were "very effective." Given that between 21% and 38% of reunifying children return to care (Hatton & Brooks, 2008; Wulczyn et al., 2000) and findings that re-entry results in significant negative community (e.g., increased costs), family (e.g., wellbeing), and youth (e.g., social emotional, educational, financial) outcomes, it is not surprising that attorneys working with this population feel that that families are ill-prepared and lack effective services to successfully support families and children during reunification.

4.2. Importance of targeted aftercare domains

When asked to rank the importance of supports in targeted domains of aftercare, participants identified ongoing mental health supports as most important. This was not surprising given that legal professionals often become involved with these families when the child is initially removed from the home (Krinsky, 2010; Sankaran, 2010). Initial removal is frequently a result of ongoing abuse, neglect, or maltreatment related to parental substance abuse or mental illness (Annie E. Casey Foundation, 2014; Foster & Gifford, 2005; Krinsky, 2010; Zetlin et al., 2004), and parents are often court-ordered to participate in therapeutic services and reach targeted goals prior to reunification. However, despite reaching these goals, stressors during reunification can reignite many of the original problems that caused the child to be removed from the home (Child Welfare Information Gateway, 2011; Ogongi, 2012). The availability of therapeutic supports for parents during the reunification period may better prepare caregivers to manage the stressors attributed with reunification and assist families through the changing family dynamics. As part of the team of individuals in this process, legal professionals could provide a sound voice in advocating for these services to be in place during and following reunification.

For children, removal from their parents is traumatic and although foster care is intended to provide a temporary, safe environment free from adverse caregiving conditions, the accumulation of bad experiences leave children vulnerable and at high-risk for mental illness

(Courtney & Heuring, 2005; Dworsky, 2005; Pecora et al., 2006). Although there are varying degrees of foster care (i.e., family, treatment, or kinship foster care), children in foster placements are not consistently provided therapeutic services. Therefore, children enter the reunification period with continued mental health difficulties that will require attention to be successful both in the home and at school (Burns et al., 2004; Committee on Early Childhood, Adoption, & Dependent Care, 2002; Leslie et al., 2004). The results from this study convey the importance of mental health supports for both children and parents as a primary and important need during reunification. This finding sheds light for legal professionals as an area of focus when considering the needs of necessary supports or services that are critical to youth success.

4.3. Barriers for successful reunification

With respect to legal professionals' perspectives regarding challenges or barriers that families face during reunification, participants rated a perceived lack of desire by parents to change as the most significant barrier. This perception may stem from the fact that legal professionals often become re-engaged with children and families in child-welfare when families are in crisis and potentially facing additional legal ramifications. Unfortunately, there are many barriers present for caregivers following reunification that likely prevent them from wanting to engage in service. This includes their own difficulty with the child welfare system, feelings of inadequacy, mistrust of schools, challenges navigating school systems, and low levels of parent self-efficacy (Hoover-Dempsey et al., 2005; Ogongi, 2012; Olin et al., 2010; Turnbull, Turnbull, Erwin, & Soodak, 2015).

A common underlying theme across the remaining top-rated barriers (e.g., limited access to services and supports in rural areas; financial resources to assist with resources; reintegration into the school systems; a lack of continuity of services) included access to supports which may also affect perceptions of an unwillingness on the part of the parents to change. Parents are more likely to engage in services if they are empowered and confident in their ability to navigate services (Zhang & Bennett, 2003; Zimmerman, 2000). It appears that the results from this study indicate some barriers may exist that contribute to parents' lack of desire to change. Legal professionals could focus on this

with parents when preparing them for reunification and proactively discuss this with the reunification team as a priority. For example, if services are not readily available, what motivation is present for parents to access services when they are available? Furthermore, if services are present there must be a mechanism for parents to engage in the service. If there is a feeling of intimidation or inadequacy to access a service, this may prevent parents from wanting to engage in a service that has the potential to serve as a behavioral change agent (Hoover-Dempsey et al., 2005). Future research should examine programs or practices that exist which are successful at engaging parents and changing behavior to reduce the barrier of lacking the desire to changing parenting behavior.

