A systematic review of common elements of practice that support reunification

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ABSTRACT

A proliferation of programs and interventions aim to promote permanency for children and young people in contact with the child welfare system. Many are manualized and evaluated at the program-level rather than at practice-level. Interest is growing in the common elements approach, to determine which individual program components are most useful for informing practice. This paper draws from the findings of a systematic review that assessed current research on permanency programs and utilized a common elements approach to identify practices that support permanency via reunification, guardianship or adoption. The focus of this paper is on practice elements that are common for supporting parents towards reunification. Twelve publications met inclusion criteria: seven experimental (randomized controlled trial) studies, two quasi-experimental studies, and three pretest–posttest studies. From these, 10 programs were identified that aim to build the capacity of parents undertaking reunification efforts to promote their children's safety, stability, and security. Using content analysis, a total of eight distinct practices in reunification programs were identified; these practices applied a structured and individualized approach to improve parent–child interactions and build parent skills to recognize and respond to child behavioral issues. The common elements approach reveals the components of evidence-based interventions to support reunification and can be useful for tailoring interventions, developing frameworks, upskilling workforce and identifying effective practices within existing interventions.

1. Introduction

Child welfare systems aim to protect vulnerable children and young people who have been, or are at risk of being neglected or abused, or whose parents are unable to provide sufficient care. In Australia, this responsibility is held by state and territory departments (Australian Institute of Health and Welfare [AIFS], 2016). The process for a child to enter out-of-home care begins with a notification to the statutory child protection authority that a child is at risk of significant harm and, following an investigation, determines whether the report can be substantiated. If so, legal orders are made that grant the child protection authority the care and protection of the child. Children may be placed in out-of-home care if it is determined that parents are unable to provide appropriate care. *Permanency planning* is then undertaken by departments with the aim of achieving a stable long-term care arrangement for children and young people in out-of-home care (AIFS, 2016).

1.1. Permanency planning in child welfare

Dating back to the 1970s, permanency planning refers to the process of making decisions about the long-term care arrangements of children with the aim to promote stability and continuity (Tilbury & Osmond, 2006). It is general practice in the United States and United Kingdom and, more recently, in Australia, in response to evidence about the negative impacts on children of "drifting" between multiple placements (Kane & Darlington, 2009; Roth, 2013). In addition to long-term legal placement of children with relatives or with another family, the concept has evolved to include family preservation to keep children in their homes, and reunification of children with their families after temporary care (Fernandez, 2017). Within all jurisdictions, central to permanency planning is a hierarchy of options that structures the order of decision making from most to least desirable for a child's long-term care (Mackieson et al., 2017). Reunifying children and young people with their parents is typically prioritized, necessitating supports to improve parenting capacity (Fernandez & Delfabbro, 2021). Where this does not occur, other care arrangements are sought, including long-term foster or

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kinship care, guardianship, and adoption.

In general, the success of permanency planning is measured by the rate of placement disruption, or the number of placements a child has during their time in care, with other indicators, such as children's views of security and quality of care, less utilized (Cashmore, 2000). Over time, the concept of permanency has expanded beyond *legal* permanency, which is based on decisions of the courts, to one that incorporates a *physical* aspect, which refers to the environment that will offer the child a safe and stable home, and a *relational* aspect, which refers to whether the child will have stable and secure emotional connections (AIHW, 2016; Sanchez, 2004). Overall, permanency planning is intended to make decisions that are individualized to achieve optimal outcomes for children's social, emotional and physical development and to create continuity and stability across different domains of a child's life, including school, cultural links, and community (Tilbury & Osmond, 2006). For instance, a 'successful' reunification outcome could show that the child is now in a relatively stable and nurturing environment in combination with an improved relationship between children and parents when they return home (Pokempner et al., 2018).

1.2. Permanency programs and interventions

Programs and interventions to promote permanency outcomes for children and young people in contact with the care system have proliferated over the last two decades. Interventions target different child and family-level outcomes, aspects of the child welfare system, and organizational stakeholders. For instance, active efforts can be undertaken to improve parenting capacity and engagement with the child protection system, nurture parent–child relationships, facilitate high-quality and meaningful family contact for children and young people, and build extended family and community support networks (Farmer, 2018; Ivec, 2013). Most of the existing research is centered on describing and evaluating reunification programs. For example, *Cherish the Family* is a program of weekly home-visits and video feedback to promote engagement and build parental competence and confidence (Natale et al., 2013), and *Family Recovery and Reunification Program* uses coaching to reinforce new parenting skills and opportunities to practice them at contact visits (Ryan et al., 2006). Other interventions are targeted to workforce improvements that encourage professionals to practice permanency planning, such as using *Permanency Roundtables* where a professional team, made up of caseworker, supervisor, and external permanency consultant, meet to develop a realistic action plan to overcome barriers to permanency within six months (Davis et al., 2012). Other permanency approaches aim to foster interagency collaboration between child welfare, justice, and health. For instance, *Family Drug Courts* are a voluntary alternative to the traditional adversarial criminal court system and integrate drug and alcohol and child welfare services, and other community agencies to improve treatment and reunification outcomes (Child Welfare Information Gateway, 2017; Pollock & Green, 2015).

The task of assessing the relative effectiveness of specific practices used in permanency planning is a complex one. Reviews have identified programs designed to improve outcomes for children and families involved in the child welfare system (e.g., Maltais et al., 2019; Wulczyn et al., 2015). However, drawing on the results of these studies, it is challenging to identify the most effective interventions because they each target different groups (parents, children or young people), and use different definitions, guidelines and frameworks. In addition, manualized interventions and evidence-based interventions are often conflated, with variation in evaluation quality, making it difficult to interpret which practice elements serve as the primary mechanisms of change (Barth et al., 2012). Interventions are typically clustered together within the program and evaluated at the program rather than practice level. Moreover, there is limited evidence on the use of evidence-based practices with ethnically and culturally diverse populations, and what strategies are most beneficial in facilitating change in

these populations (Barth et al., 2012).

1.3. A common elements approach to permanency practices

There is growing interest in approaches that distinguish the most useful individual program components to inform practice development. This 'common elements' approach to evaluating evidence helps identify discrete techniques or strategies used to engage clients and create behavior change (Centre for Evidence and Implementation, n.d.), and is described as sifting the evidence-based 'kernels' of practice within the 'ear of corn' of a manualized program (Embry and Biglan, 2008; Weisz et al., 2011). The common elements approach focuses on specific aspects or activities that drive positive outcomes to answer the question: what are the specific practices used in an effective intervention and shared across similar interventions that address the needs of a population of interest? An added benefit of this approach is that it has the potential to provide child welfare systems with sound evidence for practice without the typically high cost of some manualized or trademarked interventions.

