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Reunification trajectories in Quebec: Acknowledging chronic family challenges to support stability

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ABSTRACT

Background: While family reunification following out-of-home placement is a goal of child protection policy, complex family needs may not be met at the point that child protection systems reunify families. Permanency legislation creating maximum placement timeframes prompts questions regarding what families need to be supported in stably reunifying following a child's removal from the home.

Objective: We aim to identify clinical risk factors salient for initial placements and placements following a child reunifying with their family to inform successful reunification and improve children's stability.

Participants and setting: The study includes a representative sample of children in Quebec with a child protection investigation in 2008 ($N = 3051$) followed for nine years.

Methods: Cross-sectional clinical data from the Quebec Incidence Study (QIS) on Evaluated Child Protection Reports (2008) were linked with longitudinal administrative data from 16 provincial child protection agencies. Canadian Census data (2006) were used to create a factorial index measure for poverty. Chi-square automatic interaction detector (CHAID) decision tree analysis was used to compare risk factors salient for initial placements ($n = 1120$) with post-reunification placements ($n = 455$).

Results: For the placement sample (n = 1120), significant factors were: attachment issues, caregiver drug use, child's suicidal thoughts, child's self-harming behavior, and academic difficulties. Of the children who reunified with their families ($n = 847$), over half (n = 455; 54%) returned to out-of-home placements. Certain factors remained significant for placement after reunification: academic difficulties, attachment issues, and caregiver drug use. The CHAID model fit estimates suggest 70.9% ($SE = 0.008$) accuracy predicting out-of-home placement following child protection investigation and 58.2% ($SE = 0.017$) accuracy predicting re-placement following family reunification.

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Conclusions: Complex needs among families most likely to experience reunification breakdown indicate potential service gaps. When legislated placement timeframes prompt quick resolution of family challenges, these analyses can contribute to policy discussions regarding clinical family challenges that impact stability.

1. Introduction

All child protection policy in North America includes a mechanism for placement of children outside their home due to concerns regarding their safety or development (Child Welfare Information Gateway, 2020; Public Health Agency of Canada, 2018). Research suggests that when this is necessary, children's outcomes are better when these placements are stable (Stott, 2012; Unrau et al., 2010; Webster et al., 2000), when children are reunified with family (Goldsmith, Oppenheim, & Wanlass, 2004), and when other permanent situations – with kin or through adoption – are found in cases where returning home is not possible (Gauthier et al., 2004). Recent debate regarding permanency-driven decision making has raised questions regarding the needs of families who are trying to reunify (Burge, 2020; Font et al., 2018). Particularly when children are negatively impacted by experiencing multiple placements (Connell et al., 2006; Esposito et al., 2014a; Farmer et al., 2008), understanding what families need to reunify stably is important for improving outcomes for children removed from their homes.

Several factors are shown in the research literature to impact the likelihood of reunification after an initial placement. Chronic neglect and ongoing socioeconomic challenges are related to the possibility of a child returning home: when concerns about a child's wellbeing relate to neglect, reunification may be slower or less likely (Fernandez et al., 2019), and when reunification does happen, it is more likely to be unstable (Farmer & Lutman, 2012). Reunification is also less likely for single parent households (Fernandez et al., 2019), and families in which caregivers are receiving social assistance rather than being employed outside of the home (Kortenkamp et al., 2004). Some authors have suggested that legislation of shorter reunification time periods may lead to an increase in premature reunification, risking an increase in reunification breakdown and multiple re-entries, especially when available social welfare benefits are insufficient (Hélie et al., 2020; Wells & Guo, 1999). Furthermore, when families have multiple challenges (e.g., related to drug use, housing, and mental health), reunification is more likely when they can find appropriate supports to alleviate these co-occurring challenges, which likely will not improve following referrals to silo-ed providers, but require integrated, coordinated intervention tailored to specific needs of individual children and their families (Marsh et al., 2006). In Quebec, where this study takes place, per capita public social and financial support to families with young children is the highest in Canada (Statistics Canada, 2018). However, prior studies show that chronic socioeconomic challenges alone are not sufficient to explain why certain families even in this province may struggle to maintain their children in the home (e.g., Esposito et al., 2014b), indicating that complex dynamics within families may be interacting with socioeconomic challenges.

Previous studies have suggested that a complex constellation of clinical factors related to the child(ren), caregiver(s), and the family environment can impact the likelihood of reunification stability, as can the family's history with the child protection system (e.g., Brown et al., 2020). For the purpose of this study, clinical factors may be defined broadly as relating to the observable or reportable symptoms and identified needs that a family member or worker may identify, such as behavioral or mental health problems impacting family functioning. Further, reunification breakdown may predict recurrent maltreatment in the future (Hélie et al., 2014; Hélie et al., 2020). Understanding the complex reasons for reunification breakdown is crucial for supporting sustained stability and permanency for children. The present study aims to identify clinical risk factors that influence reunification breakdown trajectories through analyzing linked datasets including structural, clinical, and child protection factors related to child-protection involved families in Quebec. To date, no Canada-based studies have analyzed how and why reunification following placement may be stable or result in a child re-entering care.

2. Background

While stable reunification is the goal following a child's placement in out-of-home care, research demonstrates that family reunifications break down anywhere between 13% of the time after one year reunited (Shaw, 2006; Wells & Guo, 1999) and over 50% of the time after four or five years (Hélie et al., 2020; Ubbesen et al., 2012; Wade, Biehal, Farrelly, & Sinclair, 2011). Numerous reasons may explain the instability of certain family reunifications. Children's re-entry to out-of-home placement may be a symptom of inadequately addressed challenges in the reunification process, lack of support or resources, or a shortcoming in service-delivery (Barth et al., 2008; Carnochan, Rizik-Baer, & Austin, 2013; Courtney, 1995; Farmer, 2018; Farmer et al., 2011; Frame, 2002; Fuller, 2005; Hindley et al., 2006; Shaw, 2006). The types of challenges families experience can be extensive, as can the range of supports that may be helpful in alleviating them. It is difficult to systematically compare studies on reunification breakdown due to differences in follow-up time periods, clinical and administrative differences in samples, policy differences across jurisdictions, and other methodological differences (Carlson et al., 2019; Davidson et al., 2019; Frame et al., 2000; Kimberlin et al., 2009; Shaw, 2006). Despite these methodological inconsistencies, the extant literature is nonetheless indicative of many child, caregiver, and structural factors that may impact the stability of families when a child returns home after an out-of-home placement.

Several child characteristics are found to relate to the risk of reunification breakdown. Children's internalizing and externalizing behaviors are consistently found to relate to a higher risk of reunification instability (Barth et al., 2008; Davidson et al., 2019; Hélie et al., 2020). Children's special educational, physical, mental health, developmental, and behavioral needs are widely shown to

significantly relate to challenges in reunification and the likelihood of breakdown (Carnochan, Lee, & Austin, 2013; Davidson et al., 2019; DePanfilis & Zuravin, 1999; Finster & Norwalk, 2021; Miller et al., 2006). Children who were exposed to drugs and alcohol in utero were also found to be at greater risk for reentry to foster care after reunification, possibly indicating chronic parental drug use and related challenges for the child (Frame, 2002). Disproportionate representation of certain ethnic and racial groups in child welfare systems — which has been found to correlate with concurrent socioeconomic and environmental risk factors — are also present in rates of re-entry into care (Davidson et al., 2019; Finster & Norwalk, 2021; Jonson-Reid et al., 2013). One study found that higher rates of reunification breakdown for ethnic and racial minority families may also be explained through children's behavioral challenges (e.g., Landers et al., 2019), which can be perpetuated by chronic family and environmental stressors (Schickedanz et al., 2018; Srivastava, 2020; Theall et al., 2017). There are mixed findings regarding how likely children of different ages may be at risk of re-entering care after reunification. In a recent review of literature on reunification breakdown, Davidson et al. (2019) found that children ten years old and above are more likely than younger children to re-enter care after reunifying with their family. Conversely, other studies have found that both infants and children under 12 were more likely to re-enter care (Connell et al., 2009; Fuller, 2005; Kimberlin et al., 2009). Others have found that the youngest and oldest children are at greater risk of reunification breakdown (Courtney, 1995; Farmer, 2018; Hélie et al., 2020; Shaw, 2006). Children's gender is not found to be significant in determining reunification breakdown (e.g., Victor et al., 2016).