4.4. Top-rated reunification supports

Participants in this study rated mental health supports for the entire family as the top-rated service or support for families to receive to promote successful reunification. This was not surprising given that they rated mental health to be the most important domain in which families should receive services (see Table 1). Legal professionals place emphasis on addressing and providing mental health support for this population and should collaborate with other stakeholders to ensure these supports are in place for children and families during the reunification period. Closely following mental health supports, the remaining top-rated supports linked to general themes of consistency and parent training/support and provide important insight into supports or services that could better support children and their families during reunification.

Legal professionals likely recognize that families involved with child welfare require specific and systematic attention and intervention, particularly those who are repeatedly involved with the system. The importance of consistency and stability for these families was evident across participant recommendations and could be accomplished through systematic approaches to preparing for and supporting reunification efforts. As an example, legal professionals could advocate for establishing standard methods for sharing information and file transfers among all involved stakeholders (e.g., caseworkers, school personnel, therapists, medical providers). This would ensure that all stakeholders have access to pertinent information and prevents the need for parents to continuously restate content, increasing frustration with the system. Moreover, shared information allows for increased collaboration, shared responsibility, and data informed goal setting to better support and meet the needs of the child and family. This process should begin once the family enters the legal process of removal and follow the family through reunification to promote success post reunification.

An additional theme across the top-rated supports involves explicit training with parents on how to access readily available resources (e.g., national or local hotlines, respite services) or implementing supports with the home (e.g., homework support, parenting strategies). Legal professionals conveyed the value this may add in supporting parents to experience positive reunification evidenced by several of the generated items and those that appeared in the top-rated items. If legal professionals could take extra time to show parents available tools or resources, along with how to use each resource, it may ensure parents can access and use services that already exist. For example, there are national crisis hotlines available to parents and children (e.g., Boys Town National Hotline). However, if parents are not aware of the hotlines, their effectiveness as a resource, or how to access the information, these resources provide little support.

Finally, it is well documented that monitoring of student performance, the provision of academic opportunities, school and family support, educational goal setting, and overall school engagement are critical factors in the prevention of school failure and dropout (Randolph, Fraser, & Orthner, 2004; Reschly & Christenson, 2006; Sinclair, Christenson, & Thurlow, 2005), an outcome too prevalent in children placed in foster-care. Legal professionals could connect

caregivers with an individual (e.g., counselor, school social worker) who could explicitly teach them strategies to navigate the school environment and use online school portals to monitor academic risks. These simple steps can remove barriers related to youth engagement and promote greater rates of youth school success. These strategies can also help facilitate ongoing communication between caregivers and schools and contribute to empowering caregivers to be involved in their child's education.

5. Limitations

Although the overall purpose of this exploratory study was to identify potential barriers and strategies for supporting successful reunification in children served in foster-care, the findings should be considered in conjunction with several potential limitations. First, the participants in this study were recruited from one training agency located in the Midwest. Although the participants represented several firms and legal positions, the size, available resources, and services offered to families may influence their perspectives. Thus, barriers discussed or supports identified may differ based on where the firm is located (e.g., suburban, rural) and the clients it serves limiting the generalizability. A second limitation is the small sample size in this study and the inability to examine data by legal professional subgroups. Future research exploring aftercare needs, barriers, or consideration for intervention development in children departing foster care and reunifying with their families should consider expanding to multiple states and including even more diverse settings (i.e., urban), include other key stakeholder groups, and with bigger samples of legal professionals to examine differences between each type (i.e., GALs as opposed to parent attorneys, agency attorneys, or prosecuting attorneys). Third, as with any self-report or interview data, there could be bias, due to social desirability, based on experience, inaccurate recall, or ability to respond to questions.

