



# Reunification of foster children: Factors associated with reunification outcomes in Flanders and the Netherlands



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## ABSTRACT

Although a significant number of foster children eventually return to their birth parents, evidence-based models for permanency planning are scarce, and there is a lack of clear decision-making criteria for reunification. This study aimed to establish further knowledge about reunification. Both reunification pace and factors which are associated with reunification were examined. The focus was on factors related to the foster child, the birth parents, the foster parents and the foster placement, and reasons for removal. Case file analysis was performed for 580 Flemish and Dutch foster children ages 0–18. Cox regression analyses showed contact with birth parents to be most strongly associated with reunification. Moreover, particularly placement related factors (e.g., legal framework, additional support services, contact with birth parents) increased the likelihood of reunification. Furthermore, over a period of six years approximately 15% of foster placements led to reunification notably during the first 2.5 years of placement. Policy makers and foster care professionals are therefore encouraged to timely aim for permanency planning. Reunification efforts should be planned from the start of the foster placement. If subsequently reunification proves not feasible, permanency should be secured within the foster family.

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## 1. Introduction

Permanency planning is basic to the foster care process. It is, ideally, a systematic, goal-directed and timely approach to case planning, aimed to find the best possible and stable care situation for a child that is conducive to the child's positive development (Tilbury & Osmond, 2006; Vedder, Veenstra, Goemans, & Van Geel, 2015). It is of primary importance that decisions regarding permanency planning are made in the light of child safety, and well-being. This means that the outcome of permanency planning differs for each child: reunification, long-term foster care, residential care, or adoption. Although permanency planning perspectives of foster care can be different, there is international consensus that children have the right to grow up with their birth parents (United Nations, 1989). As a consequence, family reunification is in principle considered as the preferred option with respect to permanency planning (Fernandez, 2013; Maluccio, Pine, & Warsh, 1994). In this light, it

is noteworthy that clear decision-making criteria (e.g., the criteria with-in child welfare that guide decisions) for reunification are lacking or might differ between countries and even within countries between foster care agencies, and that evidence-based models for permanency planning are generally lacking (Fernandez & Lee, 2013; Gelles, 1993; Hess, Folaron, & Jefferson, 1992; Vanderfaeillie, Van Holen, De Maeyer, Belenger, & Gypen, 2016; Vedder et al., 2015; Wulczyn, 2004). As a result, permanency planning, and especially family reunification, is a challenging and complex process. In order to expand the knowledge required for effectively supporting and creating evidence-based policy and practice on family reunification, the current empirical study aims to uncover key factors associated with reunification in Flanders and the Netherlands. Furthermore, we aim to examine several understudied factors (e.g., family composition and age of the foster parents) in association with the likelihood of reunification. This can help to improve and expand knowledge which is necessary for supporting and creating evidence-based policy and practice worldwide. First, we give a brief introduction on family reunification and the characteristics of the Flemish and Dutch foster care systems, followed by an overview of national and international research on factors associated with reunification outcome. Next, the results of our empirical study are presented and discussed.

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### 1.1. Family reunification

Family reunification in foster care refers to the process in which foster children are reunited with their families of origin. American studies have reported reunification rates between 8% (Cheng, 2010) and 68% (Courtney & Hook, 2012). Recent European studies on reunification indicated rates of reunification of 26% in Flanders (Vanderfaellie et al., 2016a), 20% in Spain (López, del Valle, Montserrat, & Bravo, 2013), and 45% in Germany (Van Santen, 2010); reunification rates in the Netherlands are not known due to a lack of research. These results indicate that the percentages of reunified children differ widely between countries. However, these reunification rates cannot be compared in a straightforward fashion. Variation exists between study designs and legislations differ between and even within countries where the studies have been performed (Russell & Macgill, 2015; Vanderfaellie et al., 2016a). For example in the US, where most studies on reunification have been performed, the implementation of the Adoption and Safe Families Act (ASFA) in 1997, shifted the focus on family preservation and reunification to a model in which permanency and stability could be obtained through adoption (Wulczyn, 2004) and to a system of concurrent planning (e.g., making efforts for both reunification and adoption at the same time). Although reunification is still considered the preferred option, the US legal framework and policies differ considerably from several European countries. In Flanders (the Dutch-speaking part of Belgium, with 6058 foster children in 2015) and the Netherlands (over 22,000 foster children), where similar legislation and procedures apply, permanency is for instance created through long-term foster care, not through adoption. As was already the case in the Netherlands, recent policies in Flanders followed this Dutch model and also distinguish between short and long-term foster care. In contrast to short-term foster care, in which foster care is considered a temporary intervention aimed at reunification, long-term foster care provides a more indefinite alternative living arrangement in the foster family. Still, the option of reunification can be evaluated in long-term foster care. Although until recently reunification was the major goal in Flanders, in practice approximately 25% of the children returned to their family of origin. Furthermore, despite the distinction between short and long-term foster care, few children in Flanders resided in short-term foster care which indicates that foster care is the most likely solution for children who cannot stay with their biological parents for longer periods of time. In addition, in Flanders and the Netherlands timeframes in which decisions regarding permanency planning must occur, are not specified in the same strict way as they are in the US (Vedder et al., 2015). Both in the Netherlands and in Flanders, there is a general consensus that permanency planning should occur within six till twelve months after foster placement, although this is not laid down by law.