The common elements approach also can explore which specific practices can bring about measurable impacts on outcomes of interest. For instance, Filene et al. (2013) presented a *meta*-analysis that used a component-based, domain-specific approach to determine which characteristics of US-based home visiting programs most strongly predicted specific outcomes (i.e., birth outcomes, parenting behavior and skills, maternal life course, child cognitive outcomes, child physical health, and child maltreatment) for pregnant women with young children. While they found no clear consistent pattern of effective program components, there was variability in the size of domain-specific effects and which components predicted such effects. Based on these findings, Filene et al. highlighted the potential to break down effective programs by key components to design interventions that can target specific outcomes for children and families.

Evidence that draws out common practice elements targeting key outcomes in the area of child welfare is slowly growing. For instance, Ivec (2013) reviewed practices to increase parent and family engagement in child protection. The review identified the principles of effective parent and family engagement as: taking account of the family's context, actively listening and engaging all stakeholders, demonstrating respect and fairness, embracing systemic approaches, and building collaboration and shared responsibility (Ivec, 2013). Similarly, Kemmis-Riggs et al. (2018) conducted a systematic review that compared the effectiveness of foster and kinship care interventions in randomized controlled trials (RCTs). The review identified the therapeutic components that promoted child and carer wellbeing and addressed behavior problems. These included behavior management and relational skills to increase positive family interactions. Other common elements included trauma psychoeducation, development of problem-solving and social skills, and skills to build parental emotional self-regulation and reflection.

Barth and Liggett-Creel (2014) utilized the common components approach to describe parenting programs for children aged birth–3 and 4–8 years that were included on the California Evidence-Based Clearinghouse for Child Welfare and rated as either *well-supported* or *supported* by evidence. All the programs were based on social learning principles and included practical elements such as modelling, role-play, coaching, and feedback. Programs involve both parents and children and focus on rewarding positive child behaviors and anticipating or addressing problem behaviors. Stronger evidence was found for parenting programs with children aged 4–8 than for younger aged children. Barth and Liggett-Creel (2014) argued that using the common elements of parenting interventions and providing staff supervision was likely to yield positive outcomes for children even in the absence of evidence from a well-designed evaluation of a manualized intervention.

1.4. Aim of this review

To date, there has been limited research on the common practice elements to inform permanency planning and build the skills and confidence of parents to promote the safety, stability, and security for children and young people. This paper draws on a broader systematic review that discerned common elements of practice across reunification, guardianship and adoption and which found that the majority of research comprised programs and interventions to support reunification. This review will focus on outlining common practice elements specifically in the reunification context. In reunification contexts, parents are the primary driver as they are supported to develop the required capacity to provide a safe and nurturing home environment for children. However, successful reunification strongly depends on caseworkers who use effective practices to collaboratively engage and support parents toward reunification (Jedwab et al., 2018; Maltais et al., 2019). There is a need for competency-based training to guide the development of practice frameworks so that practices can be directed toward professional behavior change.

Therefore, the aim of this paper was to assess current research about reunification practices and utilize a common elements approach to explore and highlight practices that support reunification. To build on the existing evidence, this review identified intended goals and outcomes of effective programs and specific practices undertaken by caseworkers that aim to support parents to gain the skills and confidence needed to achieve reunification and promote children's safety, stability, and security. The review draws on evidence established in countries with similarly oriented child welfare systems (Gilbert et al., 2011), specifically the US, UK, Ireland, Canada, New Zealand, and Australia. The focus will also be to identify key practices within programs that have been evaluated using rigorous methodology – that is, only experimental and quasi-experimental designs – to impact permanency outcomes in reunification.

2. Methods

This Methods section reports on the search strategy, screening, data extraction, and identification of common elements process used in the broader systematic review about practices to support permanency outcomes via reunification, guardianship, and adoption. The Results section will focus on identifying and analyzing common elements of practices related only to reunification.

2.1. Inclusion and exclusion criteria

Using the headings of the PICOS (Participants, Interventions, Comparators, Outcomes, and Study design) tool as an organizing principle (Page et al., 2020), the inclusion and eligibility criteria for references were as follows.

2.1.1. Types of participants
Parents and caregivers of children and young people (0–18 years) in out-of-home care, who were in or moving towards reunification, guardianship or adoption were the primary recipients of the interventions. Caregivers included birth parents and adoptive parents, foster carers, kinship carers, and guardians. Interventions where the child or young person was the sole recipient were excluded because the focus was on parents or carers as the primary agents of change.

2.1.2. Types of interventions
References needed to have a central focus on interventions with practices or programs undertaken by caseworkers to build the capacity of parents and carers to promote the safety, stability and security of a placement for a child in the context of reunification, guardianship, or adoption. Practices were defined as discrete, concrete, observable techniques and strategies that a worker could implement with a parent

or carer with the intention of supporting a specific permanency goal for the child. For this review, a program was defined as a documented curriculum or established service in which parents or caregivers received direct or targeted education, training or support to increase their knowledge, capacity or skills to improve permanency outcomes for a child in their care (Parenting Research Centre, 2013).

The review did not include programs, interventions and practices solely used in long-term foster care, family preservation, and child maltreatment prevention contexts. While it is likely that practices within the different types of care arrangements are applicable to reunification, guardianship or adoption, studies that focused on programs and practices exclusively within alternative care contexts were excluded. References limited to practices used in general case management, case coordination, interagency collaboration and carer recruitment were also out of scope. For the purposes of this review, programs or approaches about family decision making processes and locating potential relative carers were also out of scope (e.g., Family Group Conferencing, Family Finding).

2.1.3. Types of comparators
Any form of comparison condition was suitable for inclusion, including a control group or a comparison group that was derived from existing data or pre-test outcomes. The experimental group could be compared to a comparison group that received another intervention, treatment-as-usual, or no treatment. Studies with at least one comparison group were in scope when screening full-text articles for inclusion.

2.1.4. Types of outcomes
Permanency outcomes that focus on safety, security and stability were included. *Safety* is defined as children being protected from abuse and neglect (Bronson et al., 2008). *Security* is defined as making long-term care arrangements for children with families that can offer lifetime relationships and a sense of belonging (Tilbury & Osmond, 2006). *Stability* is defined as establishing continuity of care, where the care arrangements remain in place over an extended period (Tilbury & Osmond, 2006). Documents with minimal or incidental content on permanency practices suggested for promoting safety, stability and security of a placement for a child in out-of-home care or statutory care were excluded.