6. Conclusions

Results from this study offered insight from one key stakeholder group working with families who are involved with reunification. Re-entry is an ongoing challenge for children in foster care and those individuals working to prevent recidivism. The perspectives of experts working to meet the needs of these families is integral to understanding and making progress in developing a comprehensive approach to meet child and family needs during and following reunification. These results highlight the unique perspectives offered by those involved with the legal side of child welfare. There are several practical implications from these findings that can be generalized to various professionals supporting these families during the reunification process. First, it remains necessary to recognize the importance of mental health needs with both caregivers and children during the reunification process. Reunification can present elevated caregiver stress, which can exacerbate contexts in which family violence, substance abuse, mental illness, and child abuse occur or escalate, and lead to decreases in family functioning, educational success, and stability (Cronin, Becher, Schmiesing-Christians, Maher, & Dibb, 2015; Patnaik, 2014; Sutherland & Miller, 2012). Encouraging caregivers to access mental health services and conveying the importance of mental health care should remain a priority when supporting reunifying families. This may include helping caregivers to establish a mental health provider, educating them on the importance of medication adherence, and providing them with tools or resources that will foster positive mental health well-being.

Second, participants identified several barriers that hinder successful reunifications. Several of the identified barriers can be addressed from those implementing services or supports to the family including establishing systems that incorporate consistency among providers when speaking with caregivers, transferring or sharing information, and supporting common family goals among team members

to reduce several of the top-rated barriers identified in this study. These systems can also ease the frustration of caregivers who may already have negative perceptions of services providers and contribute to the potential that caregivers will access supports that promote positive reunification outcomes.

Third, while children are an integral component of the reunification process, participants in this study identified the ongoing need for consistent and explicit supports aimed at caregiver needs. Caregiver involvement, positive parenting, and caregiver self-efficacy are important factors in a child's social/emotional and educational success (Bronstein, Ginsburt, & Herrera, 2005; Jones & Prinz, 2005; Kim & Schneider, 2005). For children in foster care, these constructs are particularly important because reunification presents many challenges for caregivers, including balancing their own needs with those of their child (Child Welfare Information Gateway, 2012). Thus, legal professionals can convey the importance of implementing strategies to improve these constructs as a mechanism to promote home and school stability. If caregiver are equipped with the skills they need to engage in positive parenting behavior, it is favorable for positive child outcomes (Chacko et al., 2009; Zhang & Bennett, 2003; Zimmerman, 2000).

Finally, as noted, very little is known about comprehensive reunification supports for this population. As such, research is needed to both replicate and extend the present study. For example, replication is necessary with various stakeholder populations (e.g., foster parents, youth, school personnel, caseworkers, mental health providers) as each provides varied insight as to the reunification needs of caregivers and children. Moreover, it would be beneficial to replicate this study within the various levels of foster care (e.g., therapeutic foster care, respite, short-term, specialized) as needs and barriers may differ slightly depending upon services offered and approaches used within the settings. Further evaluations of perceived barriers and needs will help to develop and implement effective reunifcation supports and tailor appropriate supports to individual families to promote positive short and long-term reunification success.

7. Compliance with ethical standards**a

Declaration of Competing Interest

Jacqueline Huscroft-D'Angelo declares that she has no conflict of interest. Alexandra Trout declares that she has no conflict of interest. Christine Henningsen declares she has no conflict of interest. Lori Synhorst declares she has no conflict of interest. Matthew Lambert declares that he has no conflict of interest. Irina Patwardhan declares that she has no conflict of interest. Patrick Tyler declares that he has no conflict of interest.

Appendix A. Supplementary material

Supplementary data to this article can be found online at https://doi.org/10.1016/j.childyouth.2019.104525.

References

Adoption and Foster Care Analysis and Reporting Systems. (2018). The AFCARS Report. Retrieved from https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport25.pdf.