Differences between foster care systems need to be taken into account when interpreting and generalizing the results of previous studies (Winokur, Holtan, & Batchelder, 2014). This is not only true for conclusions about reunification rates, but also for conclusions about the factors related to reunification outcomes. Much research is done on factors relating to reunification, but country-specific knowledge is needed to determine whether these findings can be generalized to the Flemish and Dutch foster care context. A brief overview of the research findings is given below, in which a distinction is made between factors related to foster child, birth parents, foster parents, and the foster placement, and reasons for removal (see Biehal (2006/2007), Akin (2011), and Pritchett, Gillberg, and Minnis (2013) for more extensive reviews). As will become clear from the short overview of the literature below, only one study on reunification is performed in Flanders, none in the Netherlands. Although most studies have been performed in the US (unless otherwise stated, the studies discussed below took place in the US), it is important to note that study findings should be interpreted in light of the country in which the study took place, given the previously described differences in policies between countries. In addition, it is essential to keep in mind the period in which the study has been

performed, because of changes in policy over time (e.g., by implementation of acts such as ASFA in the US).

### 1.2. Foster child characteristics associated with reunification

Many studies have been performed on the association between child characteristics and reunification, both in Europe and in the US (López et al., 2013; Vanderfaellie et al., 2016a; Wulczyn, 2004). Child characteristics include factors like gender, age of the child at entry in foster care, and ethnicity, but also the number of prior foster care placements (placement history/stability). Regarding gender, studies repeatedly have found that gender was not a significant predictor of reunification rates (Becker, Jordan, & Larsen, 2007; Connell, Katz, Saunders, & Tebes, 2006; Courtney, 1994; Goerge, 1990). The findings with regard to the age of the foster child have been mixed. While some studies have shown that older children were more likely to experience reunification than infants (Akin, 2011; Harris & Courtney, 2003; Leathers, Falconnier, & Spielfogel, 2010; Wulczyn, 2004), other studies found that the odds of reunification did not differ significantly between younger and older children (Becker et al., 2007; Wells & Guo, 1999). More consistent research findings were found for ethnicity. Children from ethnic minorities, especially African American children, had lower rates of reunification (Akin, 2011; Courtney, 1994; McMurtry & Lie, 1992; Wells & Guo, 1999; Wulczyn, 2004). As to placement, it was repeatedly found that children who had experienced prior placement changes were less likely to be reunified (Connell et al., 2006; Courtney, 1994; Goerge, 1990; Smith, 2003). A possible explanation for this is that the association between placement history and reunification rates is mediated by children's behavior problems: a history of former out-of-home placements has been shown to contribute to behavioral problems (Newton, Litrownik, & Landsverk, 2000), and also that these behavioral problems are associated with a lower likelihood of reunification (Connell et al., 2006). Another explanation might be that a volatile placement history could also indicate more chronic or entrenched problems in the birth families that are not being resolved.

### 1.3. Birth parents and foster family characteristics associated with reunification

Knowledge of birth parents' characteristics associated with reunification helps to get a better indication of conditions in the family of origin that should be met for reunification to occur. Research on these factors also provides information to establish a profile of which parents are more likely to be able to retain care of and responsibility for their children. In contrast to the ample research on foster child characteristics, few studies have been performed on the association of characteristics of birth parents and reunification (Akin, 2011; McDonald, Poertner, & Jennings, 2007). It is known that reunification was more likely if the foster child returned to a two-parent family rather than to a single-parent family (Harris & Courtney, 2003; Hayward & DePanfilis, 2007; Wells & Guo, 1999), although not all studies confirmed this result (Malm & Zielewski, 2009; Noonan & Burke, 2005). Furthermore, bivariate analyses showed birth parents' ages to be significantly related to reunification outcomes (Fraser, Walton, Lewis, Pecora, & Walton, 1996): the older the birth parents, the more likely the child was to be reunited with them.

Studies have also focused on the association between foster family characteristics and reunification, most often the difference between kinship and non-kinship foster families. However, the results of these studies have been inconclusive (Berrick & Needell, 1999; Connell et al., 2006; Courtney, 1994; Courtney & Barth, 1996; Koh & Testa, 2008; Wells & Guo, 1999). A recent meta-analysis has reported that although the overall effect size was in favor of children in non-kinship foster care; this effect was not statistically significant. This means that children in kinship care are equally likely to be reunified with their birth parents as children in non-kinship foster care (Winokur et al., 2014). Research on other foster family characteristics in relation to the likelihood of

reunification is scarce. It is not known whether, and if so how, characteristics related to family composition, such as the presence of other (foster) children in the foster family, are related to reunification. Are children from single or two-parent foster families more or less likely to be reunified with their birth parents? Furthermore, it is of interest whether other characteristics related to foster parents, such as the age, are related to reunification outcomes. The current study will examine these understudied factors in association with the likelihood of reunification.

#### 1.4. Foster placement characteristics associated with reunification

Findings on foster placement characteristics in relation to reunification are especially of interest because these findings can guide policy makers and foster care professionals towards foster care practices that are advantageous to family reunification. The effects of parental contact during foster care placement is frequently studied. A positive relation between parental contact and reunification was repeatedly found (Berry, McCauley, & Lansing, 2007; Davis, Landsverk, Newton, & Ganger, 1996; Fanshel & Shinn, 1978; McMurtry & Lie, 1992). Another placement characteristic is the legal framework of the placement. In the UK, it has been found that if the child was placed on a voluntary basis, rather than by juvenile court order (mandated care), there was a greater likelihood of a child's return (Bullock, Gooch, & Little, 1998). It could be argued that voluntary placements are characterized by higher parental motivation and self-reflection, which also relate to the likelihood of reunification. Other factors of interest are additional interventions or support services aimed at foster parents, birth parents and foster children (Simms & Bolden, 1991). Both an American and a British study showed that in order to improve the home situation and increase the chance of reunification, services and interventions aimed at the birth parents are of importance (Maluccio, Fein, & Davis, 1994; Staff & Fein, 1994; Thoburn, Robinson, & Anderson, 2012). Indeed, previous studies have found that services for birth parents, aimed at the provision of concrete services, education and training to parents, promoted reunification (Fraser et al., 1996).

