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Post-Reunification Services: Resources to Improve Family Unity

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Post-Reunification Services: Resources to Improve Family Unity

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Abstract

While there is a great deal of research pertaining to effective foster care reunification
strategies and resources, there is a significant gap in the literature surrounding services
for families, post-reunification. This is primarily due to a lack of resources for families
following reunification and scarce research on the topic. Families who are reunified from
foster care are at a critical point in terms of continued family unity, and they need
additional support during this time of transition to prevent future reentry into foster care.
While working towards reunification, families are provided with services and resources
to help stabilize and unify the family system, yet oftentimes these services are no longer
available after reunification is achieved. This paper examines the perceptions of a sample
of Department of Family and Children's Services caseworkers' as related to what
resources are most beneficial for improving family unity post-reunification and what
barriers exist for families who are accessing services. Because the caseworkers work
closely with the families, they have a unique perspective to what resources would be
most effective at preventing reentry into foster care. Post-reunification services must be
targeted and consistent to remain effective at maintaining family unity.

Keywords: foster care, post-reunification services, reunification, family unity

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Post-Reunification Services: Resources to Improve Family Unity

This research addresses the gap in the literature surrounding what families experience after a successful reunification from foster care. Reunification refers to the return of children to their home following separation through foster care. Most research in this field is conducted on initial reunification efforts and strategies, and exploration concludes after reunification is achieved. This project aims to identify existing services and provide recommendations for the development of resources and services that are conducive to improving family stability. Theoretically, resources and services that support family stability and unity are more likely to decrease the risk of reentry into foster care. The goal of this research is to illuminate services and supports that act as protective factors for family unity. Protective factors are characteristics, influences, or conditions at various levels of the environment (e.g., microsystem, mesosystem, macrosystem) that buffer or mitigate a person's exposure to risk (Jenson & Fraser, 2016). Risk factors refer to any event, condition, or experience that increases the chance that a problem will be formed or worsened (Jenson & Fraser, 2016). Identifying this information is vital to prevent recurrent separations and forestall the same trends in the children's families of choice. Applying a risk and resiliency framework can help identify protective factors and risk factors in an effort to prevent social problems in childhood and adolescence.

Efforts to reduce risk conventionally include returning children to their families of origin. However, approximately 14% to 16% of children who exit to permanency will reenter care within an 18-month period (Font et al., 2018; Goering & Shaw, 2017). Research shows that with even one post-reunification visit from a social worker, rates of

reentry decreased (Jedwab & Shaw, 2017). One study found that parents exposed to goal-oriented parental involvement initiatives showed greater engagement and, in turn, had better odds for successful reunification (Maltais et al., 2019). The guiding hypothesis of this study predicts that post-reunification visits serve as a protective factor for long-term stability of the family.

Additionally, services should be tailored to meet the needs of the reunified family. Moreover, non-discriminatory care and services should be accessible to all reunified families to help them succeed while still maintaining the best interests of the child. Furthermore, extant research illustrates that continued engagement with the family, assistance with obtaining housing, employment, and health/mental health services have the potential to improve reunification outcomes (Carnochan et al., 2013; Fernandez et al., 2019; Goering & Shaw, 2017; Jedwab & Shaw, 2017); however, additional rigorous research is required to better understand which services are best suited for which families.

Literature Review

Although foster care reunification is the most common exit to permanency for children in care, it is often challenging and stressful for the family (Jedwab & Shaw, 2017). Research indicates that between 14 to 16% of children will return to care in the 18-month period following a successful reunification (Font et al., 2018; Goering & Shaw, 2017). There are several factors that indicate a higher risk of reentry, such as lower parenting skills, caregiver substance abuse, mental health issues, parental criminal history, poverty, sibling groups, reunification against recommendation, and multiple removal experiences (Jedwab & Shaw, 2017). One study found that when controlling for other factors, each additional risk factor increased the likelihood for reentry by about

80% (Goering & Shaw, 2017). Understanding predictors that could contribute to reentry can help to identify children who are at a greater risk and target services to strengthen the family (Fernandez et al., 2019; Font et al., 2018; Goering & Shaw, 2017; Jedwab & Shaw, 2017). Families with a history of substance abuse are at a high risk of reentry; regardless of time spent in care, services should be offered early and frequently to decrease the chances of reentry into foster care (Font et al., 2018). This type of targeted support can be achieved through an assessment of needs and risks present for each family; however, this is a collaborative approach across many avenues of care and requires numerous resources (Fernandez et al., 2019; Jedwab & Shaw, 2017).

