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Facilitators and Barriers to Reunification Among Housing Unstable Families

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Abstract

Housing unstable families with child welfare system involvement face multiple challenges to successfully reunifying with their families. This explanatory qualitative study followed up on findings from a county-sponsored Pay for Success RCT. The study focused on understanding the facilitators and barriers to reunification, bringing together the perspectives of a random sample of 16 housing-unstable caregivers whose children were in foster care, their program workers, and their child welfare caseworkers. We conducted in-depth, in-person interviews with 36 participants. Major facilitators of reunification included strong client motivation, program workers empowering and advocating for clients, the program's ability to meet client's basic needs, and program worker/child welfare worker collaboration. The barriers participants identified included the clients' complex and continuing challenges and crises, limited and/or toxic social support systems, and systemic issues within the court and child welfare systems, including evaluations of worthiness and a failure to collaborate. We explore findings regarding their contribution to the literature on housing unstable families involved with child welfare and implications for practice, policy, and research.

Keywords: child welfare, foster care, reunification, housing instability

Introduction

Housing unstable families with child welfare system involvement face multiple challenges to successful reunification. Children from these families tend to stay longer in foster care and have less chance of achieving reunification with their caregivers as compared to low-income stably housed families. Unfortunately, like other social service systems, the child welfare system suffers from a lack of resources and agency collaboration for providing adequate housing assistance. Over the years, various interventions have been developed to promote reunification among housing unstable families. However, outcomes from these interventions are discouraging. This study will discuss the facilitators and barriers to reunification among housing unstable families.

Housing Instability and Child Welfare Involvement

As of September, 30 2018, there were 437,283 children in foster care, and 56% had a goal of reunification with a primary caregiver. Despite the fact that promoting timely and safe reunification is one of the priorities of the child welfare system, less than half of children (49%) were reunified with parent(s) or primary caregivers each year (Child Welfare Information Gateway, 2020). Among this population, children from housing unstable families are particularly vulnerable, as they are more likely to have extensive stays in the foster care system, and less likely to achieve reunification as compared to low-income stably housed families (Bai et al., 2020; Dworsky, 2014; Fowler et al., 2013). Research has found child welfare workers and judges tend to be reluctant to send such children home without stable housing in place (Cunningham & Pergamit, 2015).

One promising approach to addressing housing issues among child welfare involved families is supportive housing, an intervention that combines affordable public housing with

intensive wrap-around services (Pergamit et al., 2019). Supportive housing utilizes the Housing First philosophy defined by providing quick access to housing without prerequisites of participating in specific services. Once the housing situation is stabilized, supportive services such as job training, mental health, and/or substance abuse treatment are offered. Supportive housing has been found to be effective among homeless individuals with severe mental health concerns (Culhane et al., 2002; Rog et al., 2014). In recent years, several supportive housing programs have been specifically implemented for homeless families with child welfare involvement. Keeping Families Together (KFT) in New York City, for example, is a pilot program designed to serve homeless families involved in the child welfare system with permanent supportive housing. Promising evidence has emerged from the KFT program indicating that program families were able to close their child welfare cases and achieve reunification in a timely manner (Swann-Jackson et al., 2010). Inspired by the promising evidence from KFT, the Administration for Children and Families' Children's Bureau launched the Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System across five sites in the US. Reunification outcomes for this initiative have varied. Some sites showed that families in the treatment group had higher percentages of reunification as compared to the control group, but some sites showed no detectable difference between the treatment and control groups (Cunningham & Pergamit, 2019). In general, previous rigorous assessment of supportive housing interventions showed small or no effects on child welfare outcomes (Fowler et al., 2018; Gubits et al., 2015; Rog et al., 2017).

The mixed results from previous research suggests there is some uncertainty about how effective supportive housing is in terms of promoting reunification. Still unanswered are under what condition does reunification happen and what issues interfere with it? It is necessary that

we develop a clear understanding of the process of reunification among housing unstable families and which services are most effective in assisting families to attain it. While there is some literature on reunification in general, to date, we have limited knowledge on what factors promote and impede reunification among housing unstable families.