2.1.5. Types of study design
Studies with experimental, quasi-experimental and pretest–posttest designs were in scope at the point at which full-text articles were assessed for eligibility. Books, theses, conference presentations, and book chapters were excluded.

2.2. Identification and selection of studies

Following consultation with an academic librarian, a systematic search for relevant articles was conducted by the first author using the following bibliographic databases for academic literature: Social Services Abstract, Sociological Abstracts, PSYCINFO, MEDLINE, and CINAHL. Searches for systematic reviews relevant were also conducted using the Campbell Collaboration and Cochrane Library databases in which the titles of studies were hand searched in relevant results. These databases were selected to cover the broad range of relevant disciplines. Each database was searched by title, abstract and subject headings based on Boolean-paired key words related to permanency, reunification, adoption, guardianship, practice, and program. Search terms were adapted based on the requirements of individual databases. The search strategy was restricted to studies published in peer-reviewed journals in the English language between January 2000 and September 2020.

A targeted internet search of grey literature was carried out of Australian and international organizations and governmental child welfare agencies and clearinghouses to supplement the main search. This involved manual browsing and keyword searches (e.g.,

"permanency", "permanency practices", "permanency planning") depending on the website's search system. Published and unpublished documents, including practice and legislative frameworks, policies, policy comparisons and analyses, practice guides, and reviews were included. Only documents that were available online were included.

The first author initially screened identified studies to determine relevance and discarded those that could be excluded on the basis of the title. The three authors then independently reviewed abstracts to screen for studies that met inclusion criteria. References were sorted into either *relevant*, *maybe relevant*, and *not relevant*. The abstracts of references categorized as *maybe relevant* were reviewed and discussed between two team members (the first and second author) to determine inclusion.

2.3. Data extraction

A data extraction template was developed to collate information from each reference in two tables (Tables 1 and 2). The template was modified accordingly after piloting with three randomly selected references. Table 1 collects information from each reference about publication details, country, interventions or programs mentioned, target groups, permanency pathways, study aims, methods, and key results. Information about specific practices identified in each reference from Table 1 were collated in Table 2. Data about practice name, description, intended goals or outcomes, timing, mode of delivery, strengths and limitations was extracted. During data extraction, another round of screening was conducted. References were excluded when it was discovered that the full-text did not meet inclusion criteria. The reference lists of studies were also examined for further relevant references, and additional studies were retrieved where additional information was available. To overcome limited information about interventions in the included articles, data extraction was supplemented by reviewing program and practice information provided in the *California Evidence-Based Clearinghouse for Child Welfare* (CEBC, n.d.), which contains a repository of evidence-based child welfare related programs and actively encourages developers to identify components of programs.

2.4. Evidence assessment and identifying common element practices

The following criteria for assessing evidence was applied to understand how effective interventions and practices were in promoting the capacity of parents and carers to support a permanent placement (Fig. 1). Each reference was evaluated based on its study aims, sample, methodology, and key findings. At this level, assessment of the rigor of the research was made by identifying the study design (experimental, quasi-experimental, pretest–posttest). Where possible, information about target group, intended goals or outcomes, mode and timing of delivery, and the strengths and limitations of the intervention were extracted.

Where available, key practice strategies or techniques within each intervention were identified, as well as intended practice outcomes,

Table 1
Data extraction template to collect program information.

Field	Details
Reference	Citation
Program information	Program name and a short summary
Permanency type	What permanency pathway is this program applicable for?
Targeted group	What group does this program target? (including children's ages)
Country	Where does the paper originate from?
Study aims	What is the aim of the study or paper?
Method	Summary of the method used in the paper
Participants	Summary of sample size and characteristics of sample
Main findings	Summary of the main findings of the paper
Strengths	List strengths of the intervention noted in the reference.
Limitations	List limitations of the intervention noted in the reference.

Table 2
Data extraction template to collect information about practices within programs.

Field	Details
Methods of practice	Name of practice plus a short summary about the practice. Each practice listed on a separate row for programs with multiple practices.
Intended goal/outcome	Summary of what the practice aims to achieve; intended outcomes.
When is the practice implemented?	Pre-, during, post-placement?
Mode and nature of delivery	Who delivers the practice? Is it face-to-face? Duration and timing of practice.

strengths and limitations. First, each author familiarised themselves with practices that had been extracted from program descriptions in each article and collated in Table 2. The first author conducted a content analysis based on the information in the data extraction template and identified key words, phrases and concepts to describe discrete practices that are undertaken or implemented in different programs with parents or carers (e.g., in-the-moment comments, video feedback, feedback during structured interactions). Where needed, the content analysis was supplemented by rereading the program descriptions in the original article and the information available on the CEBC. The identified discrete practices were then grouped under broader *common element headings* based on similarities in types of activities and their intended purposes. For example, discrete practices such as in-the-moment comments, video feedback, and feedback during structured interactions were grouped under a broader heading called "Parent Coaching". This was an iterative process with the names of the *common element headings* being revised or removed as each practice was grouped. All three authors discussed each practice, cross-checked their interpretations of the *common element headings* to ensure they accurately reflected the identified practices, and removed duplications. Agreement was reached on the final group of eight distinct common elements, as detailed in the Results section.

2.5. Risk of bias assessment for individual studies

Risk of bias for the included studies was assessed using tools developed by the Cochrane Collaboration: the 'risk of bias tool version 2' (RoB 2; Higgins et al., 2021) for randomized studies and the 'risk of bias in nonrandomized studies—of interventions' (ROBINS-I; Sterne et al., 2021). The RoB 2 tool assesses potential sources of bias within five domains: randomization process, deviations from intended interventions, missing outcome data, measurement of the outcome, and selection of the reported result. Each domain is coded on a 3-point scale of risk of bias: low, some concerns, or high. ROBINS-I assesses bias on seven domains, including those of RoB 2 (with the exception of randomization process) and the addition of three other domains: confounding, selection of participants, and classification of interventions. Each domain in the ROBINS-I is coded on 5-point scale: low, moderate, serious, critical, or no information. Twenty-five percent of the papers (*n* = 5) were randomly selected for blind quality review by the second author. There was 83% agreement and any discrepancies were resolved through discussion.