#### 1.5. Reasons for removal

Reasons for placement in foster care can be related to the foster child (e.g., mental health problems) and/or to the birth parents (e.g., parenting or parental problems, problems related to the living circumstances, abuse), and have been frequently studied in relation to reunification. Children who were placed for reasons of abuse or neglect were more likely to be reunified than children who were placed out-of-home because of their psychosocial problems or because their parents were unable to care for them because of parents' physical inability (Goerge, 1990; Landsverk, Davis, Ganger, Newton, & Johnson, 1996). In contrast, some studies have found the opposite with children placed in foster care for reasons of neglect: they reunified at a slower rate (Courtney, 1994; Wells & Guo, 1999). Reunification is also less likely in cases of complex family problems, such as parental mental illness, poverty or financial problems, inadequate or unstable housing, domestic violence and substance abuse (Goerge, 1990; Jones, 1998; Marsh, Ryan, Choi, & Testa, 2006). The reason for placement in foster care in relation to the likelihood of reunification seems to cohere with the degree to which the problems underlying the reason of out-of-home placement can be resolved, which in turn is a prerequisite for reunification. However, the cited studies used different timeframes and included different sets of factors, which make a simple comparison difficult.

#### 1.6. Current study

Although many studies have been performed on correlates of reunification (e.g., Akin, 2011; Pritchett et al., 2013; Taussig, Clyman, & Landsverk, 2001), at some points the results are inconclusive or factors are simply understudied. Also, not all studies have examined these

factors by means of multivariate analyses. This is relevant because multivariate analysis allows for the examination of a broader set of variables, thereby giving a more realistic representation of the actual situation than univariate analyses. It allows for conclusions on the strength of each variable to reunification outcomes, while taking into account other variables included in the multivariate model (Huberty & Morris, 1989). Furthermore, additional research on reunification in Flanders and the Netherlands is needed, because policies for reunification differ between countries and it is shown that different countries and (US) states can result in different outcomes, which limits generalizability of previous studies to other countries and/or settings (Courtney, 1994; Goerge, 1990). It is important to create evidence-based models for permanency planning and formulate decision-making criteria for reunification (Fernandez & Lee, 2013; Gelles, 1993; Hess et al., 1992; Vanderfaellie et al., 2016a; Vedder et al., 2015; Wulczyn, 2004). This study therefore aims to further our knowledge about reunification. Reunification pace and factors associated with reunification are examined. The focus is on factors related to the foster child, the birth parents, the foster parents and the foster placement, and to reasons for removal.

## 2. Method

### 2.1. Participants

In this study the case files of 580 foster children were analyzed. The characteristics of the sample are described in Table 1. The foster children were between 0 and 18 years old ( $M = 9.10$ ,  $SD = 5.49$ ) at the start of the foster placement. Participants included 256 boys (44.1%) and 324 girls (55.9%). Reasons for placement in foster care were parenting problems (86.9%; such as difficulties in the parent-child relationship), parental problems (79.1%; such as psychological or psychiatric problems of the parents), problematic living circumstances of the family (61.6%), child maltreatment (40.3%), and/or mental health problems of the child (30.3%). There often was co-occurrence in reasons for placement, see Table 2. Neglect was the most common form of child maltreatment (62.7%), followed by physical abuse (50.4%), and sexual abuse (23.5%). For around half of the sample the current placement was their first placement in foster care, but the foster children experienced on average one placement change ( $M = 1.09$ ,  $SD = 1.65$ ). Most foster children (60.5%) resided in kinship foster care. About one-third of all foster placements (36.0%) were voluntary.

### 2.2. Instruments

Case files were analyzed by use of a coding scheme, containing questions regarding the placement ending (i.e., reunification, breakdown), and characteristics of the birth parents, the foster family, the foster placement, and the foster child. To classify the placement ending as a reunification and to prevent that 'masked breakdowns' were coded as reunification (Sallnäs, Vinnerljung, & Kyhle Westermark, 2004), there should have been a planned return of the foster child to its birth parents. With respect to the child's characteristics, information was coded on the child's age, gender, ethnicity, placement history (with each placement change to another living environment, including reunification, being counted as a placement change). Furthermore, children's behavioral problems were coded during and following the first six months of the placement using an abbreviated version of the Child Behavior Questionnaire (CBC; Boyle et al., 1987), previously used by Barber (Barber, Delfabbro, & Cooper, 2001). This questionnaire consists of 13 items covering conduct disorder, hyperactivity and emotionality. Example items are: 'being disobedient at school', 'inability to concentrate for long', and 'feelings of unhappiness'. All items were scored on a 3-point Likert scale ranging from 0 (*never*), to 2 (*often*). Cronbach's alpha was 0.78 for the first half year and 0.80 for the period after the first half year.