Factors Related to Reunification

Previous literature has documented characteristics of successful reunification. Research has found that reunification tends to be recommended when parental issues seem to have improved and risk to the child is relatively low (Biehal et al., 2015). To date, studies have explored factors related to reunification at various levels. For instance, on the system level, arranging consistent child-parent-family visits (D'Andrade & Valdez, 2012), providing needed services and supports to family (e.g., housing, services), maintaining a transparent relationship with child welfare workers (Cole & Caron, 2010), and promoting collaboration between agency, court and service providers are crucial ingredients for reunification (Carnochan, et al., 2013). Heavy caseloads, on the other hand, could impede child welfare workers' ability to provide quality services to families and thus facilitate reunification (Chambers et al., 2018). At the parental/familial level, parents' willingness and readiness to reunify has been found to be important. In terms of barriers to reunification, substance abuse, domestic violence, mental health and poverty are documented as major barriers to reunification (Barth, 2009; Brook et al., 2012). Although knowledge around promoting family reunification has increased over recent years, evidence related to family experiences in the reunification process remain limited (Chambers et al., 2018).

Current Study

This current study intends to mitigate literature gaps by exploring perspectives from service providers, program participants and child welfare workers who were involved in a program designed to promote reunification among housing unstable families.

Program Description

As the first county-level Pay for Success project, Partnering for Family Success (PFS) was a randomized controlled trial (RCT) aiming to promote timely and safe reunification among housing unstable families whose children were in the foster care system. The PFS program built partnerships with the child welfare system, local public housing authority and other social services providers to connect families to services and resources. Treatment group PFS participants had quick access to public housing and PFS workers helped get the families housed and stabilized, simultaneously assisting the families on their child welfare case plan over a 12 to 24 month period. More information about the program is available in previous publications (Bai et al., 2020; Collins et al., 2020).

Method

Design

We include data here from two phases of in-person, in-depth interviews. The first phase was part of the process evaluation conducted one year into the randomized controlled trial (RCT). The 2019 study was a qualitative study constituted the explanatory phase of larger mixed-methods RCT study. Face-to-face, in-depth individual interviews were conducted to help explain reunification findings from the RCT. Interview participants were selected for their rich knowledge about and experience with the program. We used a social constructionist framework to learn about participants' understandings of and experiences with the program (Patton, 2015).

Participants & Recruitment

For the 2016 focus groups, child welfare and program workers were invited to attend focus groups at their respective agencies. A total of 16 workers (6 program workers; 10 child welfare workers) were interviewed in late 2016, at the end of the first year of the program's implementation. All participants were women.

In the 2019 study, research staff generated two randomized lists of clients, using purposeful stratified random sampling (Patton, 2015) to select participants experienced with reunification and recidivism. The first list was of clients who had reunified, and the second, of those who had reunified but then recidivated (i.e., child returned to OHP). Program staff contacted clients on the list to explore their interest in participating, sending the research team names of interested clients. After interviewing clients, we contacted the child welfare and program agencies' supervisors who announced the interviews to staff who handled the clients' cases. In total, 16 clients (9 recidivated, 7 reunified), five program workers, and 15 child welfare workers were interviewed. The full sample totaled 36 and Table 1 contains the sample's demographics. All clients and program workers and nearly all child welfare workers self-identified as women.

[INSERT TABLE 1 ABOUT HERE]

Interview Guide

The 2016 focus group asked workers to describe their perspectives on the program's goals, the protocols they used working with clients, the challenges and strengths of their clients, their experience working with the program, common community-based resources clients utilized, their perceived outcomes of the program, and recommendations for the program.

The 2019 client interviews began with a grand tour question which asked them to walk the interviewers through their experiences with their child's initial removal, the program, and

their child welfare workers. Because all clients had at one point reunified with their children who had been in OHP, in the interview, we asked them to offer their perspectives on what had “happened to make that possible.” We asked all clients to describe the extent to which the program had helped them, what it had helped them with, and what, if any, new skills they had learned through the program.