A range of socioeconomic, household, and caregiver factors are also shown to impact the likelihood of children re-entering care after reunification. Families who experience chronic poverty or receive government monetary supports are more likely to have a child re-enter care (Brook & McDonald, 2009; Carnochan, Rizik-Baer, & Austin, 2013; Fernandez et al., 2019; Lee et al., 2012; Shaw, 2006), while children from families with higher incomes are more likely to have a stable reunification (Farmer et al., 2009). Larger families are at higher risk of reunification breakdown (Barth et al., 2008; Fluke et al., 2003; Fuller, 2005). Just as children with a single caregiver are less likely to reunify with their family after a spell in out-of-home care (Fernandez et al., 2019), when these children do return home, they re-enter foster care at higher rates than do children from two-parent households (Shaw, 2006). In several studies, parent drug use was the most strongly associated single factor significantly related to reunification breakdown (Brook & McDonald, 2009; Farmer, 2018; Frame et al., 2000; Miller et al., 2006; Wade et al., 2011), and has been found to increase the time to reunification, possible due to higher caseworker scrutiny when parents were identified to have drug use problems (Brook & McDonald, 2009). Parental mental and emotional health challenges, along with parental motivation, are also associated with reunification instability (e.g., Farmer & Wijedasa, 2013). Domestic violence, parental conflict, and parental history of criminality have been positively associated with increased risk of re-entry to foster care (Brook & McDonald, 2009; Davidson et al., 2019; Frame et al., 2000; Fuller, 2005). Social isolation and lack of social support may also negatively impact chances of successful reunification (Farmer, 2018; Farmer et al., 2011; Festinger, 1994).

Prior studies note that the likelihood of reunification stability may be shaped by family histories of involvement in the child protection system. Just as neglect is found to be associated with decreased likelihood of reunification after placement (Fernandez et al., 2019), compared with other forms of maltreatment neglect is also associated with higher rates of reentry into out-of-home care after children have returned home (Connell et al., 2009; Hélie et al., 2020; Hindley et al., 2006; Jonson-Reid et al., 2003; Kimberlin et al., 2009; Shaw, 2006; Wells & Guo, 1999). This pattern is significantly linked to poverty rates in multiple studies (Courtney, 1995; Wells & Guo, 1999). A child may re-enter care when there have been prior removals of the child or their siblings from the home (Brown et al., 2020; Connell et al., 2009; Courtney, 1995; Davidson et al., 2019; Jedwab & Shaw, 2017; Jonson-Reid, 2003; Shaw, 2006; Wells & Guo, 1999), previously substantiated maltreatment (Jones & LaLiberte, 2010; Jonson-Reid, 2003), previous failed returns home (Farmer & Wijedasa, 2013; Hélie et al., 2020), or multiple placement changes (Courtney et al., 1997; Jonson-Reid, 2003; Wells & Guo, 1999).

Factors related to placement may also matter. Placement stability is shaped by the type of placement (e.g., kinship care, foster care, residential care) from which the child is returning (Chateauneuf et al., 2021). Children placed in group care may be much more likely to re-enter care after reunification with family than those placed in kinship care (Courtney, 1995; Jonson-Reid, 2003; Koh & Testa, 2011; Shaw, 2006; Wells & Guo, 1999; Yampolskaya et al., 2007). Placement in licensed foster care settings (whether with relatives or not) has been found to correlate with reunification breakdown (Victor et al., 2016), possibly related to cases deemed more severe being oriented to placement in licensed settings. A recent U.S. study found that when children reunified with caregivers, they were more likely to experience reentry to care than when they were permanently placed with a guardian following placement (Wulczyn et al., 2020). Several studies demonstrate increased risk of unstable returns home with shorter placement periods (e.g., Brown et al., 2020; Hélie et al., 2020; Jonson-Reid, 2003; Shaw, 2006; Wells & Guo, 1999). Conversely, other studies have noted that longer placements may also be associated with eventual reentry to care after reunification (e.g., Jonson-Reid, 2003; McDonald et al., 2006). Jonson-Reid (2003) found that children placed in care for between three and eight months were the most likely to have stable reunification with their families. However, few studies (McDonald et al., 2006; Shaw, 2006; Wulczyn, 1991) examine the effect of out-of-home placement timeframes exclusively. Across the literature, timeframes for placement have been one factor among several that lead to reunification breakdown creating confusion about co-occurring and compounding risk factors (Courtney, 1995; Courtney et al., 1997; Fuller, 2005; Jonson-Reid, 2003; Shaw, 2006).

Many studies suggest that family participation in services appropriate to the specific needs of the family – which may be specialized or intensive – are likely to support stable reunification (Balsells Bailón et al., 2018; Farmer, 2014; Farmer & Wijedasa, 2013; Jedwab et al., 2018; Jedwab & Shaw, 2017; Pine et al., 2009). For example, participation in services while a child is placed (e.g., caregiver drug abuse treatment) makes reunification more likely (Grella et al., 2009). However, generic maximum placement periods applied to all cases may not provide enough time to adequately address families' specific needs (Wells & Correia, 2012; Wells & Guo, 1999). That families struggling to stably reunify seem to have the most complex challenges *and* high levels of involvement with child protection

systems indicates possible gaps in the way family needs are assessed and services allocated. When services designed to alleviate parenting challenges are provided (or mandated) by the same system that may remove children from their home, there can be confusing incentives for parents to trust that the services are truly in their interest and the interest of their family's stability. Fear of new reports of maltreatment resulting from participation in services can prevent parents from accessing supports that may reduce likelihood of children's reentry into care (Fong, 2017; Stephens et al., 2017; Toombs et al., 2018). A recent study (Lalayants, 2020) found that involving peer support and coaching in support to families can provide both emotional and practical support around reunification that can be more helpful than services provided by child protection systems which families may distrust.

Risk factors related to child(ren), caregiver(s), and the circumstances in which reunification takes place may compound to increase the likelihood of reunification instability (e.g., Davidson et al., 2019), particularly when there is pressure to seek permanency. For example, when financial challenges are present, these may weigh more heavily on single parents (Fuller, 2005), which may be more severe when there is stress related to higher numbers of children in the home (Barth et al., 2008; Farmer, 2018). Risk factors such as poverty, drug use, and lack of social support may be chronic and not easily or quickly addressed by caregivers in a short period of time (Carnochan, Rizik-Baer, & Austin, 2013; Frame et al., 2000; Fuller, 2005; Shaw, 2006). Children's behavioral challenges may be compounded by the experience of the confusion and disruption of the child protection placements and reunification processes meant to support their wellbeing (e.g., Mateos et al., 2017). These compounding challenges may be in conflict with the permanency-based maximum timeframes that may urge reunification before risk factors are adequately addressed.

3. Objective

Prior findings on reunification breakdown suggest that more information is needed about what is happening both for the child and their family of origin during the placement period that can contribute to a successful reunification process or cause it to break down. This study attempts to identify granular clinical issues pointing to aspects of family functioning that can add to the literature base regarding why reunification can fail. When placement periods are short, a family may not have had enough time to address their needs, and long placement may mean families begin to lose touch and problems may prove too large to resolve, leading to permanency planning through an alternate living situation. This Quebec-based study aims to identify clinical factors present in households experiencing reunification after a child is placed out of the home, and subsequently which of these factors are present when a child re-enters out-of-home care. The findings of this study can shed light on how effective service delivery might better support reunification stability. Through a retrospective longitudinal study combining multiple datasets illustrating rich data on families who have experienced placement and subsequent reunification, this study examines the significance of relationships among numerous child, caregiver, and socioeconomic factors regarding the risk that a child will re-enter out-of-home care. Importantly, as chronic socioeconomic vulnerability is present throughout child protection involvement trajectories (e.g., Trocmé et al., 2014), this study analyzes significant clinical factors that may compound or be compounded by socioeconomic challenges in predicting likelihood of reunification breakdown. Specifically, we examine differences in the significance and salience clinical factors for all families in the sample who experienced a child being placed out of the home compared to those whose children re-entered out-of-home care following a reunification with their family.