With respect to the characteristics of the birth parents, age of the foster mother and foster father were coded. Questions regarding the foster

**Table 1**  
Characteristics of the sample.

Variable	N (%) Total	n (%) Flanders	n (%) Netherlands	$\chi^2$ /t-value
<b>Characteristics of the foster child</b>				
Age - <i>M (SD)</i>	9.10 (5.49)	8.32 (5.73)	9.99 (5.06)	- 3.170***
<b>Gender</b>				
Boy	256 (44.1%)	139 (45.0%)	117 (43.2%)	0.192
Girl	324 (55.9%)	170 (55.0%)	154 (56.8%)	
<b>Ethnicity</b>				
West European Union	417 (72.3%)	217 (70.2%)	200 (73.8%)	0.913
Immigrant	163 (28.1%)	92 (29.8%)	71 (26.2%)	
<b>Number of movements - <i>M (SD)</i></b>				
None	1.09 (1.65)	1.10 (1.83)	1.07 (1.43)	0.270
≥ 1	300 (51.7%)	173 (56.0%)	127 (46.9%)	4.436*
Unknown	278 (47.9%)	136 (44.0%)	142 (52.4%)	
Unknown	2 (0.4%)	0 (0.0%)	2 (0.7%)	
<b>Behavioral problems at start - <i>M (SD)</i></b>				
Children with score 0	2.36 (3.36)	1.63 (2.69)	3.20 (38.1%)	- 5.645***
Children with score ≥ 1	282 (48.6%)	182 (58.9%)	100 (36.9%)	29.971***
<b>Behavioral problems after 6 months - <i>M (SD)</i></b>				
Children with score 0	2.98 (51.4%)	1.75 (3.18)	2.97 (3.82)	- 4.158***
Children with score ≥ 1	2.32 (3.54)	1.75 (3.18)	2.97 (3.82)	22.946***
Children with score ≥ 1	283 (48.8%)	122 (39.5%)	161 (59.4%)	
<b>Characteristics of the birth parents</b>				
<b>Age birth mother - <i>M (SD)</i></b>				
Missing	35.20 (8.59)	32.94 (8.67)	37.73 (7.77)	- 6.233***
Missing	122 (21.0%)	67 (21.7%)	55 (20.3%)	
<b>Age birth father - <i>M (SD)</i></b>				
Missing	39.88 (9.34)	37.60 (9.43)	42.00 (8.77)	- 4.522***
Missing	229 (39.5%)	140 (45.3%)	89 (32.8%)	
<b>Characteristics of the foster family</b>				
<b>Type foster family</b>				
Kinship care	351 (60.5%)	182 (58.9%)	169 (62.4%)	0.823
Non-kinship care	228 (39.3%)	127 (41.1%)	101 (37.3%)	
Missing	1 (0.2%)	0 (0.0%)	1 (0.3%)	
<b>Single-/Two-parent foster family</b>				
Single-parent family	147 (25.3%)	90 (29.1%)	57 (21.0%)	4.998*
Two-parent family	433 (74.7%)	219 (70.9%)	214 (79.0%)	
<b>Own children foster parents - <i>M (SD)</i></b>				
Missing	1.14 (1.43)	1.37 (0.08)	1.49 (0.10)	- 2.281*
Missing	44 (7.6%)	0 (0.0%)	44 (16.2%)	
<b>Other foster children - <i>M (SD)</i></b>				
Missing	0.55 (0.99)	0.43 (0.98)	0.70 (0.99)	- 3.270***
Missing	23 (4.0%)	0 (0.0%)	23 (8.5%)	
<b>Age foster mother - <i>M (SD)</i></b>				
Missing	46.31 (11.03)	46.11 (11.30)	46.58 (10.68)	- 0.458
Missing	115 (19.8%)	44 (14.2%)	71 (26.2%)	
<b>Age foster father - <i>M (SD)</i></b>				
Missing	46.55 (11.83)	47.60 (11.61)	45.55 (11.99)	1.770
Missing	150 (25.9%)	96 (31.1%)	54 (19.9%)	
<b>Characteristics of the foster placement</b>				
<b>Contact with birth family</b>				
Missing	473 (81.6%)	248 (80.3%)	225 (83.0%)	1.569
Missing	4 (0.7%)	0 (0.0%)	4 (1.5%)	
<b>Legal framework</b>				
Voluntary	209 (36.0%)	125 (40.5%)	84 (31.0%)	5.303*
Mandated care	369 (63.6%)	184 (59.5%)	185 (68.3%)	
Unknown	2 (0.4%)	0 (0.0%)	2 (0.7%)	
<b>Additional support services foster parents</b>				
Additional support services parents	119 (20.5%)	25 (8.1%)	194 (71.6%)	62.623***
Additional support services foster child	195 (33.6%)	69 (22.3%)	126 (46.5%)	37.776***
Duration placement (all) - <i>M (SD)</i>	280 (48.3%)	124 (40.1%)	156 (57.6%)	17.576***
Duration placement (reunification) - <i>M (SD)</i>	25.62 (20.88%)	27.78 (21.56)	23.19 (19.87)	2.201*
Duration placement (reunification) - <i>M (SD)</i>	22.92 (17.15)	25.38 (18.57)	20.78 (15.72)	1.231
<b>Characteristics related to reason for removal</b>				
<b>Reason placement</b>				
Mental health problems child	176 (30.3%)	51 (16.5%)	125 (46.1%)	59.931***
Parenting problems	504 (86.9%)	288 (93.2%)	216 (79.7%)	23.106***
Parental problems	459 (79.1%)	255 (82.5%)	204 (75.3%)	4.539*
Living circumstances family	357 (61.6%)	204 (66.0%)	153 (56.5%)	5.578*
Child maltreatment	234 (40.3%)	101 (32.7%)	133 (49.1%)	16.117***
<b>Type of child maltreatment</b>				
Sexual abuse	55 (23.5%)	27 (26.7%)	28 (21.1%)	0.428
Physical abuse	118 (50.4%)	58 (57.4%)	60 (45.1%)	1.012
Neglect	147 (62.7%)	52 (51.5%)	95 (71.4%)	25.350***

