



Arts & Social Sciences  
School of Social Sciences

## Research overview: Reunification as pathway to permanence – Challenges and opportunities

Institute of Open Adoption Studies  
Research to Practice Forum

*Taking the Long View – Using longitudinal research  
to understand children's outcomes*

University of Sydney

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# Overview of Presentation

Review of international research on reunification

Findings from Australian Research

Implications for policy, practice and research

# Family reunification – Introduction

## Reunification is defined as:

- The return of children in foster care placements to the home of their birth family
- A process aimed at helping children in out of home care attain the optimum level of reconnection with their birth family. This optimal level of reconnection may fall somewhere on a continuum from physical return through to lesser forms of contact or visitation (Maluccio et al. 1996)
- Reunification is a primary goal of foster care systems, the most common permanency planning decision

## Family reunification

Fewer programs aim at reunifying families than programs aimed at preserving intact families or maintaining children in care

Reunification decision-making and the process of reintegrating children into birth families after care remain under-researched

Few controlled studies: available evidence is mixed and based largely on non-experimental designs or non-equivalent comparison groups

## Reunification previous research

Two main kinds of studies

- Studies that primarily outline timing and patterns of reunification and measure predictors
- Studies that primarily outline timing and patterns of reentry to out of home care following reunification, and measure predictors of reentry
- Few studies feature more extensive outcome measures other than basic reunification or re-entry patterns.
- Limited Australian studies of family reunification

## When is reunification most likely to occur?

- Reunification is more likely to take place earlier in a placement and probability of reunification decreases the longer the spell in care (Barth et al. 1994; Delfabbro et al. 2014; Esposito et al. 2014; Fanshel and Shinn, 1978; Farmer, 2009; Fernandez, 1999; Fernandez and Lee, 2011; Goerge, 1990)
- Probability that children will return to their families is higher when children enter care and steeply declines over the first few months in care (Delfabbro et al. 2014; Fernandez, 1999; 2013)
- Dickens et al (2005) found that 44% of all care entrants returned home within two years and of these 40% returned within 8 weeks.
- Wulczyn (2004) noted that 28% of children were reunified in the first year of being in care and the probability of reunification dropped to 16% in the next year of care
- The highest likelihood of reunification occurred between 15 and 18 months after removal (Akin, 2011)
- Guo and Wells (1999) found that 36% of children were reunified within 24 months of being in care
- Children who have been in care for long periods of time are less likely to be restored but some do return after extended periods of separation (Cheng, 2010; Connell et al. 2006; Farmer et al, 2011; Schofield et al, 2005; Sinclair et al, 2007).

## Placement trajectory

- Increased likelihood of reunification is associated with placement stability (Akin, 2011; Davis et al. 1997; Wulczyn et al. 2001; Webster et al, 2005)
- Reunification rates tend to decline with each subsequent placement - 50% occurred during the first placement, 26% during the second placement (Fernandez, 1999)
- Children who restore and never return to foster care are more likely to be restored on the first (41%), second (23%) or third (19%) placement
- Children experiencing multiple restorations however have a record 3 to 18 placements
- Children in kinship placements take longer to reunify than children in non-relative placements (Barth et al. 1994; Delfabbro et al. 2014; Fernandez et al. 2017; Goerge, 1990).
- Children placed voluntarily (non court ordered) were significantly more likely to reunify (Fernandez, 1999).

# Demographic characteristics related to reunification

- The likelihood of early return is lower for children who enter care as infants (especially for reasons of maltreatment) (Leathers et al, 2010; Biehal, 2006; Sinclair et al, 2007; Thoburn et al, 2009) and for teenagers who enter care because of challenging behaviour.
- Children in middle childhood (5-12 years) as well as teenagers are more likely to return than under 5 year olds (Kortenkamp et al. 2004)
- African American children less likely to return than other groups (Wells and Guo, 1999; Wulczyn, 2001). In Australia Aboriginal and Torres Strait Islander children were found to be significantly less likely to reunify (Delfabbro et al, 2003, 2014; Fernandez, 1999; Fernandez et al. 2017).
- Children placed with siblings had higher prospects of reunification (Webster, 2005).
- Children entering out of home care due to behavioural or emotional problems are less likely to be reunified with their birth families or have prolonged stays in care before reunification (Landsverk et al. 1996; Esposito et al. 2014).
- Children who were not offenders and who retained a role in the family, or had established a role in the community that was complementary to their role in the family were more likely to reunify (Bullock et al. 1998).