In the 2019 program and child welfare interviews, we asked for both general reflections on the value of the program and specific questions about the client with whom they had worked and we had interviewed. We also began these interviews with a grand tour question that focused on “your general reactions to and feelings about the program.” We asked them to reflect on what they felt the program had done well and things that had led to their clients successfully reunifying. We were interested in both the characteristics of reunifications that “stuck or were ‘successful’” as well as the circumstances of cases that had difficulty reunifying quickly (an important goal of the program). We asked them to tell us about the contexts of the cases, including “major challenges” and how they were resolved, “what services best supported the client toward reunification,” and the role they thought the program played in the reunification.

Procedures

For the 2016 study, we interviewed workers in a conference room at their respective organizations, and supervisors were interviewed separately from case workers. Interviews lasted between 45 minutes and 1.5 hours. In the 2019 study, we contacted clients by phone or text based on their preference, and arranged interviews at a time and place most convenient for them. We interviewed most clients in their homes or at a public library near their homes. One client opted to be interviewed in the program office in conjunction with her appointment there. Program workers were interviewed in a private office, and child welfare workers were

interviewed in a conference room at their agency's headquarters. The first part of every interview included information about informed consent and the voluntary nature of participating, and all participants signed informed consent documents. We used a digital audio recorder to record interviews and a professional transcriptionist transcribed them. Clients received a \$50 gift card to thank them for participating; the workers were not given incentives. All program and child welfare workers who were contacted agreed to participate. Client interviews ranged in length from 30 minutes to one hour, and program staff interviews ranged from 30 minutes to two hours, and child welfare worker interviews ranged from 30 minutes to one hour.

Data Analysis and Establishing Qualitative Data Trustworthiness

Data analysis was an iterative process. The interviewers were also the primary data analysts. During analysis, the research team met weekly to discuss their interpretations of the interview transcripts. Each analyst identified the quotes that they believed pertained to the research question addressing reunification barriers and facilitators. General categories and later themes were developed based on those quotes. This study was a follow-up to an earlier process evaluation, so we used the codebook from that study at the beginning, adding inductive, open codes as the study progressed focused on this study's participants' perceptions of reality (Patton, 2015) specifically around the reunification process and experience.

We employed several techniques to boost the trustworthiness of our qualitative data and analysis process. For confirmability (Padgett, 2017), we used two types of triangulation. First, we used multiple data analysts. Analyst triangulation is important to reduce bias any one person can introduce in the analysis process. Second, we had multiple data sources from which we gathered data. In addition to triangulating qualitative data gathered from two workers on each client case, we had access to the quantitative administrative data collected on each case. To establish

confirmability, we also developed an audit trail taking notes on weekly meetings about our process and maintaining documents. To establish credibility (Padgett, 2017), we randomly sampled from the participant list, explored prior research, searched for cases that disconfirmed our conclusions (negative case analysis), and shared the findings with the agency team leaders to explore the extent to which our interpretations of their workers' experiences "rang true." All authors were involved with the project over a period of five years (with authors three and four engaged in program meetings on a monthly basis), which meant we had prolonged engagement. Additional evidence of prolonged engagement includes author three's long-term engagement with the child welfare agency and child welfare research.

Results

Reunification Facilitators

Facilitators to client reunification included participant quotes describing factors that they felt helped clients reunify with their child/children.

Turning a Corner: Client Motivation. Two clients who had experiences with substance abuse expressed their own motivation in turning a corner and committing to getting clean. One said there was nothing her program worker could have done to help her, that she had to make the decision herself.

There was a lot more involved at the time, but looking back... I did everything that they asked me to. I went to IOP. I did my meetings. I got a job. I had stable housing and everything, so everything went in my favor pretty much the whole time because I was very determined to get my kids back.... Honestly, I was gonna do it, no matter what.

(2019, CL2)

Program Empowered Clients and Advocated for Them. Program workers were important sources of support for many socially isolated and marginalized clients. One client said that her

program worker helped her see another way of being and empowered her, and this supported her reunification.

If you don't know, then you're just like "Okay. I have no choice. I have to just keep dealing with it the way it is," and she made sure that wasn't the case.... It felt good to have somebody behind me....The empowerment aspect. I wasn't alone. I had somebody fighting for me and what was best for my family. Instead of feeling like I was always up against somebody, I had somebody behind me, for once. (2019, CL3)

Another client agreed.