\*  $p < 0.05$ .\*\*\*  $p < 0.001$ .

family were related to the type of foster family (kinship or non-kinship), the legal framework (voluntary or mandated), family composition (single- or two-parent household), and any other biological or other foster children in the foster family. Furthermore, several placement characteristics were coded, such as duration, contact with the birth family (yes/no) and support services aimed at foster children, foster parents or birth parents. Reasons for placement in the foster family were also

coded. The coding scheme allowed for multiple reasons for placement to be coded.

### 2.3. Procedure

All invited foster care agencies (two foster care agencies in Flanders and three foster care agencies the Netherlands) agreed to participate in

**Table 2**  
Co-occurrence of reasons for placement in foster care.

	Mental health problems child	Parenting problems	Parental problems	Living circumstances	Child maltreatment
Mental health problems child	176	162	130	109	97
Parenting problems		504	422	340	227
Parental problems			459	319	202
Living circumstances				357	173
Child maltreatment					234

this retrospective study on foster care trajectories and placement breakdown. Case file analysis (both in Flanders and in the Netherlands) to obtain a sample of Flemish–Dutch foster children were performed in 2014. At the start of the study, the research window was six years. Foster children were included who were placed in 2007. Because this did not result in inclusion of approximately 600 cases (Long, 1997; Peduzzi, Concato, Feinstein, & Holford, 1995), files from previous years were included randomly. The final sample thus consisted of 580 files (309 Flemish and 271 Dutch) of foster children placed between 2004 and 2007. The majority of the cases were of children placed in 2007.

Case file analysis was performed by trained research assistants. Data were systematically coded from the case files by using a standard coding scheme. Interrater reliability was examined by looking at the degree in which several variables in the coding scheme of 75 randomly selected files were scored in a consistent manner by two different research assistants. Interrater reliability was assessed for 'reunification' (reunification or not), and was  $\kappa = 0.84$ , indicating almost perfect agreement (Landis & Koch, 1977). In addition, the interrater reliability between behavioral problems scores at the start of the placement ( $\rho = 0.72$ ,  $p < 0.001$ ) and after six months ( $\rho = 0.70$ ,  $p < 0.001$ ) was large.

#### 2.4. Data analysis

To test for possible differences between the Flemish and the Dutch sample, Chi-square and t-tests were conducted. These tests indicated that significant differences regards reunification and several other variables (see Table 1). As a result, subsequent analyses were performed controlling for 'country'. We used Cox regression analysis to examine the likelihood of reunification. Cox regression analysis is an often used method in other child welfare research studies on the topics of breakdown and reunification (e.g., Connell et al., 2006; Courtney, 1994; Pine, Spath, Werrbach, Jenson, & Kerman, 2009). Firstly, to examine the association of each variable with reunification, univariate Cox regression analyses were executed for all variables which had no >5% missing data (Acuna & Rodriguez, 2004). The assumption of proportionality of hazards was examined for each variable, and turned out to be satisfied for all variables. As a consequence, univariate Cox regression analyses were performed for all variables. Secondly, all variables that turned out to be significant based on the univariate Cox regression analyses were integrated into one multivariate Cox regression analyses. As was done for all univariate analyses, 'country' was included as a covariate in the multivariate Cox regression analysis as well, and the assumption of proportionality of hazards was checked and found to be met. To test whether Flanders and the Netherlands differed with respect to variables significantly related to reunification, a Cox regression analysis was performed wherein for each variable an interaction term with 'country' was included.

### 3. Results

#### 3.1. Comparison of the Flemish and Dutch sample

In Table 1, the characteristics of the foster children, the birth parents, the foster family, the foster placement, and the reasons for removal are given for the total sample, as well as for the Flemish and Dutch sample separately. The Flemish and Dutch samples proved to differ on most

characteristics. With regard to the foster child characteristics, Dutch foster children were older and had more behavior problems at the start of, and during the foster placement. Although the mean number of placement changes was not significantly different for foster children in Flanders and the Netherlands, Flemish foster children more often were currently in their first placement compared to Dutch foster children. Furthermore, Dutch foster children were more often in mandated care. There were also significant differences between Flemish and Dutch foster children considering the characteristics of the foster family. Dutch foster children more often resided in two-parent foster families. Furthermore, Dutch foster families more often also had biological children and more than the one foster child. Regarding the characteristics of the foster placement, foster children in the Netherlands were more often placed due to the mental health problems of the foster child and for reasons of child maltreatment, and less often due to parenting problems, parental problems and problematic living circumstances of the family. In addition, Dutch foster parents, birth parents and foster children more often received additional support or interventions. With respect to the characteristics of the family of origin, the mean age of Dutch birth mothers and fathers was higher.