3. Results

3.1. Study selection

Fig. 2 presents a PRISMA diagram of references included in the broader systematic review of reunification, guardianship and adoption interventions. After duplicates were excluded, a total of 832 records were examined. A total of 754 were excluded at title and abstract screening, and a further 61 full references were excluded after the full-texts were reviewed. The final number of references included in the
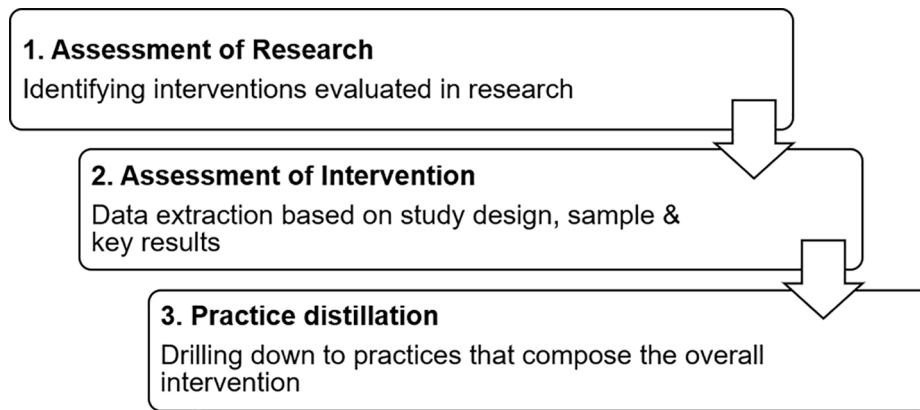
Fig. 1. Different levels of evaluation for programs and practices within included references.
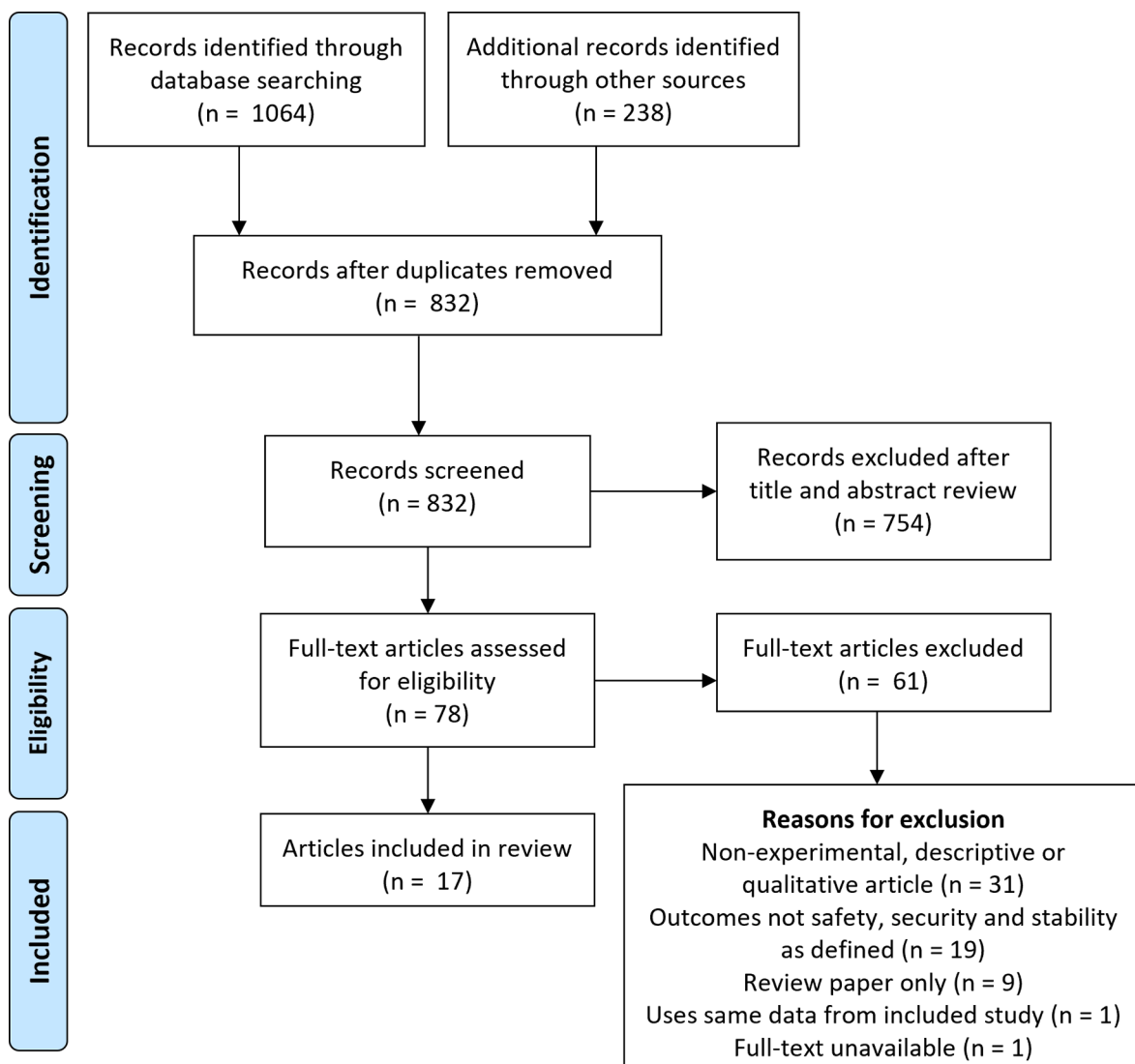

Fig. 2. PRISMA chart depicting the inclusion and exclusion of references. *Note.* For reporting on practices related only to reunification, a further 5 papers were excluded from the final total.

review was 17 ([Table 3]). The screening process identified a total of 17 eligible studies: ten experimental (randomized controlled trial) design, four quasi-experimental design, and three pretest–posttest design. For the purposes of this paper, the Results section will report solely on the

findings of programs that support reunification in 12 eligible studies: seven experimental, two quasi-experimental, and three pretest–posttest.

Table 3

Characteristics of included studies focused on reunification.

