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**Publication Date:** March 2016
INTERVENTIONS FOR REDUCING FOSTER CARE RE-ENTRY

Interventions for Reducing Foster Care Re-entry for Children Post-reunification: A Systematic Review

BACKGROUND

Briefly describe the problem that the interventions under review are aiming to address, the relevance to policy and practice, and the objective(s) of the review.

In 2013 over 400,000 children were in the US foster care system. In general about 50% will reunify with their parent or primary caregiver (AECF, 2014). However, once home, these children remain at risk of re-entering the foster care system. While difficult to measure re-entry into foster care within 12 months of reunification may be as high as 28% in some states (Carnochan, Rizik-Baer, and Austin, 2013) with the median rate nationally of 11.8% (AFCARS, 2014). Due to a lack of federal reporting standards requiring states to report past 12 months of reunification specific numbers beyond that time period are unknown but some research has found the percentage re-entering beyond 12 months is likely to be substantially higher (Shaw & Webster, 2011).

Re-entry is problematic, not only because of the disruption to families, but also due to the resource strain on an already overwhelmed system along with increasingly poor outcomes associated with the children and youth who have frequent contact with the child welfare system (Carnochan, Rizik-Baer, and Austin, 2013).

Efforts to prevent re-entry of children into foster care post-reunification are not widely known. States inconsistently provide interventions post-reunification, with some states providing on-going caseworker visits, family interventions, or nothing at all (Children’s Bureau, 2015). The intent of this review is to understand the types of interventions being applied to this population and the effectiveness of these interventions at prevention of re-entry into the foster care system.

OBJECTIVES

What types of services and interventions are being provided to families of children who have been reunified after an episode of out of home care?

What is the impact of interventions (including on-going services, caseworker visits, etc) on families who have had children reunified after an episode of out of home care in preventing future re-entry of children into the foster care system?
EXISTING REVIEWS

To the best of our knowledge there are no reviews on this topic.

INTERVENTION

There is no specific intervention of interest, instead the review will look broadly at any interventions being offered to families who have had children reunified after an episode of out of home care. These could include, family preservation services, parenting support, caseworker visits, behavioural interventions, etc. provided by the state child welfare agency or community-based partner agency. The comparison group will families who experienced reunification but did not receive any services. The review will look at interventions targeting both families and/or children within families experiencing reunification after an episode of out of home care.

Interventions that occurred prior to reunification will not be included in the review. The review is specifically focused on interventions after reunification (e.g. after the child is placed back in the home of their biological parent or primary caregiver) to prevent system re-entry.

POPULATION

The population to be included in this review will be families who have had children reunified after an episode of out-of-home placement (defined by the federal government as ‘reunification’) due to issues of child abuse and neglect.

Families who have had children reunified after an out of home placement related to juvenile justice or residential mental health will be excluded from this review. In addition, children who have not been reunified with their biological family or primary caregiver, but instead have achieved an alternative permanency goal (i.e. adoption, guardianship, or independent living) will be excluded from this review.

OUTCOMES

When a child is placed in foster care the preferred goal is to permanently return the child to their biological parent or primary caregiver. This is achieved by addressing the safety concerns that initially brought the child into foster care. Since the goal of the foster care system is to safely and permanently return the child home the primary outcome of interest will be successful re-unification over time (measured through absence of re-entry into foster care). Some of the interventions may target families as a whole, however, the outcome variable is at the child-level (e.g. absence of the child re-entering foster care).
Secondary outcomes are related child welfare indicators, including:

- Time to re-entry
- Contact with the child welfare system (i.e. additional contact and reports of abuse post re-entry)
- Child’s psychosocial functioning

**STUDY DESIGNS**

Due to the limited research in this area, randomized controlled trials are highly unlikely; therefore a wide range of study designs will be included in the review. These designs include:

- Randomized control trials
- Quasi-experimental designs- designs will include those that compare cross-sectionally or longitudinally children who received services post reunification to those who did not receive services post-reunification.

All designs will answer both research objectives: 1) what interventions are provided and 2) what is the impact of these interventions.

Qualitative studies will be included if:

- Families who have experienced reunification after an episode of out of home placement are the participants in the study and the objectives of understanding interventions provided post-reunification as well as their impact on re-entry are explored.

***This is a title form for a Campbell systematic review. Plans described above will become more refined / specific at protocol stage.***

**REFERENCES**


**REVIEW AUTHORS**

**Lead review author:** The lead author is the person who develops and co-ordinates the review team, discusses and assigns roles for individual members of the review team, liaises with the editorial base and takes responsibility for the on-going updates of the review.

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**ROLES AND RESPONSIBILITIES**

Please give a brief description of content and methodological expertise within the review team. It is recommended to have at least one person on the review team who has content expertise, at least one person who has methodological expertise and at least one person who has statistical expertise. It is also recommended to have one person with information retrieval expertise. Please note that this is the recommended optimal review team composition.

- Content: Terry V. Shaw and Emily Smith Goering
- Systematic review methods: Terry V. Shaw and Emily Smith Goering
- Statistical analysis: Terry V. Shaw and Emily Smith Goering
- Information retrieval: Emily Smith Goering and Sara Sweeney

**FUNDING**

There is no funding for this review.

**POTENTIAL CONFLICTS OF INTEREST**

There are no known conflicts of interest.

**PRELIMINARY TIMEFRAME**

Note, if the protocol or review are not submitted within 6 months and 18 months of title registration, respectively, the review area is opened up for other authors.
• Date you plan to submit a draft protocol: within 6 months of the title registration

• Date you plan to submit a draft review: within 18 months of the protocol approval

**AUTHOR DECLARATION**

**Authors’ responsibilities**

By completing this form, you accept responsibility for preparing, maintaining, and updating the review in accordance with Campbell Collaboration policy. The Coordinating Group will provide as much support as possible to assist with the preparation of the review.

A draft protocol must be submitted to the Coordinating Group within one year of title acceptance. If drafts are not submitted before the agreed deadlines, or if we are unable to contact you for an extended period, the Coordinating Group has the right to de-register the title or transfer the title to alternative authors. The Coordinating Group also has the right to de-register or transfer the title if it does not meet the standards of the Coordinating Group and/or the Campbell Collaboration.

You accept responsibility for maintaining the review in light of new evidence, comments and criticisms, and other developments, and updating the review every five years, when substantial new evidence becomes available, or, if requested, transferring responsibility for maintaining the review to others as agreed with the Coordinating Group.

**Publication in the Campbell Library**

The support of the Coordinating Group in preparing your review is conditional upon your agreement to publish the protocol, finished review, and subsequent updates in the Campbell Library. The Campbell Collaboration places no restrictions on publication of the findings of a Campbell systematic review in a more abbreviated form as a journal article either before or after the publication of the monograph version in *Campbell Systematic Reviews*. Some journals, however, have restrictions that preclude publication of findings that have been, or will be, reported elsewhere and authors considering publication in such a journal should be aware of possible conflict with publication of the monograph version in *Campbell Systematic Reviews*. Publication in a journal after publication or in press status in *Campbell Systematic Reviews* should acknowledge the Campbell version and include a citation to it. Note that systematic reviews published in *Campbell Systematic Reviews* and co-registered with the Cochrane Collaboration may have additional requirements or restrictions for co-publication. Review authors accept responsibility for meeting any co-publication requirements.

I understand the commitment required to undertake a Campbell review, and agree to publish in the Campbell Library. Signed on behalf of the authors:

**Form completed by:** Terry V. Shaw **Date:** 7.23.15