American Bar Association. (1996). Standards of practice for lawyers who represent children in abuse and neglect cases. Retrieved from https://www.americanbar.org/content/dam/aba/migrated/family/reports/standards_abuseneglect.authcheckdam.pdf.

American Bar Association. (2004). Standards of practice for lawyers who represent child welfare agencies. Retrieved from https://www.americanbar.org/content/dam/aba/administrative/child_law/agency-standards.authcheckdam.pdf.

American Bar Association. (2006). Standards of practice for attorneys representing parents in abuse and neglect cases. Retrieved from https://www.americanbar.org/content/dam/aba/administrative/child_law/ParentStds.authcheckdam.pdf.

Annie E. Casey Foundation. (2014). What is foster care? Retrieved from http://www.aecf.org/blog/what-is-foster-care/.

Annie E. Casey Foundation. (2017). Kid count data center. Retrieved from https://datacenter.kidscount.org/.

Barrat, V. X., & Berliner, B. (2013). *The invisible achievement gap, Part 1: Education outcomes of students in foster care in California's public schools.* San Francisco, CA: WestEd.

Basca, B. (2009). Providing effective prevention services to youth in foster care. *Prevention Brief, 4*(2), 1–12.

Bronstein, P., Ginsburt, G. S., & Herrera, I. S. (2005). Parental predictors of motivational orientation in early adolescence: A longitudinal study. *Journal of Youth and Adolescence, 4*, 559–575.

Burns, B. J., Phillips, S. D., Wagner, R., Barth, R. P., Kolko, D. J., Campbell, Y., & Landsverk, J. (2004). Mental health need and access to mental health services by youths involved with child welfare: A national survey. *Journal of the American Academy of Child and Adolescent Psychiatry, 43*, 960–970.

Chacko, A., Wymbs, B. T., Arnold, F. W., Pelham, W. E., Swanger-Gagne, M., Girio, E. L., & O'Connor, B. (2009). Enhancing traditional behavioral parent training for single-mothers of children with ADHD. *Journal of Clinical Child and Adolescent Psychology, 38*, 206–218. https://doi.org/10.1080/15374410802698388.

Child Trends Data Bank. (2015). Foster care: Indicators on children & youth. Retrieved from Child Trends website: http://www.childtrends.org/databank/.

Child Welfare Information Gateway. (2011). Family reunification: What the evidence shows. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Child Welfare Information Gateway. (2012). Supporting reunification and preventing reentry into out-of-home care. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Child Welfare Information Gateway. (2016). Statistics. Retrieved from https://www.childwelfare.gov/topics/systemwide/statistics/?hasBeenRedirected=1.

Children's Bureau. (2014). Child maltreatment 2014. Retrieved from http://www.acf.hhs.gov/cb/resource/child-maltreatment-2014.

Committee on Early Childhood, Adoption, & Dependent Care. (2002). Health care of young children in foster care. Pediatrics, 109, 536–541.

Courtney, M. E., & Heuring, D. H. (2005). The transition to adulthood for youth aging out of the foster care system. In W. D. Osgood, M. E. Foster, C. Flanagan, & G. R. Ruth (Eds.). *On your own without a net: The transition to adulthood for vulnerable populations* (pp. 27–68). IL: University of Chicago Press.

Cronin, S., Becher, E., Schmiesing-Christians, K., Maher, M., & Dibb, S. (2015). Parents and stress: Understanding experiences, context, and responses. Retrieved from *Children's Mental Health eReview.*. http://www.extension.umn.edu/family/cyfc/our-programs/ereview/docs/parental-stress-2015.pdf.

Delbecq, A. L., Van de Ven, A. H., & Gustafson, D. H. (1986). *Group techniques for program planning: A guide to Nominal Group and Delphi processes.* Middleton, WI: Green Briar Press.

Dworsky, A. (2005). The economic self-sufficiency of Wisconsin's former foster youth. *Children and Youth Services Review, 27*, 1085–1118.