#### 3.2. Reunification and reunification pace

Mean duration of the placement till reunification was almost 2 years ( $M = 22.92$  months,  $SD = 17.15$ ) and did not differ significantly between the two countries ( $t(82) = 1.231$ ,  $p = 0.222$ ), see also Table 1. Over a period of six years, 89 (15.3%) foster placements resulted in reunification (Flanders,  $n = 39$ , 12.6%; the Netherlands,  $n = 50$ , 18.5%), and 169 (29.1%) ended in breakdown (Flanders,  $n = 90$ , 29.1%; the Netherlands,  $n = 79$ , 29.2%). The life table in Table 3 illustrates the distribution of time-to-event (i.e., reunification). It shows that the likelihood of reunification was most likely during the first 30 months of the placement. After two-and-a-half years, the likelihood of reunification slightly decreased.

#### 3.3. Factors associated with reunification

Univariate Cox regression analyses, controlling for 'country' indicated that six variables were significantly related to reunification, namely referring authority, behavioral problems after six months, support services for foster parents, support services for foster children, support services for birth parents and contact with birth family (see Table 4). This means that children were more likely to reunify if they were placed in foster care on a voluntary base, had less behavior problems after six months, if the foster parents and the foster child were given no additional support services, if the birth parents received additional support services, or if there was contact between the foster child and the birth parents.

Multivariate Cox regression analysis performed with these six variables resulted in a significant model, ( $\chi^2 = 77.68$ ,  $df = 7$ ;  $p < 0.001$ ), and indicated that all variables remained significant (see Table 5). The variable that mattered most was 'contact with birth family'. Foster children who had contact with their family of origin, were 13 times more likely to be reunified with their birth parents. The Cox regression analysis with the interaction terms demonstrated there were no differences between Flanders and the Netherlands.

**Table 3**  
Life table.

Time interval (in months) after placements in foster family beginning of time A	Number of children in foster family at the beginning of time A	Number of children who prematurely terminated placement in foster family ( <i>number of censored cases<sup>a</sup></i> )	Number of children exposed to reunification ( $D = B - (1/2 * C)$ )	Number of children who were reunified	Proportion of children were reunified ( $F = (E/D)$ )	Proportion of children who are still in foster family at end of time interval ( $= 1 - F$ )	'Risk' of experiencing reunification during the time interval (probability density)	'Risk' of experiencing reunification during the interval, conditional upon surviving to the start of the interval (Hazard Rate)
A	B	C	D	E	F	G	H	I
0–6	580	52	554.000	11	0.02	0.98	0.003	0.00
6–12	517	48	493.000	14	0.03	0.97	0.005	0.00
12–16	455	48	431.000	18	0.04	0.96	0.007	0.01
18–24	389	35	371.500	11	0.03	0.97	0.005	0.01
24–30	343	27	329.500	11	0.03	0.97	0.005	0.01
30–36	305	16	297.000	5	0.02	0.98	0.002	0.00
36–42	284	15	276.500	5	0.02	0.98	0.003	0.00
42–48	264	19	254.500	3	0.01	0.99	0.002	0.00
48–54	242	9	237.500	4	0.02	0.98	0.002	0.00
54–60	229	15	221.500	1	0.00	1.00	0.001	0.00
60–66	213	13	206.500	2	0.01	0.99	0.001	0.00
66–72	198	9	193.500	3	0.02	0.98	0.002	0.00
72	186	185	93.500	1	0.01	0.99	0.000	0.00

<sup>a</sup> Censored cases: these are still active cases, but no longer than the time interval period.

#### 4. Discussion

If children cannot be raised by their birth parents, placement in foster care is the preferred alternative (Dozier et al., 2014; Roy, Rutter, & Pickles, 2000; Webster, Barth, & Needell, 2000). During the foster placement, it is evaluated whether the child can be reunified with its family of origin. Decision-making regarding reunification is part of the so-called permanency planning, and is a challenging and difficult process (Wulczyn, 2004). It is therefore important that evidence-based models and clear-cut reunification decision-making criteria become available.

**Table 4**  
Univariate associations with reunification.

Variable	Wald	Exp(B)
Country (1 = Flanders, 2 = the Netherlands)	5.317	1.638*
Gender (1 = boy, 2 = girl)	0.197	0.910
Age (numerical)	0.001	1.001
Ethnicity (1 = West European Union, 2 = Immigrant)	0.014	0.972
Type of foster family (1 = kinship, 2 = non-kinship)	0.390	1.147
Legal framework (0 = voluntary, 1 = mandated care)	11.842	0.476**
Single-/Two-parent foster family (1 = single-parent, 2 = two-parent)	2.427	1.578
Own children foster parents (numerical)	1.256	1.084
Other foster children (numerical)	0.502	0.920
Behavioral problems at start (numerical)	0.416	0.977
Behavioral problems after six months (numerical)	4.804	0.917*
Additional support services foster parents (0 = no treatment, 1 = treatment)	13.487	0.249***
Additional support services birth parents (0 = no treatment, 1 = treatment)	13.981	2.272***
Additional support services foster child (0 = no treatment, 1 = treatment)	10.546	0.488**
Number of movements (numerical)	0.377	1.042
Reason placement		
Mental health problems child (1 = yes, 2 = no)	1.290	0.765
Parenting problems (1 = yes, 2 = no)	0.025	0.950
Parental problems (1 = yes, 2 = no)	0.011	1.030
Living circumstances family (1 = yes, 2 = no)	0.324	0.879
Child maltreatment (1 = yes, 2 = no)	0.044	1.047
Type of child maltreatment		
Sexual abuse (1 = yes, 2 = no)	1.297	1.689
Physical abuse (1 = yes, 2 = no)	0.561	1.230
Neglect (1 = yes, 2 = no)	0.157	1.102
Contact with birth family (0 = no contact, 1 = contact)	7.301	15.143**

Note. All univariate Cox regression models are controlled for by 'country'.