There are also several protective factors to prevent reentry into the foster care system. Trial home visits and post-reunification visits from a social worker both decreased the likelihood of reentry into the system. Support during the post-reunification period is important for families as they work to reestablish relationships and bonds that may have lapsed during separation (Jedwab & Shaw, 2017). Research has found that post-reunification services can play a crucial role in the stability of the family, however, additional research is required to better understand the when, where, and how these services are most beneficial (Carnochan et al., 2013; Fernandez et al., 2019; Goering & Shaw, 2017; Jedwab & Shaw, 2017). These services may be as simple as visits from a caseworker or as rigorous as family therapy (Carnochan et al., 2013). Moreover, several studies found that one of the most critical factors associated with a successful reunification is continued engagement with the family (Fernandez et al., 2019; Shipe et al., 2017). Continued assistance with retaining housing, managing financial stressors, mental health conditions, and treating alcohol and substance abuse problems reduce risk

factors for reentry into care (Fernandez et al., 2019). Post-reunification services should be structured to reduce the risk of reentry into foster care, specifically the continuation of positive parenting skills (Shipe et al., 2017). One study found that services post-reunification did not notably decrease the risk of reentry, however, the researchers noted that an increased sample size would have likely shown a significant decrease in the rates of reentry to care (Goering & Shaw, 2017). The limited body of literature exploring post-reunification services indicates that further research is warranted to better understand this phenomenon.

Regardless of whether there are services available for families post-reunification, foster care can be stigmatizing for both the parent/s and child/ren. Accepting services is a considerable step for reunified families; from fears of new maltreatment claims to shame from being unable to support themselves alone, reunified families are sometimes fearful to seek services (Stephens et al., 2015). Consequently, families may be hesitant to access available services continually, which makes it difficult to examine the effects of post-reunification services on family unity. Because research on this topic is limited and small scale, the effects of post-reunification services are not well established. However, although a study with a small sample size by Goering and Shaw (2017) found that post-reunification services did not reach statistical significance, the finding suggests that when accessed, services offered may be effective in decreasing risk factors for reentry into care.

Resources following reunification are scarce and rarely utilized, primarily because parents are afraid to ask for support following reunification, noting aforementioned maltreatment claims (Stephens et al., 2015). Applying the concepts of expressed and

perceived need provides a helpful foundation for exploring these findings. Expressed

need can be discussed in terms of met and unmet needs (Kettner et al., 2017). However, a

limitation to this approach is that families do not always seek additional services if they

do not know they have the option to do so (Kettner et al., 2017). Thus, this can create a

level of invisibility with respect to the needs of families, as the need is not demonstrated.

Perceived need is discussed as the individual's perceptions of what their needs are

(Kettner et al., 2017). However, it can be difficult to alleviate perceived need as

individuals may present symptoms of a more significant issue (Kettner et al., 2017). For

instance, a parent may believe that they need access to food and clothing resources, while

obtaining a job is the overarching, more pervasive need. Ultimately, need is multifaceted

and examining each facet is vitally important to providing effective assistance to families

(Kettner et al., 2017).

Research shows that families who are reunified are at a critical point and need

additional assistance to be successful (Font et al., 2018; Goering & Shaw, 2017; Jedwab

& Shaw, 2017; Stephens et al., 2015). Additionally, the services provided to reunified

families should be chosen through assessment of need and risk factors (Fernandez et al.,

2019). Services that are mandated while working towards reunification are usually no

longer available once reunification is achieved. However, if services were to continue,

caregivers may be hesitant to accept resources and services when offered due to social

stigmatization of accessing resources, specifically in regards to substance abuse and

mental health services. Mainstream culture's stigmatization of mental health problems

often create a barrier for individuals seeking those services (Bracke et al., 2019).