3.1. Participants & setting

This study uses linked data from two datasets to conduct a longitudinal study examining reunification trajectories following out-of-home care placement: 1) anonymized longitudinal clinical-administrative child protection data from sixteen mandated child protection jurisdictions in Quebec spanning 2008 to 2017, and 2) clinical data from the 2008 Quebec Incidence Study (QIS) on children reported to and evaluated by child protection services (*Étude d'incidence québécoise sur les signalements évalués en protection de la jeunesse*). The QIS is a cross-sectional study conducted periodically across 16 mainstream child protection organizations in Quebec. A three-month sampling period was used, and data were collected from investigating child welfare workers in the fall of 2008. For the purposes of this study, a longitudinal follow-up of more than nine years was carried out using a representative 3051 children drawn up as part of the QIS 2008 study who were all matched to the administrative data using their unique numeric beneficiary number (there was no missing data for this sample). For each child in the sample, the worker responsible for the evaluation filled out a survey form of over fifty questions describing the situation evaluated, the child functioning concerns, and child's living environment (i.e., types of incidents, injuries, psychological sequelae, chronicity, alleged perpetrators of incidents, functioning problems in the child and parents, composition of the living environment at the time of the report, overcrowding, housing security, moves, lack of money).

Children investigated for maltreatment ($N = 3051$) were selected from 16 child protection organizations over a two-month period from October 1 to December 3, 2008. Of these, 37% ($n = 1120$ children) were placed in out-of-home care for the first time during the study period in any of the following subsidized out-of-home care settings: 1) with an extended family member; 2) in family-based foster care; 3) in a structured group living setting; or 4) in a therapeutic residential facility.

4. Methods

This study applies a simple CHAID analysis to a unique combination of data that allow for longevity of outcome analysis that wouldn't otherwise be possible. By linking data on child protection trajectories over time with clinical data from the QIS, we can look at the clinical factors present at the point of investigation and follow up to see how these cases played out during both reunification following an out-of-home placement and at the point of reentry to care. The variables documented in the QIS include numerous child

and caregiver factors beyond what is systematically collected and available in the clinical-administrative data system. The **child-related factors** are as follows: attention deficit (hyperactivity) disorder, depression/anxiety, isolation, learning difficulties, attachment challenges, aggression, developmental delays, self-destructive behaviors, drug addiction, suicidal thoughts, sexually inappropriate behaviors, running away, involvement with the justice system, intellectual deficit, autism spectrum, alcoholism, physical deficit, positive toxicology tests at birth, fetal alcohol spectrum disorders (FASD), and other challenges functioning. The QIS also documents the following **caregiver-related factors**: ethno-racial background, lacking social support, domestic violence victim, mental health challenges, drug addiction, perpetuator of domestic violence, physical health problems, alcoholism, was in out-of-home care as a child, intellectual deficit, and whether the main caregiver had no primary income. These factors were identified in the QIS following reports from frontline workers.

Given the lack of family-level poverty information in the clinical-administrative child protection and QIS 2008 datasets, Quebec's census dissemination areas (CDA) data was extracted from the 2006 Canadian Census to provide the most finite available measurement for poverty that children living in these areas experience. For example, this data provides the greatest amount of detail illustrating socioeconomic factors in a child's immediate surroundings, but also reaching beyond their family or household. The CDA comprises immediate residential surroundings and can be imagined in geospatial terms such as an apartment block, cul-de-sac, or street, behaving as a proxy family-level measure. Six socioeconomic indicators comprised this measure of socioeconomic disadvantages: (1) average population 15 years and over who are either unemployed or not in the labor force; (2) median income for population 15 years and over; (3) average persons in a private household living alone; (4) average population 15 years and over who were separated, divorced, or widowed; (5) family median income; and (6) median household income. Once the composite index of poverty was created, it was merged with clinical-administrative child protection data and organized by six-digit postal code (e.g. X1X-1X1). The poverty index has a minimum score of −0.210 representing the lowest socioeconomic risk and a maximum score of 0.262 representing the highest socioeconomic risk.

The data sources used for this study supported analysis of many child and caregiver factors in the context of child protection-mandated out-of-home placement. The administrative child protection data for the representative clinical population sample (N = 3051) provided reliable documentation of children's involvement with the child protection system in Quebec with a nine-year follow up on placement trajectories. Data from the QIS-2008 provided rich social and clinical data on the children in the sample and their caregivers which is not systematically documented in the administrative data. Trends indicated in the QIS-2008 study were reflected in the more recent QIS-2014 in terms of the clinical factors measured—accordingly, we don't suspect there would be any major changes regarding the implications of these clinical factors (Hélie et al., 2017).

By combining these data sources we could examine reunification trajectories through the lens of caregiver risk and child functioning factors at the point of investigation over a nine-year period. Using SPSS software we conducted a Chi-square automatic interaction detector (CHAID) decision tree analysis to compare which factors were most salient for all children who were placed during the study period (n = 1120) versus those whose who were re-placed out of the home following reunification with their family (n = 455). This analytical approach was chosen because we were aiming for a parsimonious model and wanted to ensure there were no collinearity issues among the clinical variables. We ran several probabilistic models (including Cox proportional hazard and multivariate logistic analyses) which produced the same results. We choose to report the CHAID analysis primarily given the ease of interpretation based on the illustration of hierarchical effects. The CHAID models build a predictive tree providing a succinct visual representation of variables that best explain placement and re-placement during the study period. By comparing the broader sample of families who experienced a placement with the subset of this group that experienced subsequent re-placement of the same child following a reunification, this method allowed for granular analysis of the clinical factors that distinguish these two groups.

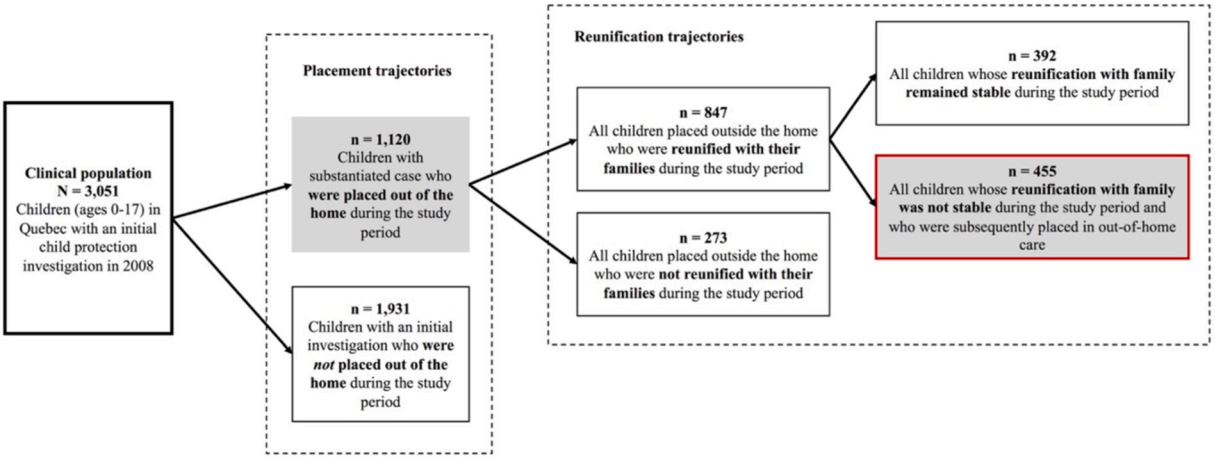

Fig. 1. Placement and reunification trajectories for the clinical population.