\*  $p < 0.05$ .

\*\*  $p < 0.01$ .

\*\*\*  $p < 0.001$ .

To facilitate this process of creating evidence-based policy and practice, this study examined which factors were associated with reunification. Much research has already been performed on reunification and associated factors, though the results from previous studies in other countries cannot unequivocally be generalized because policies for reunification differ between countries (Courtney, 1994; Wells & Guo, 1999; Winokur et al., 2014). Country-specific information is therefore needed. This led us to research reunification in Flanders and the Netherlands and its relation to characteristics of the foster child, the birth parents, the foster parents, the foster placement, and reasons for removal.

This study showed that approximately 15% of the children placed in foster families were reunified with their birth parents within a period of six years. Mostly placement related characteristics were significantly related to reunification outcomes; most prominently so contact with the birth parents. In line with previous research (e.g., Davis et al., 1996; Fanshel & Shinn, 1978; Wulczyn, 2004) this study indicated that reunification was 13 times more likely to take place if foster children had contact with their birth parents during their placement. It can be hypothesized that increased contact results in better parent-child relationships and attachments, which are essential to children's healthy development and successful reunifications (Haight, Kagle, & Black, 2003). This is consistent with the findings of Leathers et al. (2010) that children with a strong relationship with their biological mothers were more likely to be reunified, and also less likely to reenter foster care after unsuccessful reunification. However, the current study did not examine the quality and quantity of this contact. Moreover, it is likely an over-simplification to argue that policy and practice simply need to enhance such

**Table 5**  
Multivariate associations with reunification.

Variable	Wald	Exp(B)
Legal framework (0 = voluntary, 1 = mandated care)	8.833	0.527**
Behavior problems after six months (numerical)	4.077	0.924*
Additional support services foster parents (0 = no treatment, 1 = treatment)	11.561	0.269**
Additional support services birth parents (0 = no treatment, 1 = treatment)	18.507	2.724***
Additional support services foster child (0 = no treatment, 1 = treatment)	7.409	0.522**
Contact with birth family (0 = no contact, 1 = contact)	6.631	13.412*
Land (0 = Flanders, 1 = Netherlands)	11.081	2.131**

\*  $p < 0.05$ .

\*\*  $p < 0.01$ .

\*\*\*  $p < 0.001$ .

contact in order to increase the number of reunifications. From a review of the literature, Biehal (2007) concluded that although foster children who are reunified with their birth parents may be more likely to have contact with their birth parents during the foster placement, there is no evidence to suggest that this contact is the main determinant of reunification. The association between parent-child contact and reunification appears to be complex (Biehal, 2007) and might be intertwined with other factors, such as parental motivation or parental problems. Future research should examine this. This being said, a small-scale study on an evidence-based treatment reunification model showed promising results in terms of stable reunification (Berry et al., 2007). One of the main principles within this program was the contact between parent and child and the opportunity to spend time together. Even if other factors not covered in our multivariate analyses were to underlie the relationship between parental contact and reunification, the association between parental contact and reunification seems promising. When reunification is considered in the context of permanency planning, carefully planned parental contact should be part and parcel (Wulczyn, 2004).

Contact with parents was most strongly related to reunification, although this study also showed significant associations of several other characteristics with reunification. In line with Bullock et al. (1998) it was found that foster children were more likely to be reunified if they were placed in foster care on a voluntary base. In contrast to mandated foster care, the problems underlying voluntary foster placement may be less severe, which makes resolving these problems and creating conditions and opportunities for reunification less of a challenge. In addition, it is also reported that children in voluntary placements showed fewer psychosocial problems than children in mandated foster care (Beatty, 1995) and in turn behavior problems are associated with a lower likelihood of reunification (Connell et al., 2006). Our study confirmed that children with fewer behavior problems after six months were more likely to be reunified with their family of origin. Behavior problems have also been linked to support services. Earlier research (Burns et al., 2004) showed that foster children with behavior problems are more likely to receive additional services than children with fewer problems. Our study showed that if foster parents and foster child did not receive additional support services, there was a greater likelihood of reunification. The amount of behavior problems might play a role in this association between support services and reunification. In contrast, there was a greater likelihood of reunification if birth parents did receive additional support services. Although the current study gave no insight in the precise form or goals of these additional services for birth parents, previous studies repeatedly showed that the services for parents increased the likelihood of reunification (e.g., Fraser et al., 1996; Pine et al., 2009). It has been previously suggested that during the placement of the child, services aimed at birth parents should focus on improving the home situation. For example by enhancing parenting skills and the provision of concrete services such as financial assistance. It would be of interest for future research to examine whether and what type of services for birth parents increases the likelihood of reunification (Barth et al., 2005). In addition, future research should not only look at the actual receipt of services, but also examine whether those services were needed. A more complex variable in which the receipt of services and need for it is combined is therefore recommended (Srebnik, Cauce, & Baydar, 1996).