Authors and Year	Programs	Study aims	Method	Sample size	Evidence of program effectiveness for permanency outcomes
Experimental design					
Akin & McDonald, (2018)	Parent Management Treatment Oregon (PMTO)	To determine program effect on reunification of children 3–16 years.	Children randomized to in-home PMTO or services as usual (SAU). Reunification rates based on state administrative data	INT (n = 461) CON (n = 457)	Reunification rates 6.9% higher for INT (62.7%) than CON (55.8%); on average, 151 fewer days in care per child
Fisher et al. (2009)	Treatment Foster Care Oregon (TFCO)	To determine program effect on reunification for children 3–5 years with history of placement instability	24 months post-study enrolment. Outcomes include no. permanency attempts, successful permanency attempts, permanency outcome	INT (n = 29) CON (n = 23)	No group differences in rates of permanency attempts (~80%); successful permanency attempts for INT 83% vs CON 39% (2x)
Fisher et al. (2005)	Treatment Foster Care Oregon (TFCO)	To determine program effect on placement stability for children 3–6 years who were reunified or adopted	Random assignment of children with 4 or more placements prior to enrolment to INT (EIFC) or CON regular foster care (RFC).	INT (n = 47) CON (n = 43).	Significantly fewer placement breakdown for INT group. No. prior placements positively associated with risk of failed permanency for CON.
Price et al. (2008)	KEEP (Keeping Foster Parents Supported and Trained) program	To determine program effect on placement outcome and risk profile for children aged 5–12	Families randomly assigned to INT or CON (service as usual) and placement status outcome assessed.	INT (n = 359) CON (n = 341)	Higher no. of prior placements predicted 'negative' exit from care. INT increased 'positive' exit (reunification) and mitigated risk from multiple placements.
Spieker et al. (2014)	Promoting First Relationships (PFR)	To explore effects on the stability and permanency of children 10–24 months.	Two years post-randomization stability (still with caregiver) and permanency (reunification or legal guardianship or adoption by caregiver type).	INT (n = 105) CON (n = 105)	No between group statistical difference but foster/kin in INT provided more stable care and adopted or became legal guardians compared to foster/kin in CON.
Trout et al. (2020)	On The Way Home (OTWH)	To evaluate program effect on family empowerment, caregiver self-efficacy, school involvement and placement stability	Random assignment of youth and caregivers to INT or CON (aftercare supports following discharge from therapeutic residential care).	Mean = 15.45 years INT (n = 98) CON (n = 89)	Moderate to large between group differences groups at follow-up on placement stability and school involvement; INT 2x more likely to be engaged in school, 3x more likely to be living in community.
Walton (1998)	HomeBuilders	To evaluate program model and its long-term effects on reunification for children 0–17-years.	6-year follow up of RCT using state-wide databases to determine placement stability and public agency involvement of families	INT (n = 62) CON (n = 58)	INT children required less supervision time, lived at home longer, and in less-restrictive placements than CON. Post public agency involvement, 2/3 of INT vs 1/3 CON classified as "stabilized".
Quasi-experimental design					
Berry et al. (2007)	Intensive Reunification Program (IRP)	To compare an intensive, home-based model and conventional reunification services for children over 6 years	INT group outcomes compared to matched families from agency database whose children in foster care had a reunification goal.	INT (n = 12) CON (n = 16)	After 1 year, the rate of reunification for INT was double the matched cases with conventional reunification services
Urbis (2018)	NewPin	To evaluate program effect on reunification for families of child 0–6 years.	Program data used for INT, administrative data used to create CON; workforce consultations and documentation review.	INT (n = 453) CON (n = 761)	62% of children in INT restored to family during program. Net restoration rate for INT 52% (accounting for breakdowns) was higher than CON at 18%
Pretest-Posttest design					
Chinitz et al 2017	Child Parent Psychotherapy (CPP)	To evaluate intervention effect of targeting attachment and parent–child interaction on reunification outcomes	Pre- and post-assessment of 26 session intervention with psychosocial measures and program outcome data	n = 142 parent/child dyads (n = 59 completed)	86% (n = 35) of parents who completed program were reunified with children in foster care
Greeno et al 2016	KEEP (Keeping Foster Parents Supported and Trained) program	To examine effect of caregiver training on child behavior, caregiver parenting style, and stability of permanency and placement for children aged 4–12	Parenting practices and child behavior data were collected pre-test and two-months post-test via phone with carers; and administrative data was used analyzed to assess changes in placement and permanency 12 months post intervention.	65 foster and kinship parents	Significantly fewer child behavior problems at post-test; no changes in parenting styles from baseline to post-test. Placement stability significantly increased between baseline and post- intervention.
Price & Wichterman (2003)	Shared Family Care (SFC)	To evaluate the process, economic value and feasibility, and short and long-term outcomes on families of the program	Data collected at the time of placement; at the end of the mentor placement; and 3, 6 and 12 months after completion of placement	84 families placed in mentor homes; 49 graduated and 31 terminated prior to completion, 4 still in placement	Child welfare reports at follow-up suggest that families who completed mentor placement were likely to stay together

Note. INT = Intervention group. CON = Control group.

Treatment Foster Care Oregon also includes Multidimensional Treatment Foster Care (MTFC) and Early Intervention Foster Care (EIFC) programs.

A decision was made to include Walton (1998) despite it being outside the timeframe as it was a well-cited paper that reported a highly relevant study to the review.

3.2. Risk of bias within studies

Potential bias for each included studies was assessed and is summarized in Supplementary Materials. To sum, most studies were at low risk of bias for deviations from intended interventions and classification of interventions (in the case of quasi-experimental and pretest–posttest designs). Risk of bias was typically low for measurement of outcomes as most studies relied on child welfare administrative data from state departments to measure outcomes, rather than on carer or parent self-report. Within experimental designs, there tended to be an elevated risk of bias for randomization processes because it was common for assignment to occur prior to participant recruitment. That is, once randomization was completed, researchers briefed participants about their involvement before obtaining their consent. Within quasi-experimental and pretest–posttest designs, key potential confounding variables such as nature of abuse or maltreatment, number of prior placements, and details of services already received were often not recorded prior to the intervention, thus creating a potential risk of bias. Risk of bias as a result of missing outcome data and selection of reported result were generally low, particularly in experimental studies, although some of the non-experimental studies had missing data because of attrition.

3.3. Practices identified

The systematic review included 12 publications reporting on 10 separate program evaluations, and eight distinct practices were identified (Table 4). Seven practices reached the threshold for reporting strong evidence based on their inclusion in evaluations that used experimental designs. Six of these practices were tested in multiple evaluations that used experimental, quasi-experimental and pretest–posttest designs.

The eight identified practices had in common the application of a structured and individualized approach to improve parent–child interactions and build parent or carer skills to recognize and respond to child behavioral issues. The elements that were common were: awareness-raising, training, coaching, goal setting, role modelling, building motivation, homework, and parent partnering. Each of these elements are outlined and their interconnections explored below.