5. Results

Of the 3051 children in the study sample, 1120 children (37%) were placed in out of home care. Among these children, 847 (76%) reunified with their families, and of those, 455 children (54%) re-entered out-of-home care within the period studied (see Fig. 1). On average, children were reunified with their families within 392 days of placement (SD = 794), and those who re-entered care did so well after a full year of reunification (494 days; SD = 678). Table 1 describes the clinical factors within the full study cohort ($N = 3051$) documented by the QIS-2008.

For the placement sample ($n = 1120$), significant clinical risk factors were as follows, in order of strength: child attachment issues, caregiver drug/solvent abuse, child's suicidal thoughts, child's inappropriate sexual behavior, child's self-harming behavior, and child's academic difficulties (see Fig. 2). There are three clinical profiles that appear in the CHAID decision nodes: 1) children with attachment issues, suicidal thoughts and academic difficulties; 2) children living with families with caregiver drug/solvent abuse issues and who demonstrate self-harming behaviors, and; 3) children manifesting inappropriate sexual behaviors. Prediction accuracy for analysis of this sample was 70.9% (SE = 0.008). Socioeconomic factors were not found to be significant in the likelihood of placement.

For the sample of children reentering out-of-home care following reunification ($n = 455$), significant factors were as follows, in order of strength: child's academic difficulties, child attachment issues, and caregiver drug/solvent abuse (see Fig. 3). These factors were all significant for placement as well, but the strength of some was reversed: child academic and attachment issues had a stronger effect on reunification breakdown than caregiver drug/solvent abuse, whereas caregiver drug use was more impactful for the placement sample than were child's academic difficulties. In both samples, attachment issues had the strongest or second strongest effect on likelihood of initial or subsequent placement. Socioeconomic factors were not found to be significant in our analysis of reunification breakdown. To note, the reunification breakdown sample was a more homogenous group, meaning that some probabilistic granularity is lost in the analysis due to a lack of predictive variance (prediction accuracy: 58.2%; SE = 0.017).

6. Conclusions

Fifty-four percent of children who came into care and were later reunified ended up re-entering care, on average with 16 months of reunification. This finding, which spanned a nine-year follow up after the first placement, indicates a rate of reunification breakdown than is similar to what is reported in prior studies of similar length. Findings regarding reunification breakdown rates tend to depend on the observation period, and thus range widely: studies have found reunifications to be unstable 13 to 14% of the time after one year

Table 1
Descriptive child and caregiver-related factors ($N = 3051$).

Variables	Noted	
	Frequency	%
Caregiver-related factors		
Caregiver alcohol abuse	362	11.9
Caregiver drug solvent abuse	549	18.0
Caregiver intellectual disability	94	3.1
Caregiver mental health	592	19.4
Caregiver physical health	292	9.6
Caregiver few social supports	940	30.8
Caregiver victim of domestic violence	681	22.3
Caregiver perpetrator of domestic violence	301	9.9
Caregiver history of foster care	296	9.7
Home overcrowded	177	5.8
No income	125	4.1
Child-related factors		
Depression and anxiety	629	20.6
Suicidal thoughts	233	7.6
Self-harming behavior	662	21.7
ADD ADHD	284	9.3
Attachment issues	366	12.0
Aggression	366	12.0
Running away (AWOL)	158	5.2
Inappropriate sexual behavior	240	7.9
Youth criminal justice involvement	112	3.7
Intellectual & developmental disability	146	4.8
Failure to meet developmental milestone	361	11.8
Academic difficulties	986	32.3
Fetal alcohol syndrome	31	1.0
Positive toxicology at birth	46	1.5
Physical disability	54	1.8
Alcohol abuse	46	1.5
Drug solvent abuse	263	8.6
Other child functioning	265	8.6

Note. Data from the Quebec Incidence Study on Reported Child Abuse and Neglect (QIS-2008).

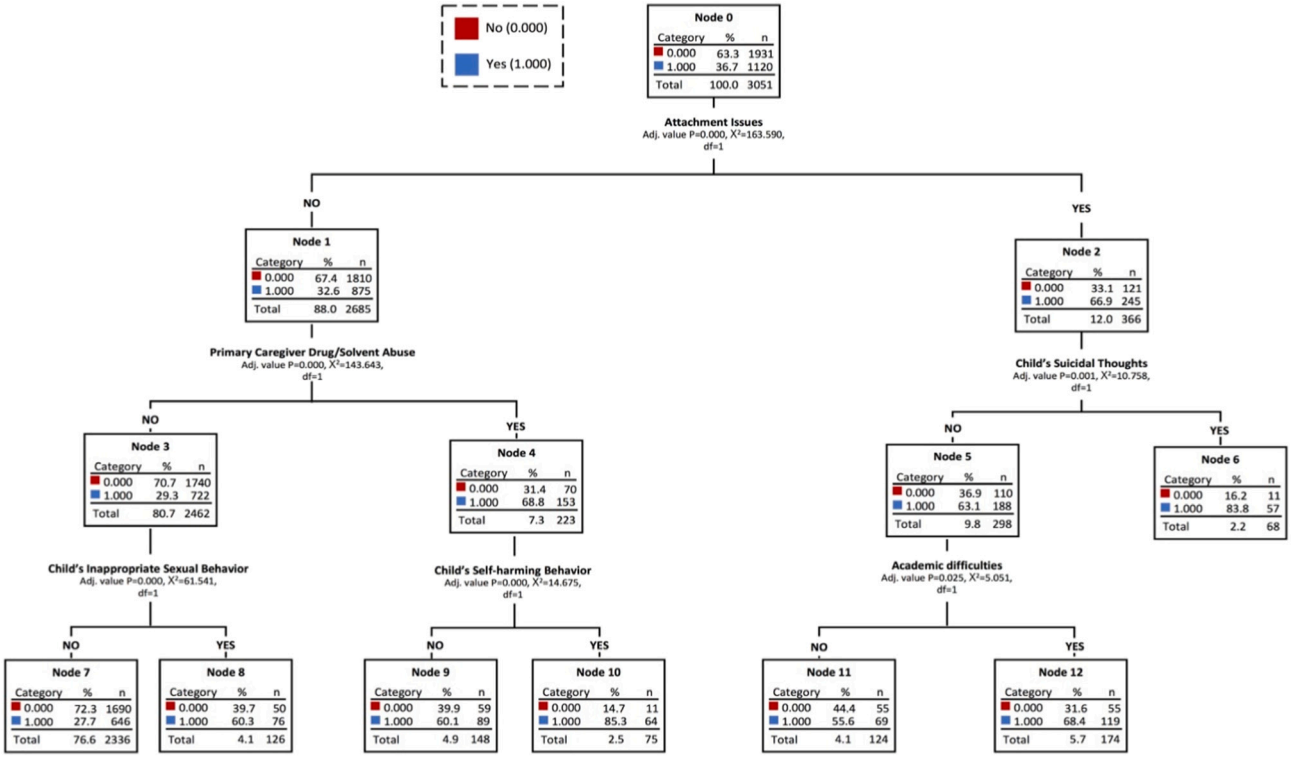

Fig. 2. CHAID diagram of the partial tree depicting outcome predictors for placement in out-of-home care (n = 1120).