This study provided not only information about factors associated with reunification. It also provided insight into the reunification time frame within the period of six years following placement. Most reunifications occurred within the first two-and-a-half years. A similar pattern has been observed in other studies (Bullock et al., 1998; Courtney, 1994; Courtney & Barth, 1996; Goerge, 1990). Possibly, foster care placements are continued for longer periods if birth parents face multiple problems and risks, and child welfare professionals are concerned about the progress on conditions required for a safe return home (Bellamy, 2008; Leathers, 2002). Though in this study the tipping

point seemed to be at two-and-a-half years, several studies even report shorter timeframes wherein most reunifications occurred (e.g., Wulczyn, 2004). An explanation for this might be that the latter studies have been performed in the US, where the introduction of the Adoption and Safe Families Act of 1997 imposed more narrow timeframes for permanency planning and a more stringent focus on permanency and stability for children (Wulczyn, 2004).

The policies and practices of foster care in Flanders and the Netherlands are considered as akin. It was therefore not expected that our study would uncover significant differences in the characteristics of the Flemish and Dutch samples. One such difference proved, however, that the Dutch sample of foster children showed a higher level of behavioral problems than did the Flemish sample. This is noteworthy because the current study also showed that behavior problems are related to the likelihood of reunification, and previous studies also identified this as one of the main reasons for breakdown (Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007). An explanation for this Dutch-Flemish difference might be that in Flanders the likelihood of children with child problems (e.g., behavioral, socioemotional and cognitive problems) being placed in foster care is significantly lower than in the Netherlands (Vanderfaellie, Damen, Pijnenburg, Bergh, & Van Hoken, 2016b). Another difference between the Dutch and Flemish samples proved that the Dutch sample more often received additional support for foster children, parents and foster parents: three factors which were also shown to be significantly related to the likelihood of reunification. This difference in support services between Flanders and the Netherlands might be related to the behavior problems of foster children: previous research showed that additional support and support services are indicated for those foster children and (foster) families who most need additional support because of psychosocial problems of the foster child (Burns et al., 2004; Goemans, Van Geel, & Vedder, 2016). We can, however, not rule out the possibility of other underlying processes or mechanisms which may account for these Dutch-Flemish differences. We therefore argue that researchers need to be aware of possible international differences, even between akin countries such as Flanders and the Netherlands, and control for them in their analyses. In our study, we also included interaction terms to check whether there were differences between Flanders and the Netherlands with respect to variables related to reunification, which turned out to be not the case.

#### 4.1. Limitations

This study focused on reunification outcomes, not on whether or not reunifications proved successful. Reentry into foster care after reunification does occur, and percentages of 20–40% have been reported (e.g., Taussig et al., 2001; Wulczyn, 2004). As a consequence, it is questionable whether reunification is by definition the most favorable outcome of permanency planning. Moreover, some studies reported reunified children to have more psychosocial problems than children in foster care (Taussig et al., 2001). This finding is, however, not unequivocal: other studies failed to replicate this or even contradicted it (Bellamy, 2008; Lau, Litrownik, Newton, & Landsverk, 2003; Lloyd & Barth, 2011). Research is called for which identifies conditions under which reunification is successful, and carefully monitors children's functioning following reunification (Taussig et al., 2001).

A second limitation is that this study made use of administrative data. As noted by other researchers (Connell et al., 2006; Drake & Jonson-Reid, 1999; Kortenkamp, Geen, & Stagner, 2004; Vanderfaellie et al., 2016a), case file analysis does not always provide as much information or specification as required or desirable for research purposes. Also, caseworkers may differ in their way of reporting, and sometimes in case files information is missing. On the other hand, a strength of case file analysis is that it allows for retrospective study of large numbers of foster placements, as in the present study. In addition, we aimed to optimize data validity and reliability by using a standardized data extraction form. This notwithstanding, we argue that future

research efforts to study reunification employ a prospective longitudinal design.

#### 4.2. Conclusions

This study showed that reunification was associated with six factors. Reunification was more likely when foster children were placed in voluntary foster care, had less behavior problems after six months, foster parents and foster child were offered no additional support services, birth parents did receive such additional support services, and/or if there was contact between foster child and birth parents during placement. All factors but one (viz., the behavior problems of the child) can be categorized as placement related characteristics. These characteristics can to some extent be influenced by policy makers and foster care professionals. They should be taken into account in the process of permanency planning, especially when aimed at reunification, and in the development of evidence-based decision models. This study also showed that 15% of foster children were reunified over the period of six years. Bearing in mind that our sample consisted of children in long-term foster care, the low number of reunifications is not surprising. Also in comparison with other studies the reunification rate seems relatively low, although it is difficult to compare reunification rates between studies because of the different time frames. What can be learned from this study is that in most cases long-term foster care does indeed span longer periods of time, and that for most children in long-term foster care reunification is not sought. Although the option of reunification can be evaluated also in long-term foster care in Flanders and the Netherlands, it would be of interest to examine the percentage of reunification in short-term foster care in future research.

Most reunifications took place in the first two-and-a-half years after placement. Although this timeframe may appear reasonable, it is a long period in the life of the child, especially when characterized by uncertainty about permanency. Because failure to achieve permanency has a negative impact on the development of foster children (Lockwood, Friedman, & Christian, 2015), we encourage policy makers and foster care professionals to commit to timely permanency planning. Reunification efforts should be planned right from the onset of the foster placement. In order to ensure timely permanency, the model of concurrent planning, which is already enacted in the US (D'Andrade, Frame, & Berrick, 2006; Katz, 1999; Tilbury & Osmond, 2006) can be more systematically adhered to. In this model the option for reunification and alternative permanency plans are evaluated simultaneously. When reunification is not considered an option, permanency should be secured within the foster family.

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