Caseworkers can play a significant role in deconstructing the stigma associated with

accessing services. Research has indicated that families who had strong bonds with their

caseworkers were more likely to seek out and access resources available (Stephens et al.,

2015). In an effort to increase utilization of these resources, caseworkers should continue

to work closely with the family. Research shows that proactive case management,

coupled with engagement with the family, can help facilitate trusting relationships and

better outcomes for the family (Stephens et al., 2015).

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Research Questions

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This research explores the relationship between family unity following a

reunification from foster care and resources available to families post-reunification.

Families are likely to be more stable and less likely to reenter care when they have

support following the return of children to the home. This exploration aims to address the

following research questions from the perspectives of caseworkers with the Department

of Family and Children's Services [DFCS]:

1. Which services do DFCS caseworkers perceive as being most beneficial

   for families following reunification?

   a. What role do these services play in preserving family unity and

      preventing reentry into care?

2. What perceived barriers are there for families accessing services following

   reunification?

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Method

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Sample and Participant Selection

Purposive and convenience sampling were used jointly to identify participants

because of the limitations due to accessing this population. Purposive sampling selects

participants with the expectation that their opinions, based on social location, context, and experiences, will provide rich and valuable information to the study. Convenience sampling is a method of participant selection wherein they are selected because they are more accessible but may not be the strongest representation of the targeted population (Etikan et al., 2016; Patton, 2002). Because of the project's focus on rural Georgia, to be included in the sample participants must currently be a caseworker or previously have been a caseworker operating in the counties of reference. Subsequently, the Interim County Director was emailed to request permission to conduct interviews with willing participants. Due to the COVID-19 pandemic, access to this population was limited. During this time, caseworkers were required to work from home, and obtaining contact information was challenging.

Interviews were conducted with four DFCS caseworkers in three counties within the state of Georgia: Telfair, Wheeler, and Dodge. Although the sample size for this study was limited, qualitative research participants are established as "information-rich" due to their unique perspectives (Billups, 2019). Three of the participants identified as female and the remaining participant identified as male. All participants were assigned pseudonyms after interview completion. Participants varied in their length of work experience, ranging from one year to eighteen years. More specifically, David has worked with DFCS for just over one year, Megan has five years of experience with DFCS, Jessie has been involved with DFCS for ten years, and Connie has worked with DFCS for eighteen years. Additionally, each participant noted that they had prior experience working with families before seeking employment with DFCS. After

interview completion, a demographic survey was sent out requesting age, race/ethnicity, and education. However, no responses were recorded.

Procedure

Data Collection

Utilizing a qualitative research framework, with a foundation in phenomenological research design (Patton, 2002), this study collected data specific to the interviewees perspectives regarding services for families post-reunification. Additionally, this study examined participants' perceptions related to the usefulness of services in stabilizing the family. According to Billups (2019), the guiding question for phenomenological research is "What is the essence of the lived experience under study?" (p. 5); applying this framework, the original research questions were broken down into multiple items to construct the interview protocol.

Contact was made with the Social Service Specialist Supervisor for Dodge, Telfair, and Wheeler counties during April of 2020 to set up times for interviews with willing caseworkers. Subsequently, after obtaining a letter of consent from the County Directors, representatives from the targeted counties agreed to permit their organization to participate in this research effort. However, interviews were not able to be scheduled until the first of August of 2020 due to difficulty accessing the population. More specifically, due to various limitations (time frame, COVID-19, access to the population), the sample size came to four participants.

The interviews were audio-recorded phone interviews designed to assess the perspectives and perceptions of the caseworkers. The interview questions were derived from the identified research questions and existing literature and were designed to bridge

the gap identified within the literature. Interview questions were specific to resources for families actively seeking reunification, predictors that correlated with a successful or failed reunification, and information and ideas pertaining to services post-reunification. Please see Appendix for complete interview protocol.