Well she gave me a lot of motivation.... because she pushed me and she stopped everybody from trying to do harm to me. She kind of shielded me. She definitely did.... She gave me a lot of advice and she kind of strained me out some. Just her advice in general. (2019, CL10)

One child welfare worker commented on the role program workers played advocating for clients.

You know [the program] is an advocate for our families. That's that middle piece for them, and they're at the table. When you come to a table and have an SAR, a case review, it could be intimidating. You're walking in a room with social workers, supervisors that you just don't like. Your preconceived notion when you walk into that is that we want your kids for life. Having [the program] and meetings I've had, the families I have them linked with, they're a voice of reason: "No, we're not here because of the [child welfare] worker. We're here because there's a concern. There's an issue that we're trying to help you rectify," and that changes the conversation. So it helps remove the hostility. It helps keep the healthy balance and an open flow of communication. (2019, DCFS6)

This child welfare worker emphasized the ease program workers introduced to their interactions with clients, both in terms of program workers' ability to work effectively both with child welfare workers and with clients.

Program Workers Helped Clients Meet Basic Needs to Support Reunification. Clients talked about various material goods program workers helped them obtain, including housing, transportation, food, child care, and household supplies. Transportation was highlighted as particularly important for helping clients attend important appointments such as child welfare visitations. Program workers offered bus tickets or personally offered rides to clients, knowing that if clients were no-shows at visitations it was a signal to child welfare that the parent was not engaged. However, in one case, the child had been placed in foster care two hours away which made it extremely difficult for the client to attend visitations regularly.

I didn't have a car at the time, so I couldn't get to [city], so they were working out something for me to go down there, and <Worker> was gonna get a bus ticket... I ended up finding a way down there... so she really went the extra mile.... I only got to go twice, but after that, that's when she was like "Look. There's been this big lapse in visitation." So I just went from having him from once a week to the whole weekend, from Friday to Monday. It just really picked up. (CL3)

This client's experience is a good example of how program workers set clients up to access basic needs related to their child's case. Because visitation was so critical to demonstrating engagement and a lack of transportation was an important barrier clients faced, the program's ability to meet this need was highly valued.

Child Welfare and Program Worker Collaboration. Child welfare workers described feeling supported by the program workers. They said their high caseloads interfered with their ability to

connect with clients on a deeper level and/or providing them with resources or services that could help them. Regularly communicating with another service provider with whom the family was more engaged and whom the family trusted was seen as essential. One child welfare worker said:

So I had three families go through this program, and communication was really good. Letting me know what was going on with the family, what they were able to offer the family, what their progress was with the family, that's been a good thing. The families trust them a little bit more than they trust us, because no one trusts you know [child welfare] that much, so they would talk to them more, so I would get more information about what was going on and how we needed to help them, what we needed to implement. (2019, DCFS8)

Another child welfare worker, responding to the question about the role the program played in the family's reunification, said:

I think it played a major, major role.... I was in, especially in the beginning of the case, in constant contact with the [program] worker.... If she had any concerns, or vice versa, we were able to discuss with one another and see what services, if our agency can offer what [program] could offer. (2019, DCFS3)

Program workers' involvement with child welfare workers was described as an important facilitator of reunification; having another professional to rely on and with which to collaborate was helpful to both clients and the child welfare workers.

Barriers to Reunification

Quotes that pertained to reunification barriers were identified as ones that described client challenges and/or mentioned factors that delayed reunification.

Complex, Overlapping Challenges. Program workers were struck by the numerous, complex, and overlapping challenges their clients faced in their lives on a daily basis. Extreme poverty (“zero income”), mental health issues, cognitive delays, substance abuse, domestic violence, few or toxic social supports, multiple children, limited educational achievement and extensive trauma histories were listed. Among these issues, program workers felt that unaddressed domestic violence, mental health and/or cognitive issues were particularly challenging to successful reunification. Program workers talked about the difficulties of working with clients with so many challenges. One worker said:

This has been the hardest [group of] clients I’ve ever in my life had to work with.... You could scratch the surface and...another topic would open up.... I didn’t realize you could have this many things going on. So when a client did get their kids back, I felt like we had hit the jackpot.... So I just never had so many needs to be met or to address. That was the thing that stood out the most about this program. It was so many different topics,... mental health, lack of support. Just hadn’t seen it like that before. (2019, FL3)

Among some clients’ challenges, this worker explained, was literacy; she described having to read clients’ mail for them to ensure services were not cut off. Thus, clients’ ongoing, multiple issues posed unique challenges for program workers.