3.3.1. Awareness-raising

This practice is used to build parental awareness and understanding of their child's reactions and what motivates them. It aims to help parents become more able to recognize and address specific behaviors of concern. Parents are asked to observe, monitor and report on what they noticed for a particular time period and receive feedback that encourages them to be attentive to positive changes. For instance, parents are asked to complete a "Parent Daily Report" in KEEP and the facilitator conducts weekly phone calls to asks parents about how the newly acquired skills are working at home and to engage in individual problem solving if needed (Greeno et al., 2016). Similarly, IRP encourages parents to reflect on prior session content and consider how challenging behaviors expressed by toddlers may be an indicator of an underlying unmet attachment need to feel safe and comfortable and how family

Table 4
Common elements practices identified within reunification programs.

Practice name	Practice Description	EXP	Q-EXP	PT-PT	Program examples
Awareness-raising	**Aim:** To improve parents' ability to identify origins and meaning of child behavior, respond to and monitor child behavior problems. **Actions:** Invite parents to observe and monitor their child's behavior and report back on what they notice, particularly about positive changes. An example includes the "Parent Daily Report" (PDR) in which parents complete a daily checklist on child behavior problems and what they found most stressful. Practitioner calls weekly to check in, asking specific questions about child behavior over previous 24 h.	x	x	x	CPP; IRP; KEEP; NewPin; PMTO; PFR; TFCO
Building motivation	**Aim:** To encourage parental motivation to change, improve engagement with parents, and develop a sense of collaboration. **Actions**: Express empathy and build trust with the parent; and explore resistance to change (e.g., the discrepancy between parents' goals or values and their current behavior)	x	x	x	HomeBuilders; IRP; NewPin; OTWH; PMTO; SFC
Goal setting	**Aim:** To support parents to identify specific goals to address parenting problems **Actions:** Invite parents to identify areas that present parenting problems for them and set small, achievable goals for improvement. Offer support, skill building, reinforcement and monitoring of progress.	x	x	x	IRP; KEEP; PMTO; SFC
Parent coaching	**Aim:** To observe and reinforce positive parent–child interaction skills in a supportive environment. **Actions**: Observe parents in a structured interaction with their child and provide feedback before, during and after the activity. Parents learn problem solving techniques and to follow the child's lead during play. Observation may be in person or behind a 1-way mirror with communication via a wireless device. The activity can take place in a support group or home visit. Feedback may be given verbally or using a video recording of an interaction.	x	x	x	CPP; IRP; KEEP; NewPin; OTWH; PTMO; PFR; SFC
Parent training	**Aim:** To build parents' understanding and skills to recognize and respond to parenting challenges **Actions**: Assist parents/carers with developing parenting skills and knowledge to effectively gauge child's receptivity to praise or rewards and responding appropriately. Use of concrete reinforcement strategies to help reverse negative parent–child interaction patterns.	x	x	x	HomeBuilders; IRP; KEEP; NewPin; OTWH; TFCO
Role modelling	**Aim:** To offer concrete models of positive parenting behaviors **Actions**: Provide parents with a chance to observe positive parenting behaviors during interactive activities such as child play, sharing a meal. Invite parents to apply skills in interactions with their own children in a supervised environment and then ask them to practice new skills at home.	x	x	x	HomeBuilders; IRP; KEEP; NewPin; OTWH; SFC
Parent homework	**Aim:** To reinforce new parenting skills in a familiar environment **Actions:** Invite parent to complete tasks or practice the new skills they have learnt at home. The homework is reviewed by the practitioner at next session.	x	x		HomeBuilders; IRP; KEEP; PMTO
Parent Partnering	**Aim**: To involve foster carers or trusted persons in the supervision, teaching and mentoring of parents to build parenting skills **Actions**: Engage foster carers as mentors in a shared care arrangement and work toward independent in-home care by the parent. Foster carers must be willing to keep parents involved in the day-to-day lives of their children, monitor and offer feedback on parent–child interactions, focusing on positive interactions and offering suggestions for improved responses by parents.			x	SFC

Note. EXP – Experimental; Q-EXP – Quasi-experimental; PT-PT – Pretest-posttest.

conflict can develop and be resolved without violence or self-defeating behaviors (Berry et al., 2007). These programs help raise parents' awareness for why certain behaviours may emerge in their parenting as a result of past experiences: CPP encourages parents to understand the impact of their own histories on their interactions with their children (Chinitz et al., 2017), and NewPin invites parents to draw on their own childhood experiences to emotionally connect with their children's needs (Urbis, 2018). Awareness raising is often included in *parent training* and *coaching* practices and aligns with *parent homework*.

3.3.2. Building motivation

The professional actively listens with empathy in order to establish trust before proposing steps for behavior change and frames parents as the agent of change (Akin & McDonald, 2018). In the child welfare context, it involves initiating open conversations to encourage parents to reflect on their parenting values and how these resonate with their actions. The aim is to build supportive and collaborative relationships with parents to motivate their desire to change (Walton, 1998). Parental engagement can also be facilitated through an enjoyable activity between parents and children to promote sharing, communication, and a sense of success (Berry et al., 2007). NewPin emphasises people's strengths and sense of choice through interactions with staff and other parents that treat them as contributors rather than clients (Urbis, 2018). Programs such as OWTH and SFC aim to encourage parents to reflect on their capacity to parent and build self-efficacy in terms of parents' knowledge and confidence in parenting skills and managing family challenges (Price & Wichterman, 2003; Trout et al., 2020). Building motivation is well-aligned with *parent coaching, awareness-raising* and *goal setting* practices.

3.3.3. Goal setting

This is an effective practice that supports parents to come up with small realistic parenting goals while practitioners offer information, reinforcement and guidance (Akin & McDonald, 2018; Greeno et al., 2016). IRP frames this goal setting as a means to empower parents to plan and self-reflect on activities for internalising new skills, promoting positive interactions, or discussing issues that were responsible for the removal of children (Berry et al., 2007). In SFC, goals and steps towards these goals are recorded in an individualized family service plan which is then reviewed on a monthly basis (Price & Wichterman, 2003); a written agreement of roles and expectations is also developed and signed by parents and the mentors who support them. Goal setting is linked to *awareness-raising* in that parents are asked to recognize key areas they would like to change and monitor changes over time. It is also linked to the practice of assigning *parent homework*, as parents may decide what they would like to trial at home in pursuit of a goal they have determined.