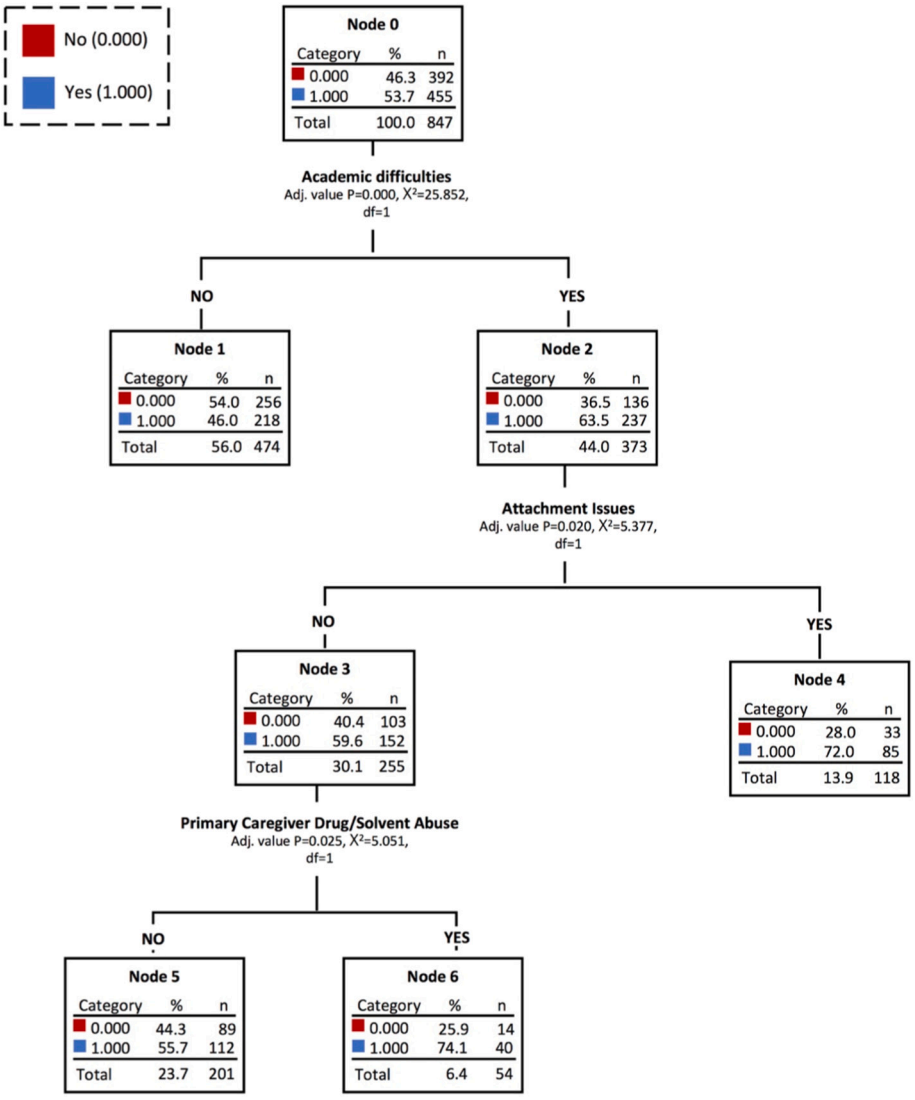

Fig. 3. CHAID diagram of the partial tree depicting outcome predictors for placed in out-of-home care following reunification (n = 455).

(Shaw, 2006; Wells & Guo, 1999), 15% to 22% of the time after two years (Dickens et al., 2007; Shaw & Webster, 2011; Ubbesen et al., 2012), 37% after three years (Sinclair et al., 2005), and 59% after four years (Wade et al., 2011). As our average time to breakdown was well over one year, it is possible that more studies with several years of follow-up are needed to accurately measure the likelihood of reunification stability.

In terms of the risk factors that we found to be significant for initial placement but not reunification breakdown (i.e., child's suicidal thoughts, inappropriate sexual behavior, and self-harming behavior), it is possible that families received relevant services during the reunification process that helped them to resolve. These risk factors might be ameliorated through child-focused behavioral mental health interventions. The risk factors that remained significant for reunification breakdown (child's academic difficulties, attachment issues, and caregiver drug abuse) may not have easily been addressed for some families during their involvement with the child protection system – throughout the initial evaluation, placement, or reunification periods. For example, academic challenges can encompass a wide range of developmental, cognitive, and behavioral issues that may not quickly resolve. Attachment can pose complex challenges to address with families with children attempting to reunify after a placement, in part due to children's rapidly ongoing developmental changes making it difficult to identify and implement effective parenting interventions (Mercer, 2021). Similarly, challenges related to parental substance use may also not resolve within short timeframes: in a recent systematic review, Moreland and McRae-Clark (2018) found that studies looking at parental substance use only measured up to 18 months after an intervention was implemented and suggest that this is not enough time to measure intended outcomes.

The risk factors that were significant in our analysis both for placement and for reunification breakdown suggest compounding factors that may affect reunification stability. Risk factors such as attachment issues and caregiver drug abuse may be linked and more

ingrained or difficult to resolve than other risk factors (Hohman & Butt, 2001), and may be exacerbated by poverty (Lloyd, 2018). Poverty was not predictive in the models due to a lack of variation within the study sample: because poverty was present *across* the sample of children who were placed out of their home, it was not a statistically significant factor in understanding those whose reunifications broke down. However, socioeconomic factors should be considered in interpreting the clinical factors that were significant in our model in explaining higher risk for re-placement following reunification (see Esposito et al., 2013; Esposito et al., 2014a, b). Indeed, socioeconomic risks are present across the most vulnerable samples involved in the child protection system in Quebec and in other jurisdictions (Fong, 2017; Lefebvre et al., 2017; Trocmé et al., 2014), and, accordingly, should be considered in interpreting our results.

As the initial placement (and subsequent placements where applicable) took place on average over a year after the data on these clinical variables were collected, it is possible that certain factors (e.g., drug use) either did not improve or became worse over time, even if services were provided (e.g., Hohman et al., 2003). Our findings reinforce previous calls for careful consideration of timing in out-of-home placement decisions, specifically regarding the child's sense of time, the speed at which children meet developmental milestones, and the potential long-term impacts of out-of-home placement on children's development (Connell et al., 2006; Esposito et al., 2014b).

6.1. Practice

Many previous studies on reunification stability advocate for intensive services to support families once a child returns home (e.g., Balsells et al., 2017; Bellamy, 2008; Carnochan, Lee, & Austin, 2013; Carnochan, Rizik-Baer, & Austin, 2013). Wells and Guo (2003; 2004) note that family stability must be supported by relevant services and case planning that consider mandated permanency timeframes. An integrated approach to service planning that attends to the needs of the whole family rather than solely the parent or the placed child may also be crucial for successful reunification (Fernandez et al., 2019). Previous studies have found that services directed to helping parental drug use challenges can support successful reunification (e.g., Brook et al., 2010; Stephens et al., 2017), particularly as risk related to drug use is compounded by poverty. However, intensive drug use services in a short period of time may not be effective in improving reunification stability as addiction recovery may require time for many caregivers (Brook & McDonald, 2007). In a 2016 study, Ryan et al. (2016) found that drug-using parents' 12-month involvement with recovery coaches significantly increased stability of reunification following a child being placed out of the home. The complex needs of children and their parents upon reunification suggest a need for concerted efforts among school staff, mental health and addictions professionals, and other alternative service providers to comprehensively address their specific clinical challenges. Post-reunification case planning ought to be both aligned with the family's situation and done holistically such that services are relevant and accessible to the family (D'Andrade, 2019). Case planning should consider the family's overall economic and social circumstances: for example, mandated services may become so logistically burdensome that parental employment opportunities are compromised (Reich, 2005), contradicting overall goals of family stability.

6.2. Policy

Prior studies have called for shifts in resource allocation that consider the pressure of permanency mandates and timeframes, as well as the developmental impacts on children whose living situation is unstable. As our findings point to the strength of caregiver drug use in impacting reunification stability, we echo prior calls for flexibility in interpreting permanency mandates (Burge, 2020), particularly when caregiver drug use is present (Brook & McDonald, 2007). Farmer (2014) describes clinical and cost-related risks in prematurely considering reunified families' cases to be closed, warning that high rates of reunification breakdown be a lesson both for both budget-conscious and clinically oriented stakeholders. A lack of intensive services upon a child returning home may initially save costs and caseworker time. However, in the long term, unstable placements have negative impacts on children's development (Stott, 2012; Unrau et al., 2010; Webster et al., 2000) and reveal costly inefficiency in existing policy in meeting the goal of family stability (Brown et al., 2020; D'Andrade, 2019). Prioritizing feasibility relative to individual family situations in reunification case planning ought to be codified in policy (D'Andrade, 2019). This would require concerted coordination among families, schools, various service providers, and child protection caseworkers to support family stability (Chambers et al., 2018). Beyond child protection services, other policy areas related to income support, housing, and health care clearly have a role to play in supporting the psychological, social, and financial stresses facing families whose children are removed from the home (Fernandez et al., 2019; Stephens et al., 2017).