Limited and/or Toxic Social Environments. Program workers said their clients were not only unable to count on their support systems, in part because for some, that system was nonexistent, but for many, their social environments were toxic and delayed the reunification process.

Abusive partners and family members with whom clients had complex relationships were an important barrier to reunification. One program worker said:

So you're dealing with the father of your kids... Like [client] said her own words, "He's not really providing. He's not really that great of a support." So you decide for you and your family that you no longer want him involved, and you tell him he can no longer come over. So now she has two new hotline calls, because he's pissed, and she's trying to reunify with some of her kids. So this just delays the process. (2016 focus group)

Program workers described clients' unacknowledged domestic violence as a particularly challenging situation. Some clients, they said, either did not see their relationships as qualifying as domestic violence and/or did not share the domestic violence experiences with their workers out of fear that the situation would imperil their reunification. Program workers described hearing about the situation from others (e.g., child welfare workers), noting it was often difficult for them to make a judgment call on the client's case when they did not fully understand the scope of the client's issues.

System Barriers. Program workers expressed frustration and impatience with the slow speed of reunification. One worker said that systemic issues, including wasted time in courts and a lack of consistency from both the child welfare agency and the courts slow down the reunification process, saying "we all want them to go faster." (2016 focus group)

System Actors' Beliefs in Clients' Worthiness. Program workers, in particular, noted that systemic and structural level barriers interfered with family reunification. Judges, magistrates, and guardians ad litem (GALs) appeared to evaluate families' situations based on circumstances surrounding the child's initial removal and might or might not take clients' progress in the program into account. One program worker described her experience.

I think, overall, I was not expecting to feel so powerless in the reunification process. I felt like my opinion and the clients' opinions were really irrelevant when it came to the

adjudication of the cases. It seemed like a lot of the script was written before any of us ever stepped on the scene. People's minds were made up, particularly with some of the guardians ad litem. They seemed to have very strong reactions, and I had one man tell me straight out. He was like "I have certain cases that if I see something's been done to a child, I'm going to do everything to prevent the family from ever reunifying, regardless of what the parents do, because I think there are some things that disqualify you from ever being a parent again." (2019, FL5)

Given the power of the court in reunifying families, it was troubling and frustrating to see that system actors often had made up their minds about the client's case before families' court hearings. One client with substance abuse issues talked specifically about feeling judged by her GAL, confirming the program worker experience. She said:

I got in my head you know "Maybe the guardian ad litem's right. Maybe I'm not good for my kids," and I relapsed.... It got bad quickly, too, during the short relapse. So yeah, so now I have to work twice as hard to get them back, if they'll even let me get them back. (2019, CL11)

This quote reflects the challenges many clients had, experiencing the multi-layered stigmas inherent in their situations (e.g., having children removed, and in this client's case, substance abuse). Clients such as this one often had fragile self-images that when they felt down-and-out and they had a crisis, it was easy for them to see themselves as "bad" and slip into destructive behaviors such as drug relapse. Program workers said they felt that court officials, specifically magistrates and guardian ad litem (GALs) needed to be educated about the program and their clients, noting there was no "buy-in" from that group. (2016 program worker focus group)

In addition to having issues with court personnel, program workers also described having issues with housing providers. Although the program had a partnership with the local housing authority, not all clients felt comfortable utilizing that option. While housing vouchers were also used, many landlords either did not accept the vouchers or took advantage of clients who used them. One program worker explained a situation in which a client wanted to live in a higher quality Cleveland suburb where rents were higher. The program worker said the client was “very very committed to her family not growing up in the same environment that she did.” However, the housing voucher provider objected to the higher rents in the area the client was hoping to live. The program worker described her own reaction.