Data Analysis

After transcribing the interviews, the data was coded first using open coding, followed by axial coding to relate and connect the identified themes. Open coding, also referred to as initial coding, works to closely examine and compare the data for similarities and differences (Saldaña, 2013). Open coding allows the researchers to identify patterns and themes as they emerge from interpretations of the data (Saldaña, 2013). Opening coding was applied first to find the major themes within the data, as the sole research hypothesis was that post-reunification services may be beneficial to families. Furthermore, axial coding allows the researcher to relate themes and categories that emerge in the data through grouping similar data into subcategories under major themes (Saldaña, 2013). Themes were related back to one another to illuminate similarities between concepts relayed by participants. Axial coding was employed until thematic saturation was achieved. Thematic saturation occurs when no new points or connections are observed in the data (Saldaña, 2013). In an effort to decrease biases in the findings, the coders engaged in comparative analysis to ensure inter-rater reliability after individual analysis of the data. Inter-rater reliability refers to having more than one researcher examine the data individually and comparing findings in order to prevent unintended biases (Lange, 2011).

Findings & Discussion

Participants in this study reported between zero and five percent of families within their caseloads seek reunification. Furthermore, only a fragment of this subset are successful in doing so. This point was illustrated by Jessie, who explained, "I could say in the ten years I've been working with DFCS, I've probably had five." The low rate of successful reunification illustrates the need for further exploration of post-reunification services to improve family unity.

While this issue may only impact a small proportion of the families served by these service providers, the need is still evident for the continued success of reunified families. Fourteen to sixteen percent of reunifications fail within an 18-month period, suggesting a potential critical period post-reunification (Font et al., 2018; Goering & Shaw, 2017). High reentry rates take a toll on the families and caseworkers involved. Additionally, caseworkers are overwhelmed with high caseloads: participants quoted an average of about 19 cases at a time, with the highest being 70 at one time. The high number of caseloads among caseworkers is a likely contributor to the need for post-reunification services remaining undetected in most settings. The participants in this study reported the need for post-reunification services for families to continue for a period of at least a year. As Connie explained, "A lot of them mess up a year to the day. A lot of them will mess up six months to the date." Continuing support services has the potential to mitigate the risk of reunification failure.

Results from this study expressed two emergent themes: examining the needs of reunified families and broader environmental supports. The first primary theme focused on the needs of reunified families and subsequently illuminated a subtheme: stigma and

politics. Stigma and politics were identified as perpetuating and exacerbating the needs of

reunified families. Through this research, participants identified needs and barriers for

families post-reunification. Lack of resources, lack of access to extant resources, and

social stigma each prevent families from utilizing post-services. However, participants

believe post-reunification services have the potential to improve family unity and prevent

reentry into foster care. The second theme that emerged from the data was the need for

broader environmental supports. More specifically, services that are intended to promote

continued family unity. This research has identified a gap in the literature regarding the

need for supports for families post-reunification. Results indicate that this is a silent need

in the field of child welfare and is not often expressed by families being served.

Examining the Needs of Reunified Families

From the vantage point of caseworkers, it is not a question of if families would

benefit from post-reunification services, but more specifically what kinds of services,

where they should be housed, and when they should be offered. While scarce, there are

presently some community level services and supports for families post-reunification that

can be identified by caseworkers who are resourceful. The participants in this study

identified various support options at the county level, however state funded support

services are notably missing. As a result of this scarcity, the caseworkers only had the

option of directing families towards limited local resources. For example, the individuals

in this sample highlighted the use of religiously affiliated organizations, seeking a

community mentor, and respite care through the foster family in supporting continued

family unity. The caseworkers themselves also provided continued support for reunified

families, even after cases are terminated. David explained:

I am not one of the caseworkers who says, "well they're reunified I don't want to

deal anymore." I would continue to work with them for a few months and make

sure that they understand that even when I am no longer involved, you have my

number and you can still reach out to me.

He went on to explain why, "this family has been dealing with this particular case worker

and resources for years. And to just throw them to the wayside because they reunified I

think does a disservice to them." During the process of reunification, families grow

accustomed to having certain services and resources available to them. If removed

prematurely or without warning, the family may suffer, leading to reentry into foster care.