English, D. (2007). A research overview of reunification [Audio podcast]. Retrieved from http://www.hunter.cuny.edu/socwork/nrcfcpp/teleconferences/teleconferencearchives.html#reunification.

Foster, E. M., & Gifford, E. J. (2005). The transition to adulthood for youth leaving public systems: Challenges to policies and research. In R. A. Settersten, F. F. Furstenberg, & R. G. Rumbaut (Eds.). *On the frontier of adulthood: Theory, research, and public policy* (pp. 501–533). IL: University of Chicago Press.

Geenen, S., & Powers, L. E. (2006). Are we ignoring youths with disabilities in foster care? An Examination of their school performance. *Social Work, 51*(3), 233–241.

Guggenheim, M. (2016). The role of counsel in representing parents. Retrieved from *ABA Child Law Practice, 35*(2).

Hatton, H., & Brooks, S. (2008). Preventing re-entry into the child welfare system: A literature review of promising practices. Retrieved from www.humanservices.ucdavis.edu/academy.

Hoover-Dempsey, K. V., Walker, J. M. T., Sandler, H. M., Whetsel, D., Green, C. L., Wilkins, A. S., & Closson, K. (2005). Why do parents become involved? Research findings and implications. *The Elementary School Journal, 106*, 105–130.

Huscroft-D'Angelo, J., Trout, A. L., Epstein, M. H., Duppong-Hurley, K., & Thompson, R. (2013). Gender differences in perceptions of aftercare supports and services. *Children and Youth Services Review, 35*(5), 916–922.

Jones, T. L., & Printz, R. J. (2005). Potential roles of parental self-efficacy in parent and child adjustment: A review. *Clinical Psychology Review, 25*, 341–363.

Kim, D. H., & Schneider, B. (2005). Social capital in action: Alignment of parental support in adolescents' transition to postsecondary education. *Social Force, 84*, 1181–1206.

Krinsky, M. A. (2010). A not so happy birthday: The foster youth transition from adolescence into adulthood. *Family Court Review: An Interdisciplinary Journal. 48*, 250–254.

Leslie, L., Hurlburt, M. C., Landsverk, J., Barth, R., & Slymen, D. J. (2004). Outpatient mental health services for children in foster care: A national perspective. *Child Abuse and Neglect, 28*, 697–712.

National Center for Education Statistics. (2017). Fast facts: Back to school statistics. Retrieved from https://nces.ed.gov/fastfacts/display.asp?id=372.

Ogongi, W. (2012). Barriers to successful reunification of children with their families after foster care. Retrieved from http://www.stoneleighfoundation.org/sites/default/

files/Wanja%20Moving%20the%20Dial.pdf.

Olin, S. S., Hoagwood, K. E., Rodriguez, J., Radigan, M., Burton, G., Cavaleri, M., & Jensen, S. (2010). Impact of empowerment training on the professional work of family peer advocates. *Children and Youth Services Review, 32,* 1426–1429.

Park, J. M., Metraux, S., & Culhane, D. P. (2005). Childhood out-of-home placement and dynamics of public shelter utilization among young homeless adults. *Children and Youth Services Review, 27,* 533–546.

Patnaik, G. (2014). Life skill enhancement strategies to minimize stress. *Social Science International, 30,* 281–289.

Pecora, P. J. (2012). Maximizing educational achievement of youth in foster care and alumni: Factors associated with success. *Children and Youth Services Review, 34,* 1121–1129.

Pecora, P. J., & English, D. (2016). Elements of effective practice for children and youth served by therapeutic residential care (Research Brief). Retrieved from Casey Family Programs http://www.casey.org/residential-care/.

Pecora, P. J., Williams, J., Kessler, R., Hiripi, E., O'Brien, K., Emerson, J., ... Torres, D. (2006). Assessing the educational achievements of adults who formerly were placed in family foster care. *Child and Family Social Work, 11,* 220–231.