She’s entitled to choose wherever she wants to live in [the county], and you don’t have any stipulations on this voucher, and she is following the protocol that she needs to follow. So to get pushback, is there this system thinking of “you are only worthy of living here?” (2019, FL4)

This quote demonstrated the program workers’ feelings that system actors, including agencies that were supposed to help clients and support their housing choices, saw them as not deserving to live in more expensive areas.

Child Welfare Workers: Failing to Share Case Information. Finally, system barriers also were demonstrated when child welfare workers did not view program workers as full collaborators. One program worker said child welfare workers were not always forthright or prompt about sharing important client information with program workers, and this could cause problems. One program worker described her experience.

There was no good sharing of information from children services, so we would be like in treatment team plannings and talking to the [child welfare] workers, and they’d be very

vague and wishy-washy, like “Well it looks like they’re doing their plan,” and we’re... advocating, advocating, you know providing a lot of positive affirmations to Mom and Dad about what they’re doing, and then it’s strung along for months and months and months and then we get to a final trial, I’m called in to testify, I don’t even know what else has been testified about, and they determine the people’s rights have been terminated. So a lot of information, if I’m the treating Therapist, I need to know. Like there was one time when I did not know a sexual abuse claim had been substantiated, and to work with someone for 18 months and not know that is pretty egregious, if that’s what I’m supposed to be working on with the person. (2019, FL5)

Another worker touched on these collaboration issues and the failure to share information, noting it was not always an individual worker’s fault, and that the system was actually in some ways set up to keep the program worker shut off from information.

In the court system, that information is the judge’s record, so some things, you just need the judge’s permission to disclose. So part of that was a function. Also if the [child welfare] worker received an assessment from a third party, they wouldn’t necessarily have permission to share the results of that assessment with me. (2019, FL5)

Policies such as these that disrupted program worker and child welfare collaboration on client cases meant that program workers did not have all the information on their own client’s case and could not fully serve their clients and help meet their needs.

Discussion

This study presented findings from child welfare workers, program workers and clients who had participated in an RCT focused on providing housing unstable clients with children in foster care with stable housing and intensive case management. Through exploring the

experiences of these stakeholders who had the most understanding of the cases who reunified during the program, we identified clients', child welfare workers' and program workers' perspectives on major facilitators and barriers to reunification. Major facilitators to reunification included client motivation (mostly true for substance abusing clients), the program's efforts to meet clients' basic needs, empower and advocate for them, and workers' relationships with clients' child welfare workers. Major barriers included clients' multiple, overlapping and complex challenges, toxic support systems, and systemic issues with court personnel and child welfare workers.

This study makes a significant contribution to the current literature. Not only is it the first study exploring reunification barriers and facilitators among housing unstable families from multiple perspectives, but it also proposes an innovative way to remove some identified barriers . Perceived lack of parent motivation to reunify has been cited as one of the most significant barriers to reunification by legal professionals and child welfare workers (Huscroft-D'Angelo et al., 2019; Jedwab et al., 2018). However, there are many factors that prevent parents from fulfilling case plan requirements, including lack of knowledge of navigating the child welfare system, feeling judged by service providers (Potgieter & Hoosain, 2018), having mixed feelings about reunification, and having limited access to resources and services (i.e., transportation) (Jedwab et al, 2018; Ogongi, 2012). Program workers used comprehensive strategies to tackle these intertwined issues at multiple levels. On the individual level, program workers helped clients develop or restore their confidence as a parent and to let their voices be heard through empowerment and advocacy. On the macro level, child welfare workers described often having a large caseload, which prevented them from providing quality services to families. Child welfare workers may not have enough time to get to know the family on a deeper level, to follow

family's progress on a regular basis, and to connect families with needed services (Pott, 2017). Clients might also have a hard time communicating effectively with their child welfare workers due, in part, to the inherent power imbalance and the control child welfare workers have over their family's situation. Program workers intervened, acting as a communication bridge to make sure all clients and welfare workers were connected and on the same page, addressing poor communication, which has been identified as an important reunification barrier in past research (Potgieter & Hoosain, 2018). Moreover, the program workers provided critical resources and services needed to families so they could continue moving forward with their case plans.