Reunified families need effective services that continue for a time post-

reunification that slowly taper off in order to adjust effectively. Participants echoed this

idea; David explained that he feels that families should continue to see a caseworker

monthly at minimum for an additional six months. Megan felt the time period for

caseworker contact should be shorter, "you know, at least 30 days or either 60 day, just to

make sure they're okay." Research conducted by Goering and Shaw (2017) supported

this point, "the present study found that 14.0% of children in our sample reentered the

foster care system within 18 months of achieving permanency" (p. 41). Goering and

Shaw's (2017) study tracked families for six months more than federal requirements and

illustrated the need for long term engagement to further understand the scope of the

problem. A similar study suggested the reentry rate should be examined for 24 months

post-permanency (Shaw & Webster, 2011 as cited in Goering & Shaw, 2017). Services

should continue for 18 to 24 months post-reunification to diminish the risk factors for

reentry.

In order to promote continued family unity, the participants made time to reach out to reunified families to help meet this need and ensure continued family unity, despite having high caseloads. However, these efforts are not always enough to prevent reentry into foster care. Connie noted, "If I would have had more support at times, you know I think if there was more of me, we could have been 100% more to support them more." In the rural counties that they serve, the post-reunification supports are minimal. For example, for caregivers who suffer from substance abuse, participants recommend Alcoholics Anonymous meetings, and for those who need mental health services, participants recommend counseling which is sometimes located in surrounding counties. Jessie explained, "Our problem now is rehabs, trying to get parents into rehabs. We just don't have availability of getting them in one."

After speaking with the caseworkers, it became clear that post-reunification services are severely lacking. Connie explained, "We just don't have a lot of resources." Participants agreed that post-reunification services would be beneficial for families, however, they have little to no services to offer. Thus, participants in this study illuminated several resources that they believe would be beneficial for reunified families if they became available, but also revealed that no caregivers had expressed a need for these services. Post-reunification services may be non-existent partially due to the lack of expressed need. Families may not realize they need these resources, so they are not seeking them out. Families may also be unaware of services available in other arenas, such as community level resources or religiously affiliated organizations. If post-reunification services became available, specifically the services caseworkers perceive to be most beneficial, demand for more services would increase.

Stigma and Politics

There are several political issues to consider when thinking about support services post-reunification. The first being that families are relatively private entities (Jenson & Fraser, 2016). Many families in individualistic societies value autonomy and do not want the government interfering with their lives. Furthermore, individualistic societies foundationally believe that, for the most part, families should be self-sufficient. However, in the case of child welfare there is no choice regarding government intervention. Additionally, because of the societal emphasis on individualism, needing assistance is often stigmatized and can create a barrier for accessing needed services. Because of this, when families are reunified they are often reluctant to look to DFCS for additional assistance, as they want their family to appear strong to remain together. Connie explained, "They are afraid, sometimes some of them are ready to get out of DFCS, they are just so sick of DFCS and they are just ready to get gone." These families now have the option to involve family service providers in their lives, however, because of prior experiences, they do not.

While reunified families often choose to keep their distance from DFCS and other similar agencies, the community has the opportunity to bridge the gap and offer services for families to improve their quality of life. For example, communities should be involved with the children within their community to ensure that they have the opportunity to become contributing members of society. The health of a society can be determined through assessing the wellbeing of children in families (Jenson & Fraser, 2016). However, the politics of many small rural communities can hinder families from

being able to function effectively. Connie summarizes the relationship between jobs and those who hold power within her community:

>   There are programs and stuff that could be pulled into this area to help, but the older generation, as everybody says is true in this area, they don't want it…. They don't care, they're not looking at the youth here.

Participants echoed that families cannot thrive if society does not value them. The lack of resources in rural areas oftentimes stems back to a fear of change among community stakeholders, as Connie explained, "I think if there was enough politically to pull together to bring in the older people in this community that's prohibiting the companies to come in here." Society's individualistic approach to family life perpetuates stigma associated with accessing services. This issue is further compounded by the lack of resources for reunified families and is ultimately not conducive to continued family unity.

Another problem the participants identified is the lack of funding for post-reunification services. Funding is usually reserved and prioritized for restorative services or services provided while working towards a reunification. Smaller counties often have a hard time providing access to restorative services and, in turn, post-reunification services are typically nonexistent.