The findings of this study prompt further questions regarding the complex needs of families whose children are removed from the home. Whether legislated timeframes are sufficiently long for parents and guardians to make the changes necessary to address problems that led to placement of the child is unclear. In Quebec, amendments to the provincial *Youth Protection Act* (YPA) in 2007 articulated maximum placement periods that vary according to the age of the child, ranging from 12 months for children under two years old to 24 months for children five years or older (*YPA*, 2007, s. 53.0.1). These reforms came in the wake of public pressure to address problems in Quebec's foster care system related to placement instability, long time periods children spent in out-of-home care, parental involvement in decision-making, and emphasis on kinship care where possible (Esposito et al., 2014a; Hélie, Poirier, & Turcotte, 2014; Hélie et al., 2017). Short placement periods may leave insufficient time to address child and family risk factors, and chronic structural problems such as housing and un- or underemployment (Wulczyn, 2004). However, more research on placement timeframes as they relate to a variety of clinical factors is needed.

6.3. Future research and limitations

Our findings indicate a need for much more granular research analysis to consider the input of child protection-involved families themselves regarding appropriate support to increase likelihood of stable reunification following a stint in out-of-home care. In particular, more research on the interplay between attachment difficulties and drug use regarding reunification breakdown might shed more light on what kinds of supports can address these interlinked risk factors. While our study captured rich clinical data through the QIS, this survey was completed by workers rather than families, which may limit the complexity of family challenges that it could document. More qualitative or mixed methods research design incorporating child and family perspectives on their challenges may support deeper research findings that explain how placement reunifications are unstable (Brown et al., 2020; D'Andrade, 2019), particularly regarding potentially compounding factors such as drug use and attachment issues.

It is also necessary to state the limitations of using point-in-time clinical data in analyses of families in difficulty without additional input from workers and families (Brown et al., 2020). For example, as the QIS variables used in this study were documented at the initial point of entry into the child protection system, they may have evolved over time and be impacted by service receipt (which was not measured in this study) or other circumstances changing around the family. Similarly, new risk factors could have arisen between the point of entry into the study and the initial and subsequent placements.

The multiple sources of data used for analysis in this study should be considered a strength: linked data sets can illustrate more than any one administrative system can show (e.g., Salemink et al., 2019). For example, the richness of clinical factors documented in the QIS data is not available in the clinical-administrative data collected through the provincial child protection system. Conversely, the longitudinal aspect of the clinical administrative data allowed for meaningful observation of changes in children's living situations through tracking placement, reunification, and re-placement over time, which would not have been possible through using the QIS data alone. Each data set contained enough cases that, when combined, allowed us to conduct robust quantitative analysis regarding clinical factors over time impacting the likelihood of reunification breakdown. Robust longitudinal studies regarding family reunification breakdown should include detailed clinical data throughout the study period to inform policy and service design that attends to a careful balance between ameliorating complex family challenges and ensuring stability for children.

Declaration of competing interest

The authors declare no conflict of interest. This manuscript does not contain any studies with human participants performed by any of the authors.

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References

Balsells Bailón, M. A. B., Unchaurrondo, A. M., Monclús, A. U., & Tió, E. V. (2018). Positive parenting support during family reunification. *Early Child Development and Care, 188*(11), 1567–1579.

Balsells, M. A., Pastor, C., Molina, M. C., Fuentes-Pelaez, N., & Vázquez, N. (2017). Understanding social support in reunification: The views of foster children, birth families and social workers. *British Journal of Social Work, 47*, 812–827.

Barth, R. P., Weigensberg, E. C., Fisher, P. A., Fetrow, B., & Green, R. L. (2008). Reentry of elementary aged children following reunification from foster care. *Children and Youth Services Review, 30*, 353–364.

Bellamy, J. L. (2008). Behavioral problems following reunification of children in long-term foster care. *Children and Youth Services Review, 30*, 216–228.

Brook, J., & McDonald, T. (2009). The impact of parental substance abuse on the stability of family reunifications from foster care. *Children and Youth Services Review, 31*(2), 193–198.

Brook, J., & McDonald, T. P. (2007). Evaluating the effects of comprehensive substance abuse intervention on successful reunification. *Research on Social Work Practice, 17*(6), 664–673.

Brook, J., McDonald, T. P., Gregoire, T., Press, A., & Hindman, B. (2010). Parental substance abuse and family reunification. *Journal of Social Work Practice in the Addictions, 10*(4), 393–412.

Brown, S. M., Orsi, R., & Chen, P. C. B. (2020). Child, family, and case characteristics associated with reentry into out-of-home care among children and youth involved with youth protective services. *Child Maltreatment, 25*(2), 162–171.

Burge, P. (2020). Attempting to operationalize a multi-dimensional definition of permanency in child welfare practice: Results from a demonstration project. *Journal of Public Child Welfare*, 1–23.

Carlson, L., Hutton, S., Priest, H., & Melia, Y. (2019). Reunification of looked-after children with their birth parents in the United Kingdom: A literature review and thematic synthesis. *Child & Family Social Work, 25*(1), 192–205.

Carnochan, S., Lee, C., & Austin, M. J. (2013). Achieving timely reunification. *Journal of Evidence-Based Social Work, 10*(3), 179–195.

Carnochan, S., Rizik-Baer, D., & Austin, M. J. (2013). Preventing re-entry to foster care. *Journal of Evidence-Based Social Work, 10*(3), 196–209.

Chambers, R. M., Crutchfield, R. M., Harper, S. G. G., Fatemi, M., & Rodriguez, A. Y. (2018). Family reunification in child welfare practice: A pilot study of parent and staff experiences. *Children and Youth Services Review, 91*, 221–231.

Chateauneuf, D., Poitras, K., Simard, M.-C., & Buisson, C. (2021). In press). Placement stability: What role do the different types of family foster care play? *Child Abuse & Neglect, 126*, Article 105359.

Child Welfare Information Gateway. (2020). Reasonable efforts to preserve or reunify families and achieve permanency for children. Retrieved from https://www.childwelfare.gov/pubPDFs/reunify.pdf.

Connell, C. M., Vanderploeg, J. J., Flaspohler, P., Katz, K. H., Saunders, L., & Tebes, J. K. (2006). Changes in placement among children in foster care: A longitudinal study of child and case influences. *The Social Service Review, 80*(3), 398.

Connell, C. M., Vanderploeg, J. J., Katz, K. H., Caron, C., Saunders, L., & Tebes, J. K. (2009). Maltreatment following reunification: Predictors of subsequent child protective services contact after children return home. *Child Abuse & Neglect, 33*(4), 218–228.