3.3.4. Parent coaching

This practice has been shown to be highly effective in multiple experimental evaluations. Parents may take part in role-plays of parent–child interactions and are then supported to practice the new skills with their own child (Akin & McDonald, 2018; Greeno et al., 2016). For example, CPP is a trauma-informed program that guides parents (and children) to put strong feeling into words or to express them in play between parents and their children (Chinitz et al., 2017); IRP guides parent–child interactions and provides coaching about appropriate responses when challenges arise (Berry et al., 2007); and facilitators of Newpin engage in emotion coaching by teaching parents how to recognise, understand and respond in a support way to children's emotions (Urbis, 2018). Video feedback can be incorporated into coaching whereby parents are shown a video recording of an interaction between them and their child (Spieker et al., 2014). Coaching includes observation and feedback, which can be applied to a variety of settings such as contact visits, home visits or in group-based contexts (Price & Wichterman, 2003; Trout et al., 2020). Parent coaching draws on

behavioral learning approaches and is a key feature of eight out of the then programs reviewed, suggesting it is a primary effective practice element.

3.3.5. Parent training

This is a robust practice based in behavioral education principles and used to improve parental responses to child behavior issues through concrete reinforcement of positive child-parent interactions. It aims to provide parents with content knowledge about parenting and help parents identify what incentives work for their own child so they can respond more effectively to behavioral challenges. For instance, Homebuilders provides skills training to strengthen family communication and problem solving (Walton, 1998), and KEEP and TFCO increase the use of positive reinforcement, non-harsh discipline methods, limit setting, and close monitoring of children's whereabouts (Fisher et al., 2009; Greeno et al., 2016; Price et al., 2008). Similarly, OTWH provides parents with strategies to promote effective communication, correct problem behaviours, and identify and encourage good behaviours (Trout et al., 2020). Parent training is utilized in tandem with other evaluated practices such as *parent coaching, building motivation*, and *goal setting*.

3.3.6. Role-Modelling

This practice has been evaluated as effective in improving parenting skills through demonstrations of positive parent–child interactions and behaviours (Berry et al., 2007). It is based in behavioral education principles and active learning methods and may involve parents participating in a role-play interaction or viewing an examples of a videoed role play (Price et al., 2008). NewPin draws on social learning theory and focuses on opportunities to model positive actions among different parties, such as parents modelling to other parents, parents modelling to children, and staff modelling to both parents and children (Urbis, 2018). Mentors and facilitators of programs aim to model self-control, effective communication, and appropriate caregiving skills to promote better care for children and more positive family interactions (Price & Wichterman, 2003; Trout et al., 2020). Role-modelling has an overlap with *coaching, training* and homework practices to provide parents with a concrete example of a skill and then ask them to practice it at home.

3.3.7. Parent homework

Parents are shown an interactional skill and then asked to practice it in their own time, which has been favorably evaluated in several experimental studies. This is often framed as a 'home practice assignment' or as 'weekly homework' (Akin & McDonald, 2018; Price et al., 2008). Practitioners then review the homework at the next session or home visit to reinforce parents' skills and resolve challenges to implementation in the home (Berry et al., 2007). Parent homework is based on the principles of reinforcement and the application of new learning to a familiar environment, and is often used with various other practices, including *parent training, coaching* and *awareness-raising*.

3.3.8. Parent partnering

This is a promising practice which has less-developed evidence and has been only tested using pretest–posttest design. It involves enlisting foster carers or a trusted person as a resource to develop parenting skills and, although this has received limited research attention, it is aligned with practices undertaken by skilled professionals. Foster parents or mentors, recognized as "partners" in the parenting process, keep parents involved in the day-to-day lives of their children, help them identify which interactions are effective and offer suggestions for how to handle difficult situations (Price & Wichterman, 2003). This practice is aligned with *parent coaching, building motivation* and *role modelling*, all of which are supported by stronger evidence.

4. Discussion

The aim of this paper was to assess current research on reunification programs and identify common practice elements that support parents and carers towards reunification for children and young people in care. Our search identified 10 programs that aim to build the capacity of parents and carers to promote the safety, stability and security of a placement for a child or young person in care. Within these programs, eight common elements were identified; all offered a structured and individualized approach to building parent or carer skills but varied in their targeted domains for intervention. For example, practices such as awareness-raising, goal setting, and building motivation encourage parents or carers to build insight and engagement: to recognize children's behaviors, identify what aspects of their parenting they would like to improve, and increase their capacity for change. Other practices such as parent coaching, training, homework and role modelling provide parents with practical examples that allow them to observe, trial and receive feedback on their parenting behaviors and interactions with children. Sometimes, this feedback and support is provided to a birth parent by the foster carer, who serves as a mentor, in the case of the parent partnering practice identified in this review. It was not possible to determine the effectiveness of individual practices as they are embedded within broader programs. However, based on an assessment of study design, programs that utilize practices such as parent awareness-raising, coaching, goal setting, homework, role modelling have been rigorously evaluated in studies that utilize randomized controlled trials, and show effectiveness in promoting positive permanency outcomes for children. Overall, this review identified and described discrete evidence-based practices for reunification, and nearly all programs utilized multiple practices that work in parallel with each other.

The broader systematic review identified a number of emerging practices within programs that did not meet the study design criteria for inclusion. For example, visit coaching involves a professional mentor who supervises contact visits and has follow-up interactions with birth and foster families and provides other supports to facilitate meaningful connections between parents and children in out-of-home care. This practice was identified in a program that had not yet been evaluated using a rigorous study design. Over time, it is likely that other promising permanency practices will become more apparent as more programs undergo evaluation. In addition, while this paper focused on permanency practices in the reunification setting, the findings of the broader systematic reviewed indicated that there is limited evidence for programs that exclusively focus on supporting children and young people towards adoption and guardianship. This is an important implication for countries such as Australia–particularly in the state of New South Wales–where there is an increasing push for guardianship or adoption for children and young people in care for whom reunification is deemed not to be realistically possible (NSW Department of Communities and Justice, 2021). There is a need for more research and research-to-practice translation to ensure that children and young people across all permanency options remain in suitable placements with competent caregivers.

From an extensive canvassing of the existing peer reviewed and grey literature, the bulk of research on programs and practices that promote reunification outcomes has been conducted in the US, which can limit its applicability to other contexts which have different policy requirements and service systems. In addition, there is very limited research about practices to support reunification outcomes for specific populations, particularly Indigenous children and families. Countries such as Australia, New Zealand and Canada must build their local evidence base for supporting permanency with First Nations people for culturally safe practice. The findings of this review elicit the possibility that practices can be adapted and customized to overcomes the limitations of implementing manualized interventions that may not be appropriate for specific populations and contexts.