Our findings on barriers to reunification show how challenging it can be to promote reunification among housing unstable families. Consistent with previous literature, complex challenges such as poverty, mental health, substance abuse, toxic or limited social supports often impede the reunification process (Barth, et al., 2009). These issues may distract workers and clients from working on the reunification case plan. However, addressing these underlying risk factors is vital for successful reunification, thus long term and comprehensive services are necessary (Brook et al., 2012; Testa & Smith, 2009). In terms of systematic barriers, past studies primarily focused on the insufficiency of collaboration efforts with the child welfare system (Bai et al., 2019; He et al., 2014; Ogbonnaya et al., 2018). Our study noted that bias from court personnel and poor collaboration with the court system also interfered with reunification, as the courts often ultimately determined the outcome of the reunification case. They may have intimate knowledge about the family's case from a legal perspective (Huscroft-D'Angelo et al., 2019), but they may not be fully aware of progress that the family has made in other areas. It is thus important for them to communicate with workers to know the full picture of the case, and make decisions based on all the facts of the case, rather than with biases. Though racial

disproportionality in the child welfare system has been widely noted in the past literature (Merritt, 2021), racial bias was not a supported theme in this study. Instead, biases were based on clients' poverty and living conditions, and/or parents' actions such as staying with an abusive partner, neglecting a child, or drug use.

Limitations

The interviews described here were conducted near the end of the PFS program, so some program workers and child welfare workers had moved on to new jobs and we were unable to locate them. In most cases, supervisors or other workers who had knowledge of clients' cases were able to provide detailed information. In one case, however, we were unable to include the child welfare worker's perspective on the case as neither the worker nor the supervisor were still with the agency. The perspectives represented here, thus, do not represent all program workers, only those whom we were able to contact. Our sample also included only clients who had experienced reunification at some point; clients who had never reunified were not included in the sample. Thus, there might be additional, unidentified barriers for the never-reunified group of clients. It is also important to remember that reunification can be cyclical for some families, particularly those who have multiple complex needs and experience ongoing crises. Once in care and reunified, research has found return to care within six months is not uncommon (Biehal et al., 2015), however our study captured only a fairly small snapshot of families' experiences.

Implications

Findings from this study have implications for practice, policy and future research related to best practices that promote family reunification among housing unstable families. Regarding practice and policy, forming a trusting, close relationship between caseworkers and clients was identified as critical to achieve reunification. Providing social support to such low-

resourced families meant that for some, their program worker was their only source of healthy social support, and the withdrawal of that support with the program's end was stressful for them. Our findings support the idea that providing a comprehensive and longer service period before termination would have been helpful and valuable for our participants. Moreover, child welfare agencies should implement training or guidelines to make sure child welfare workers have a reasonable caseload so that they have time to cultivate relationships and provide quality services to the families. In situations where such an arrangement is impossible or impractical, giving families a trauma-informed professional who can help them navigate systems and serve as an advocate may be an important tool. Programs should also seek to promote and foster a collaborative environment between the child welfare system, other community agencies and the legal system. The court system has also been identified as a critical ingredient for successful reunification. Programs that do not involve court personnel as part of their core collaborative team may find their programs limited in their abilities to achieve strong outcomes. Future research should further investigate how programs such as this one could be implemented more widely to ultimately support families experiencing housing instability and involved with child welfare.

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Table 1

Qualitative Coding for Facilitators and Barriers

Facilitators	Barriers
Turning a Corner: Client Motivation Example Quotes: <i>I was gonna do it, no matter what.</i>	Complex, Overlapping Challenges Example Quotes: <i>It was so many topics... I just hadn't seen it like that before.</i>
Empowerment and Advocacy Example Quotes: <i>It felt good to have somebody behind me.</i>	Limited and/or Toxic Social Environments Example Quotes: <i>So now she has two new hotline calls, because he's pissed.</i>
Helped Clients Meet Basic Needs to Support Reunification Example Quotes: <i>They were working out something for me to go down there.</i>	System Actor's Beliefs in Client's Worthiness Example Quotes: <i>People's minds were made up, particularly with some of the GALs.</i>
Child Welfare and Program Worker Collaboration Example Quotes: <i>I was in constant contact with the program worker.</i>	Collaboration Barriers Example Quotes: <i>You are only worthy of living here.</i>