Randolph, K. A., Fraser, M. W., & Orthner, D. K. (2004). Educational resilience among youth at risk. *Substance Use and Misuse, 39,* 747–767.

Reschly, A., & Christenson, S. L. (2006). School completion. In G. B. Bear, & K. M. Minke (Eds.). *Children's needs III: Development, prevention and intervention* (pp. 103–113). Washington, DC: National Association of School Psychologists.

Ryan, C. L., & Bauman, K. (2016). Educational attainment in the United States: 2015. Retrieved from https://www.census.gov/content/dam/Census/library/publications/2016/demo/p20-578.pdf.

Sankaran, V. (2010). Representing parents in child welfare cases. In D. Duquette, & A. Haralambie (Eds.). *Child welfare law and practice: Representing children, parents, and state agencies in abuse, neglect, and dependency cases* (pp. 579–615). (2nd ed.). Denver, CO: Bradford.

Sinclair, M. F., Christenson, S. L., & Thurlow, M. L. (2005). Promoting school completion of urban secondary youth with emotional or behavioral disabilities. *Exceptional Children, 71,* 465–482.

Stukes Chipungu, S., & Bent-Goodley, T. B. (2004). Meeting the challenges of contemporary foster care. *The Future of Children, 14*(1), 75–83.

Sutherland, K., & Miller, R. (2012, May 22). Working with children who have experienced cumulative harm whose families have multiple and complex needs. Presented at the Best Interests Case Practice Model Professional Development Series, Royal College of Surgeons, Melborne, Australia.

Trout, A. L., & Epstein, M. H. (2010). Developing aftercare: Phase I. Consumer feedback. *Children and Youth Services Review, 32,* 445–451. https://doi.org/10.1016/j.childyouth.2009.10.024.

Trout, A. L., Tyler, P., Stewart, M., & Epstein, M. E. (2012). On The Way Home: Program description and preliminary outcomes. *Children and Youth Services Review, 34,* 1115–1120. https://doi.org/10.1016/j.childyouth.2012.01.046.

Trout, A. L., Huscroft-D'Angelo, J., Epstein, M., & Kavan, J. (2014). Identifying aftercare supports for out-of-home transitions: A descriptive analysis of youth perceptions and preparedness. *Journal of At-Risk Issues, 18,* 11–18.

Turnbull, A., Turnbull, R., Erwin, E., & Soodak, L. (2015). *Families, professionals, and exceptionalities: Positive outcomes through partnership and trust* (7th ed.). Upper Saddle River, NJ: Pearson Merrill Prentice Hall.

U.S. Department of Education. (2015). U.S. high school graduation rate hits new record high. Retrieved from http://www.ed.gov/news/press-releases/us-high-school-graduation-rate-hits-new-record-high-0.

Wulczyn, F. W., Hislop, K., & George, R. (2000). *An update from the multi-state foster care data archive: Foster care dynamics, 1983–1999.* IL: University of Chicago, Chapin Hall Center for Children.

Zetlin, A. G., Weinberg, L. A., & Kimm, C. (2004). Improving education outcomes for children in foster care: Intervention by an education liaison. *Journal of Education for Students Placed at Risk, 9,* 421–429.

Zetlin, A. G., Weinberg, L. A., & Shea, N. M. (2006). Seeing the whole picture: Views from diverse participants on barriers to educating foster youth. *Children and Schools, 28*(3), 165–174.

Zhang, C., & Bennett, T. (2003). Facilitating the meaningful participation of culturally and linguistically diverse families in the IFSP and IEP process. *Focus on Autism and Other Developmental Disabilities, 18,* 51–59.

Zimmerman, M. A. (2000). Empowerment theory: Psychological, organizational, and community levels of analysis. In J. Rappaport, & E. Seidman (Eds.). *Handbook of community psychology* (pp. 43–63). New York, NY: Plenum.