The common practices identified were similar to those identified by Barth and Liggett-Creel (2014) in having origins in social learning theory, although several drew from theories of child development and attachment. The majority of practices discerned in this review use a behavioral or social learning approach, with techniques such as role-modelling, positive reinforcement and feedback. These practices are based in behavioral theories that emphasize how antecedents and consequences shape behavior change. For example, a behavior elicits certain responses from the social environment, which may encourage, discourage or reshape that behavior. Behavioral intervention models have been strongly critiqued for attempting to modify individual behaviors in ways that could be viewed as manipulation or social engineering rather than addressing social determinants of behaviors, though some applications of behavioral theory in social work have stressed client autonomy and agency (Angell, 2013).

4.1. Practical implications

The findings of this review are useful because they suggest, in line with the findings of Filene et al. (2013), that practitioners can have flexibility in modifying existing programs to select and combine components that will target intended outcomes and generate specific benefits for children and families working towards reunification. This also enables a departure from simply implementing entire manualized programs, which are typically high in cost and resources. The versatility in isolating key practices is a key strength of the common elements approach because they can then be used by child welfare practitioners to address specific needs or placement contexts (Barth et al., 2012). For example, if an assessed problem relates to parent engagement, practices to assist parents with goal setting and building motivation could be helpful for building parents' ability to recognize and respond to children's safety needs. Alternatively, if a parent or caregiver wants to learn positive parenting skills to promote safety or security for children, then training and coaching techniques would be needed. Further, if support to retain new skills is needed to create stability for children, then role-modelling and homework practices would be warranted. When children have been placed with foster or kinship carers, practices such as parent partnering and parent coaching can help build parent skills and collaboration between parents and carers to support security and stability for children. Further research will be needed to map practices to specific outcomes and effect sizes, which can be challenging because studies may not always provide a complete reporting of program components nor theoretically link components with outcomes.

These findings about common elements in practices for reunification can also inform embedding of practice development in social work education and caseworker training in providing clear, practical and evidence-informed approaches for engaging parents and carers in the reunification process (Farmer & Patsios, 2016). In the field of child welfare, caseworkers often work with non-voluntary clients. Supporting parents towards reunification is often a non-linear process and requires readiness to change (Jedwab et al., 2018). Practices like building motivation can serve to build parents' engagement and motivation to change. For reunification, parents' recognition of a problem and their capacity for change are critical (Farmer, 2018). Indeed, the review by Ivec (2013) sets out a number of relationship-based, strengths-based and solution-focused practices and frameworks that could be incorporated into programs to increase parental engagement. Training and education for child and family social work that focuses on how to support incremental behavioral change would be foundational to implementing these practices. This includes developing knowledge and skills about how to work with parental engagement, motivation, insight, and resistance.

4.2. Limitations and future directions

The narrow focus of this review on discrete practices in the context of a caseworker's interactions with a parent or carer is a limitation of this review. Broader structural factors to support permanency for children

and young people in care should not be overlooked. For example, where reunification is realistically possible, ensuring parents have adequate access to support with housing, employment, drug and alcohol treatment and domestic violence issues is critical. Good quality case management, the capacity for strong cross-system or cross-agency collaborations, and tailored support for parents and carers to navigate an often-complex child welfare system are also important at an agency level.

The scope of this review also excluded practices that directly involve working with children and young people. It is vital that their views and experiences are considered, as their lives are most impacted by the decision making of child welfare professionals, and that they receive adequate support. For instance, there are programs that comprise child-focused practices that involve children and young people in planning for their own futures and building their skills in advocating for themselves, establishing and maintaining peer relationships, dealing with potential stressors at home or at school, and making sense of their life story (Farmer, 2018; Parenting Research Centre, 2013). These programs often contain a mentoring component in which a trusted adult models positive behaviors and can help youth identify and build on their strengths (Gunawardena & Stich, 2021). Overall, it is important that these broader factors are considered in the design and implementation of interventions to support permanency for children and young people in care.

Other limitations of this review reflect broader limitations in the current literature. For example, many practices used in permanency are simply not documented nor evaluated rigorously, leading to their exclusion from this paper. It is likely new promising practices will emerge as further program evaluations are undertaken in this area. This review was limited to published peer reviewed papers and grey literature, while books, book chapters and literature from non-English speaking countries was not covered. The risk of bias assessment in this review was also challenging to undertake. Although the most suitable tool was utilized, it is better suited to assessing randomized controlled trials conducted in a clinical setting. Evaluation studies within child welfare are subject to ethical and pragmatic constraints with respect to participant recruitment, random allocation, and blinding of condition.

The current review presents practices to support reunification that are frequently observed in programs with the strongest evidence, which can then be flexibly combined to develop evidence-informed programs tailored for the needs of specific populations. More work is needed in conducting research that tests these combinations to identify which specific element is the *active ingredient* that drives the change (Barth & Liggett-Creel, 2014); this can be done through dismantling studies which test the effectiveness of each element on its own. Further information is needed around resourcing, intensity of service and length of service provision for these tailored combinations. Evidence-based practices are a result of incremental process of theorizing, design and testing to find out if something is needed, effective, acceptable, desirable, taken-up and scalable. Research needs to be able to distinguish between core and adaptable elements in programs, so that there can be an emphasis on implementing core elements while also testing new innovations. Empirical research can draw on qualitative accounts to capture professional and consumer perspectives (Jedwab et al., 2018).

4.3. Conclusions

This review identifies common practices that are effective in promoting safety, security and stability for children and young people in care whose parents are working toward reunification. It highlighted several practices that are utilized within programs that have been rigorously evaluated. These include parent coaching, awareness-raising, goal setting, homework, role modelling, training, and building motivation that aim to promote parent and carer capacity to support a permanent placement; parent partnering is also an emerging practice with respect to engaging parents and caregivers in promoting permanency outcomes. Evidence-based practice has often become conflated with manualized interventions. While there is a place for evidence-based programs, they are not the whole of evidence-based practice, and the focus on programs short-changes the collective knowledge base on what works (Barth et al., 2012). The goal of a common elements approach is to identify empirically sound practices that can be available to practitioners as separate building blocks, with flexibility to tailor interventions to a particular family and context.

CRediT authorship contribution statement

Betty Luu: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Visualization, Writing – original draft, Writing – review & editing. **Susan Collings:** Conceptualization, Formal analysis, Investigation, Methodology, Resources, Validation, Writing – original draft, Writing – review & editing. **Amy Conley Wright:** Conceptualization, Formal analysis, Funding acquisition, Investigation, Resources, Validation, Writing – original draft, Writing – review & editing.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary material

Supplementary data to this article can be found online at https://doi.org/10.1016/j.childyouth.2021.106342.

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* Asterisks indicate which references were included in the review scope

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