Moreover, participants highlighted the comorbidity of substance abuse with failed reunifications. In reference to substance abuse rehabilitation Jessie stated, "There are all different kinds of rehabs out there but we need more state funded ones that are really gonna work" and went on to explain that there are faith-based organizations as well as private institutions that provide rehabilitation services. Similarly, Connie identified issues with those types of rehabilitation services:

> They say that when they go to these rehabs that there are more drugs in the rehabs
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> than there are on the streets. And this is what the clients tell us. They will leave
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> the rehabs because they say they can do it quicker on their own than they can in
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> the rehab.

Thus, when the services designed to help caregivers create more problems than they solve, they have unintended consequences and further compound issues surrounding the sensitive period after reunification. There is also a risk of intergenerational transmission of addiction. Research has found that when a family member of a child engages in severe alcohol or drug use, the child has a higher risk to explore these behaviors (Biederman et al., 2000 as cited in Jenson & Fraser, 2016).

Families are sometimes also afraid to seek services from DFCS or law enforcement agencies, due to fear of a second separation (Stephens et al., 2015). The concern and stigma associated with expressing need can deter families from seeking out or accessing services. As Connie explained:

> With DFCS clients, they don't know where to turn because most of the time law
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> enforcement or courts or DFCS is involved and DFCS scares a client. They do not
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> know where to turn because they think their child is going back to foster care.

Families often refrain from seeking out mental health services and forego continuing substance abuse counseling for these reasons. Families may not access community services that may help them achieve continued family unity because they believe they will appear unfit to child welfare agencies if they utilize supportive services (Stephens et al., 2015).

Succinctly, contemporary American society stigmatizes mental health and addiction; therefore, populations who experience these issues may already be hesitant to reach out for help. Due to this assumption, families may be reluctant to accept help from existing government agencies, which in turn compounds existing issues. Politics at a community and family level leave much to be desired in terms of family support, while stigma associated with treatment of mental health and substance abuse, as well as difficulty accessing community level support services, may prevent caregivers from thriving.

Broader Environmental Supports

There are several different facets of need at play when thinking about what services should be offered post-reunification: the caseworkers' perceptions of reunified families' needs as well as expressed needs of the families, or lack thereof. Caseworkers identified various services that have the potential to benefit reunified families, however many of these services do not exist at any level in the rural communities that they serve. Offering services at a community, state, or federal level could improve family unity.

Programming

Research shows that additional services have the potential to be beneficial to long-term family unity (Goering & Shaw, 2017), however many families are not accessing services. Having basic services available and visible could help encourage families who need specific services to express their need. Expressed need works similarly to supply and demand; if families access and request additional services, more can be created to target their needs. Requesting more services also works to remove the stigma associated with support services. One of the reasons that post-reunification services are

lacking is because families fear stigmatization and do not realize that they hold much of the power in regards to resources becoming available and normalized.

      Substance Abuse & Mental Health. One of the most common predictors for out-of-home care is caregiver substance abuse (Font et al., 2018; Jenson & Fraser, 2016). Substance abuse is tied to more than a third of all foster care placements (USDHHS, 2017 as cited in Font et al., 2018). In rural areas, substance abuse is often a determining factor in foster care placements. Megan noted, "we have a lot of parents with substance abuse issues." Jessie echoed this point, "Most of my cases and pretty much the majority of cases that we have now are mainly drugs." Additionally, Font et al. (2018) found that "when compared with children removed for a reason other than neglect, those removed for substance abuse or mental health [SAMH] had a 57% higher risk of reentry" (p. 1338).

      "When services are available, they are not sustained for long after reunification, which conflicts with long-term treatment and the support needed for SAMH" (Dawson et al., 2007 as cited in Font et al., 2018, p.1334). Early targeted services remain most effective at treating substance abuse and preventing reentry into care (Font et al., 2018). However, as Connie stated, "When you tell them they've got to a rehab or just seek out some substance abuse treatments or are mandated or court ordered ... there's not a lot of treatment facilities."