Courtney, M. E. (1995). Reentry to foster care of children returned to their families. *The Social Service Review*, 226–241.
Courtney, M. E., Piliavin, I., & Wright, B. (1997). Transitions from and returns to out-of-home care. *The Social Service Review*, 652–667.
D'Andrade, A. C. (2019). Professional stakeholders' concerns about reunification case plan requirements. *Social Service Review, 93*(3), 524–561.
Davidson, R. D., Tomlinson, C. S., Beck, C. J., & Bowen, A. M. (2019). The revolving door of families in the child welfare system: Risk and protective factors associated with families returning. *Children and Youth Services Review, 100*, 468–479.
DePanfilis, D., & Zuravin, S. J. (1999). Predicting child maltreatment recurrences during treatment. *Child Abuse & Neglect, 23*(8), 729–743.
Dickens, J., Howell, D., Thoburn, J., & Schofield, G. (2007). Children starting to be looked after by local authorities in England: An analysis of inter-authority variation and case centred decision making. *British Journal of Social Work, 37*(4), 597–617.
Esposito, T., Trocmé, N., Chabot, M., Collin-Vézina, D., Shlonsky, A., & Sinha, V. (2014a). The stability of child protection placements in Quebec, Canada. *Children and Youth Services Review, 42*, 10–19.
Esposito, T., Trocmé, N., Chabot, M., Collin-Vézina, D., Shlonsky, A., & Sinha, V. (2014b). Family reunification for placed children in Québec, Canada: A longitudinal study. *Children and Youth Services Review, 44*, 278–287.
Esposito, T., Trocmé, N., Chabot, M., Shlonsky, A., Collin-Vézina, D., & Sinha, V. (2013). Placement of children in out-of-home care in Quebec, Canada: When and for whom initial out-of-home placement is most likely to occur. *Children and Youth Services Review, 35*(12), 2031–2039.
Farmer, E. (2014). Improving reunification practice: Pathways home, progress and outcomes for children returning from care to their parents. *British Journal of Social Work, 44*, 348–366.
Farmer, E. (2018). Reunification from out-of-home care: a research overview of good practice in returning children home from care. University of Bristol. Retrieved from https://research-information.bris.ac.uk/ws/portalfiles/portal/174570240/web_Reunif_LitRev_12_.pdf.
Farmer, E., & Lutman, E. (2012). *Effective working with neglected children and their families: Linking interventions to long-term outcomes*. London: Jessica Kingsley Publishers.
Farmer, E., Mustillo, S., Burns, B., & Holden, W. (2008). Use and predictors of out-of-home placements within systems of care. *Journal of Emotional and Behavioral Disorders, 16*(1), 5–14.
Farmer, E., Sturgess, W., O'Neill, T., & Wijedasa, D. (2011). *Achieving successful returns from care: What makes reunification work?* London: BAAF.
Farmer, E., & Wijedasa, D. (2013). The reunification of looked after children with their parents: What contributes to return stability? *British Journal of Social Work, 43*, 1611–1629.
Farmer, E. M. Z., Southerland, D., Mustillo, S. A., & Burns, B. J. (2009). Returning home in systems of care: Rates, predictors, and stability. *Journal of Emotional and Behavioral Disorders, 17*(3), 133–146.
Fernandez, E., Delfabbro, P., Ramia, I., & Kovacs, S. (2019). Children returning from care: The challenging circumstances of parents in poverty. *Children & Youth Services Review, 97*, 100–111.
Festinger, T. (1994). *Returning to care: Discharge and re-entry into foster care*. Washington, DC: Child Welfare League of America.
Finster, H. P., & Norwalk, K. E. (2021). Characteristics, experiences, and mental health of children who re-enter foster care. *Children and Youth Services Review, 129*, Article 106165.
Fluke, J. D., Yuan, Y.-Y. T., Hedderson, J., & Curtis, P. A. (2003). Disproportionate representation of race and ethnicity in child maltreatment: Investigation and victimization. *Children and Youth Services Review, 25*(5), 359–373.
Fong, K. (2017). Child welfare involvement and contexts of poverty: The role of parental adversities, social networks, and social services. *Children and Youth Services Review, 72*, 5–13.
Font, S. A., Berger, L. M., Cancian, M., & Noyes, J. L. (2018). Permanency and the educational and economic attainment of former foster children in early adulthood. *American Sociological Review, 83*(4), 716–743.
Frame, L. (2002). Maltreatment reports and placement outcomes for infants and toddlers in out-of-home care. *Infant Mental Health Journal, 23*(5), 517–540.
Frame, L., Berrick, J. D., & Brodowski, M. L. (2000). Understanding reentry to out-of-home care for reunified infants. *Child Welfare, 79*(4).
Fuller, T. L. (2005). Child safety at reunification: A case-control study of maltreatment recurrence following return home from substitute care. *Children and Youth Services Review, 27*(12), 1293–1306.
Gauthier, Y., Fortin, G., & Jéliu, G. (2004). Clinical application of attachment theory in permanency planning for children in foster care: The importance of continuity of care. *Infant Mental Health Journal, 25*(4), 379–396.
Goldsmith, D. F., Oppenheim, D., & Wanlass, J. (2004). Separation and reunification: Using attachment theory and research to inform decisions affecting the placements of children in foster care. *Juvenile and Family Court Journal, 55*, 1–13.
Grella, C. E., Needell, B., Shi, Y., & Hser, Y.-I. (2009). Do drug treatment services predict reunification outcomes of mothers and their children in child welfare? *Journal of Substance Abuse Treatment, 36*, 278–293.
Hélie, S., Collin-Vézina, D., Turcotte, D., Trocmé, N., & Girouard, N. (2017). Étude d'incidence québécoise sur les situations évaluées en protection de la jeunesse en 2014. https://cwrp.ca/sites/default/files/publications/EIQ%202014%20final%20report.pdf. Retrieved from.
Hélie, S., Drapeau, S., Châteauneuf, D., Esposito, T., Noël, J., Poirier, M.-A., & Saint-Jacques, M.-C. (2020). *L'évaluation des impacts de la Loi sur la protection de la jeunesse: Point de mire sur la réunification familiale et le replacement. Rapport déposé au ministère de la Santé et des Services sociaux, Institut universitaire Jeunes en difficulté, Montréal, Québec*. Retrieved from. *423* https://iujd.ca/fr/elpj3.
Hélie, S., Poirier, M. A., & Turcotte, D. (2014). Risk of maltreatment recurrence after exiting substitute care: Impact of placement characteristics. *Children and Youth Services Review, 46*, 257–264.
Hindley, N., Ramchandani, P. G., & Jones, D. P. (2006). Risk factors for recurrence of maltreatment: A systematic review. *Archives of Disease in Childhood, 91*(9), 744–752.
Hohman, M. M., & Butt, R. L. (2001). How soon is too soon?Addiction recovery and family reunification. *Child Welfare, 80*(1), 53–67.
Hohman, M. M., Shillington, A. M., & Baxter, H. G. (2003). A comparison of pregnant women presenting for alcohol and other drug treatment by CPS status. *Child Abuse & Neglect, 27*, 303–317.
Jedwab, M., Chatterjee, A., & Shaw, T. V. (2018). Caseworkers' insights and experiences with successful reunification. *Children and Youth Services Review, 86*, 56–63.
Jedwab, M., & Shaw, T. V. (2017). Predictors of reentry into the foster care system: Comparison of children with and without previous removal experience. *Children and Youth Services Review, 82*, 177–184.
Jones, A. S., & LaLiberte, T. (2010). Re-entry to foster care report. http://cascw.umn.edu/wp-content/uploads/2014/02/Re-entry-Report_Feb-2010_Final_rev.pdf. Retrieved from.
Jonson-Reid, M. (2003). Foster care and future risk of maltreatment. *Children and Youth Services Review, 25*, 271–294.
Jonson-Reid, M., Way, I., & Chung, S. (2003). Substantiation and recidivism. *Child Maltreatment, 8*(4), 248–260.
Jonson-Reid, M., Drake, B., & Zhou, P. (2013). Neglect subtypes, race, and poverty: Individual, family, and service characteristics. *Child Maltreatment, 18*(1), 30–41.
Kimberlin, S. E., Anthony, E. K., & Austin, M. J. (2009). Re-entering foster care: Trends, evidence, and implications. *Children and Youth Services Review, 31*(4), 471–481.
Koh, E., & Testa, M. F. (2011). Children discharged from kin and non-kin foster homes: Do the risks of re-entry differ? *Children and Youth Services Review, 33*, 1497–1505.
Kortenkamp, K., Geen, R., & Stagner, M. (2004). The role of welfare and work in predicting foster care reunification rates for children of welfare recipients. *Children and Youth Services Review, 26*(6), 577–590.
Lalayants, M., Wyka, K., & Saitadze, I. (2021). Outcomes of the Parent Advocacy Initiative in child safety conferences: Placement and repeat maltreatment. *Children and Youth Services Review, 11*, Article 106241.
Landers, A. L., Bellamy, J. L., Danes, S. M., McLuckie, A., & White Hawk, S. (2019). The reunification of American Indian children in long-term foster care. *Journal of the Society for Social Work and Research, 10*(4), 501–528.