      Smaller communities lack the services to effectively serve those in need of mental health services or substance abuse treatment. There usually are no local state funded rehabilitation centers for substance abuse and local rehabilitation centers leave much to be desired. There is also a lack of counseling and rehabilitation for mental health needs in

rural communities. Caregivers who live with mental health needs need access to comprehensive treatment. The lack of substantial treatment options for SAMH is a risk factor for reentry into care. Extensive rehabilitation and continued support services should be offered to families/caregivers with a history of substance abuse. The need for state funded, community level services surrounding substance abuse is more than apparent from these findings: having targeted supports available and accessible post-reunification will lead to a decrease in new and repeat foster care placement due to substance abuse.

Employment. In rural areas, employment can be difficult to find; "we have no employment here, we have little to no money making for them," Connie explained. She previously explained the reason for this is because the stakeholders in the community do not value the youth in the community. To combat this, society must move from an individualistic perspective of families and shift to a more collectivist perspective with respect to employment opportunities. When applying a collectivist perspective, decisions are made that benefit the entire group, rather than community stakeholders doing what is in their best interest. Ultimately, this shift in framework would prompt stakeholders to create jobs for community members. Jenson and Fraser (2016) explained that a "somewhat broader framework for child welfare has emerged, and, in the interest of protecting and nurturing of children, greater emphasis is being placed on communities as a whole" (p. 55). This indicates that creating opportunities for employment has the potential to benefit the wellbeing of children within the community. Obtaining and maintaining employment can serve as a protective factor for continued family stability.

Transportation. Transportation to and from work and services can also be a hurdle for families. Megan pointed out that "a lot of parents don't have transportation. It's a big problem for these families." The majority of these counties do not offer transportation services and as participants noted, many families do not have access to transportation. Lack of transportation can be a hidden risk factor for reentry into care, as families may not have transportation for things such as employment, child wellness check appointments, counseling services, or education. The need for transportation is apparent. If families cannot access the services created to improve continued family unity, the services cannot benefit them.

Education. Participants also identified educational opportunities for caregivers, specifically single mothers. Jessie stated, "get them in school, help them get their GED if they're drop outs… try to educate the mother to better her curriculum. Get her in some kind of schooling." Caregiver education is considered to be a critical protective characteristic in regards to child welfare (Jenson & Fraser, 2016). Additionally, more recent research indicates that parents exposed to goal-oriented parental involvement initiatives showed greater engagement and, in turn, had better odds for successful reunification (Maltais et al., 2019). Therefore, furthering caregiver education potentially decreases the risk for reentry into care.

Shelters. Most rural communities do not have shelters, be it domestic violence or homeless shelters. Participants expressed a need for these services so that families have a place to go. Connie noted that in large communities, "they let them live from one homeless shelter to another and it's okay in the bigger cities to do that." There are few opportunities for housing in rural areas, and children can be placed in foster care simply

because the caregivers cannot find housing. "We've got to be able for somebody to have housing here," Connie explained. Until housing needs are met, families at risk for homelessness are also at risk for separation.

Respite Care & Childcare. Participants also identified how difficult it is for single mothers to have continued success through reunification as many of them do not have a support system. Caseworkers recommended respite care through the foster family as a significant need for single mothers. Jessie further explained:

> I have also continued with uh, support services with the families with foster families. They will support those families, especially the single mother's, for babysitting… And it is a lot of um, a lot of stress on single mothers, not having, you know, being- not that they don't want their child it's just the fact that when they're with their child 24/7 they need a break too.

When parents have higher levels of stress, there are higher risks for maltreatment within the family (Jenson & Fraser, 2016). Caseworkers should encourage continued communication between the parents and foster parents, specifically if the support system for the family is lacking.

Continued childcare was also identified as a needed support. Participants expressed that they believe that childcare should be free to single parents who work, again specifically mothers. Jessi explained, "I think free day care, I don't think you should have to be qualified, I think it should be free for single parents. Especially for mothers. That's hard. If they work, give them free day care." Affording childcare to parents who work will allow them to retain their jobs. After school care would also benefit working parents. Jessie explained, "have a afterschool, let them have a free

afterschool program. I think that would be good for them." When parents do not have to seek childcare, they are absolved of a significant stressor and may be more likely to retain employment.

Conclusions

The findings of this study clearly suggest that families reunified from foster care need continued support in order to prevent reentry into foster care. When the needs of reunified families were examined, research identified that access to resources should continue for at least 18 to 24 months after reunification is achieved (Goering & Shaw, 2017). Participants identified multiple resources that they believe would be beneficial in preserving family unity: substance abuse and mental health services, continued education, employment opportunities, transportation, shelters, respite care and child care. In order to fully support families post-reunification, resources and services should be created at multiple levels of society.

Participants in this study also identified possible barriers to continued family unity. These include the privatization of families, community stakeholders' values, lack of funding for needed services, fear of additional maltreatment claims, and stigma associated with substance abuse and mental health treatment. Child welfare is a community level issue; children comprise the future of our society and the quality of children in families directly influences the health of society (Jenson & Fraser, 2016). Jessie explained, "It takes a village to raise a child, I believe in that." Continued family unity is a multifaceted problem that will require a multifaceted solution. Continued support services post-reunification are one facet of the solution. Jessie further noted, "We uh, we've gone away from families so much, and we need to get back to family life. And

that ... that's what it's all about in life, is families." The findings of this study suggest that continued family unity post-reunification relies heavily on the resources and assistance afforded to families post-reunification.

Limitations and Future Directions

Limitations

This study had several limitations. From the onset of this study, accessing a sample of DFCS caseworkers proved difficult. Due to the high number of caseloads, caseworkers and directors alike remain extremely busy. This problem was further compounded by COVID-19. When the country shut down, DFCS moved to remote work. At this point in time, the researcher did not have contact information for participants. Additionally, due to limited access, data collection was not able to begin until mid August 2020. The temporal parameters for completion of this research further restricted the amount of time that could be allocated to recruiting participants. COVID-19 also hindered this project's progress through the sudden transition to online learning during the second semester of work.

Furthermore, this study did not examine the role of caseworkers' social identities in regards to age, race, gender, or ethnicity. It is possible that the sociodemographic characteristics of participants may influence their perceptions of need among reunified families. A more diverse sample may have yielded different results with respect to cultural variations and post-reunification services.

Lastly, as a result of the small sample size, this research is based on the observation of a select few DFCS caseworkers. It is plausible that a larger sample size may result in the identification of additional beneficial resources. Moreover, a more

robust sample could result in disagreement regarding what constitutes beneficial resources in reference to continued family unity. Thus, this sample may not be representative of the entire population.

Future Directions

Future directions for research in this area include further investigation as to which specific resources are most beneficial to reunified families and other arenas of caregivers' lives that may contribute to reunification failure. Prospective studies may consider including supplementary opinions and perceptions from other service providers such as healthcare professionals or community representatives, to strengthen the research design. Utilizing a more diverse sample of caseworkers would also help expand our knowledge in this area.

Moreover, research regarding subsidiary stressors in caregivers' lives is required. Each added stressor can be considered a potential risk factor for reunification failure. Early identification of risk factors can help family services workers target resources as protective factors against failure. The findings of this study highlight the potential for post-reunification services to provide a safety net for families and to better prepare them for life after reunification. Additional research in the field of child welfare is warranted to better understand the needs of reunified families. Research efforts specifically focused on the effectiveness of post-reunification services and the continuation of family unity have the capacity to expand our understanding, with the ultimate goal of better supporting this vulnerable population.

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Appendix

1. How long have you worked with families?

2. How many families seek reunification each year in your area?

    a. What are the rates of successful reunification in your area?

3. What resources are you aware of that are available for families actively seeking reunification?

    a. What about post-reunification?

4. What is the biggest indicator you have noticed that reunification will fail?

    a. Is there something that could combat this?

5. What are the biggest indicators that reunification will be successful?

    a. Are there ways to foster that in families who may lack it?

6. What are your thoughts on continued support for a time after a successful reunification?

    a. Do you think offering services would be beneficial in improving family unity?

7. Have any families specifically expressed a want for additional resources after reunification?

    a. What were they?

8. What resources do you think would be most beneficial to families post-reunification? Services like childcare and job training? Or resources like education and food security programs?

    a. Why?

9. Have you noticed an intergenerational trend with children who have been removed from their home and later reunified to have the same challenges with their children?