Lee, S., Jonson-Reid, M., & Drake, B. (2012). Foster care re-entry: Exploring the role of foster care characteristics, in-home child welfare services and cross-sector services. *Children and Youth Services Review, 34*, 1825–1833.

Lefebvre, R., Fallon, B., Van Wert, M., & Filippelli, J. (2017). Examining the relationship between economic hardship and child maltreatment using data from the Ontario incidence study of reported child abuse and neglect-2013 (OIS-2013). *Behavioral Sciences, 7*(6), 1–12.

Lloyd, M. H. (2018). Poverty and family reunification for mothers with substance use disorders in child welfare. *Child Abuse Review, 27*, 301–316.

Marsh, J. C., Ryan, J. P., Choi, S., & Testa, M. F. (2006). Integrated services for families with multiple problems: Obstacles to family reunification. *Children and Youth Services Review, 28*, 1074–1087.

Mateos, A., Vaquero, E., Balsells, M. A., & Ponce, C. (2017). 'They didn't tell me anything; they just sent me home': children's participation in the return home. *Child & Family Social Work, 22*, 871–880.

McDonald, T., Bryson, S., & Poertner, J. (2006). Balancing reunification and reentry goals. *Children and Youth Services Review, 28*(1), 47–58.

Mercer, J. (2021). Attachment issues and reunification of parents and children. *Journal of Family Trauma, Child Custody & Child Development*, 1–20.

Miller, K. A., Fisher, P. A., Fetrow, B., & Jordan, K. (2006). Trouble on the journey home: Reunification failures in foster care. *Children and Youth Services Review, 28*, 260–274.

Moreland, A. D., & McRae-Clark, A. (2018). Parenting outcomes of parenting interventions in integrated substance-use treatment programs: A systematic review. *Journal of Substance Abuse Treatment, 89*, 52–59.

Pine, B. A., Spath, R., Werrbach, G. B., Jenson, C. E., & Kerman, B. (2009). A better path to permanency for children in out-of-home care. *Children and Youth Services Review, 31*, 1135–1143.

Public Health Agency of Canada. (2018). *Provincial and territorial child protection policy and legislation 2018*. Retrieved from. Ottawa, ON: Government of Canada https://www.canada.ca/en/public-health/services/publications/health-risks-safety/provincial-territorial-child-protection-legislation-policy-2018.html.

Reich, J. A. (2005). *Fixing families: Parents, power, and the child welfare system*. New York: Routledge.

Ryan, J. P., Victor, B. G., Moore, A., Mowbray, O., & Perron, B. E. (2016). Recovery coaches and the stability of reunification for substance abusing families in child welfare. *Children and Youth Services Review, 70*, 357–363.

Salemink, I., Dufour, S., & van der Steen, M. (2019). Future advanced data collection. [Conference proceedings]. Conference of European Statisticians. Retrieved from https://www.unece.org/fileadmin/DAM/stats/documents/ece/ces/ge.58/2019/mtg4/DC2019_S3_Netherlands_Canada_Salemink-Dufour-van_der_Steen_AD.pdf.

Schickedanz, A., Halfon, N., Sastry, N., & Chung, P. J. (2018). Parents' adverse childhood experiences and their children's behavioral health problems. *Pediatrics, 142*(2), Article e20180023.

Shaw, T. V. (2006). Reentry into the foster care system after reunification. *Children and Youth Services Review, 28*(11), 1375–1390.

Shaw, T. V., & Webster, D. (2011). A matter of time: The importance of tracking reentry into foster care beyond one year after reunification. *Journal of Public Child Welfare, 5*(5), 501–520.

Sinclair, I., Baker, C., Wilson, K., & Gibbs, I. (2005). *Foster children: Where they go and how they get on*. London: Jessica Kingsley Publishers.

Srivastava, V. K. (2020). Investigating whether ecological models of community-oriented variables improve prediction of childhood resilience over a set of personal characteristic variables such as impulse control, emotional regulation, relational motivation, and self-reliance. Theses and Dissertations—Social. Retrieved from *Work, 31* https://uknowledge.uky.edu/csw_etds/31/.

Statistics Canada. (2018). Canadian classification of functions of government, 2017. Retrieved from https://www150.statcan.gc.ca/n1/daily-quotidien/181128/dq181128b-eng.htm.

Stephens, T. N., Parchment, T., Gopalan, G., Burton, G., Ortiz, A., Brantley, T., Martinez, S., & McKay, M. (2017). Assessing the needs of reunified families from foster care: A parent perspective. *Child Welfare, 94*(6), 9–37.

Stott, T. (2012). Placement instability and risky behaviors of youth gaining out of foster care. *Journal of Child and Adolescent Social Work, 29*, 61–83.

Theall, K. P., Shirtcliff, E. A., Dismukes, A. R., Wallace, M., & Drury, S. S. (2017). Association between neighborhood violence and biological stress in children. *JAMA Pediatrics, 171*(1), 53–60.

Toombs, E., Drawson, A. S., Bobinski, T., Dixon, J., & Muhquash, C. J. (2018). First Nations parenting and child reunification: Identifying strengths, barriers, and community needs within the child welfare system. *Child & Family Social Work, 23*(3), 1–21.

Trocmé, N., Kyte, A., Sinha, V., & Fallon, B. (2014). Urgent protection versus chronic need: Clarifying the dual mandate of child welfare services across Canada. *Social Sciences, 3*, 483–498.

Ubbesen, M. B., Petersen, L., Mortensen, P. B., & Kristensen, O. S. (2012). Out of care and into care again: A danish register-based study of children placed in out-of-home care before their third birthday. *Children and Youth Services Review, 34*, 2147–2155.

Unrau, Y. A., Chambers, R., Seita, J. R., & Putney, K. S. (2010). Defining a foster care placement move: The perspective of adults who formerly lived in multiple out-of-home placements. *Families in Society: The Journal of Contemporary Social Services, 91*(4), 426–432.

Victor, B. G., Ryan, J. P., Moore, A., Mowbray, O., Evangelist, M., & Perron, B. E. (2016). Foster home licensing and risk of reentry to out-of-home care following family reunification. *Children and Youth Services Review, 70*, 112–119.

Wade, J., Biehal, N., Farrelly, N., & Sinclair, I. (2011). *Caring for Abused and neglected children: Making the right decisions for reunification or long-term care*. London: Jessica Kingsley Publishers.

Webster, D., Barth, R. P., & Needell, B. (2000). Placement stability for children in out-of-home care: A longitudinal analysis. *Child Welfare, 79*(5), 614–616.

Wells, M., & Correia, M. (2012). Reentry into out-of-home care: Implications of child welfare workers' assessments of risk and safety. *Social Work Research, 36*(3), 181–195.

Wells, K., & Guo, S. (1999). Reunification and reentry of foster children. *CYSR Children and Youth Services Review, 21*(4), 273–294.

Wells, K., & Guo, S. (2003). Mothers' welfare and work income and reunification with children in foster care. *Children and Youth Services Review, 25*(3), 203–224.

Wells, K., & Guo, S. (2004). Reunification of foster children before and after welfare reform. *Social Service Review, 78*(1), 74–95.

Wulczyn, F. (1991). Caseload dynamics and foster care reentry. *Social Service Review, 65*(1), 133–156.

Wulczyn, F., Parolini, A., Schmits, F., Magruder, J., & Webster, D. (2020). Returning to foster care: Age and other risk factors. *Children and Youth Services Review, 116*, Article 105166.

Yampolskaya, S., Armstrong, M. I., & Vargo, A. C. (2007). Factors associated with exiting and reentry into out-of-home care under Community-Based Care in Florida. *CYSR Children and Youth Services Review, 29*(10), 1352–1367.