# Family structure and disadvantage

Family disadvantage - a robust predictor of delayed reunification (Berrick, 2009; Courtney 1994; Esposito et al. 2014; Farmer, 2011; Fernandez, 1996, 2017; Frame et al. 2000; Jones 1998; Choi & Ryan, 2006).

Reunification rates are also typically lower when there are lower levels of formal and informal family support (Berrick, 2009; Festinger, 1996).

Jones noted that poor accommodation particular was found to be a factor, this being the most damaging aspect of poverty and deprivation. Residence in public housing, marginal housing and transient accommodation predicted lower rates of reunification in some Australian studies.

A parent being in employment at the time of placement increased the likelihood of reunification, and loss of benefits following placement decreased the likelihood (Kortenkamp et al. 2004).

Children from single parent families return at a slower rate – in some studies 3 times less likely to return (Landsverk et al. 1996; Wells and Guo, 1999). Similar trend reflected in Australian Studies.

Jones found similar results and applied additional statistical controls and found economic deprivation rather than the pathology of the single parent family was associated with reunification and re-entry.

There are parental profiles associated with reduced probability of reunification including mental illness, substance misuse.

Paternal engagement has been found to be associated with reunification (Malm & Zielewskil, 2009)

## Reason for care associated with reunification

Parents with disabilities or physical health problems are more likely to have children restored to them than parents with mental health problems.

Reunification rates also vary depending upon the number, nature and severity of problems present when children come into care

Children entering care due to neglect are more likely to be reunified with their birth family (Akin 2011, Cheng, 2010). Others (Delfabbro et al., 2014; Fernandez 2013; Shaw 2010) argue that children entering care due to neglect experience slower rates of reunification than children entering care for other reasons

Children who enter care for reasons of physical or sexual abuse are more likely to be restored than those for whom neglect is the primary reason (Delfabbro et al, 2003).

## Reason for care associated with reunification

Courtney (1994) found that children entering care due to sexual abuse are more likely to be restored than children entering care due to neglect

Children entering care due to substance misuse were found less likely to return to the care of their birth families than children whose parents did not have such substance abuse problems (Shaw, 2010; Hines et al, 2007). Completion of a drug rehabilitation program was however found to be associated with reunification (Smith, 2003).

Marsh et al (2006) found that only 21% of children who entered care because of mother's addiction were restored on average within 22 months.

Presence of domestic violence also lowers the odds of reunification (Fernandez et al, 2012; Shaw, 2010)

## Parental visitation/contact

- Studies have found a strong association between consistent and regular contact and early reunification (Bullock et al. 1998; Davis et al. 1996; Fernandez, 1999; Sinclair, 2005).
- Bullock et al note that contact in conjunction with other variables (child's retention of a role in the family, inclusiveness of care plans) and direct work on existing attachments (Cleaver 2000) was predictive of reunion.
- Contact highly correlated with plans for returns (Sinclair et al, 2015).
- Davis et al noted maternal and paternal visiting were strongly associated with reunification for over 75% of children studied.
- Working with contact is helpful in making returns work (Biehal, 2007, Thoburn et al, 2012)

## Facilitators of reunification

Random controlled trials of specialist family reunification (e.g. Fraser et al. 1996; Lewandowski and Pierce, 2002) have identified some predictors of success:

- Strong parent/worker partnerships
- Parent focused services – which assist family coping, meet practical needs (material transport, bolstering support from wider family and community)
- Promoting inclusivity and support through involving wider family and community in decision making processes.

## Facilitators of reunification

- Family achieving at least 50% of treatment goals.
- Assisting parents in making improvements in habitability of housing.
- Assisting parents with disciplinary and anger management skills.
- Parental motivation and willingness to change (Sinclair et al , 2015).
- Families who receive a large number of practical services (day care, home necessities, housing support) achieve timely returns (Rzepmicki, 1997)

## Systemic barriers to reunification

- Agency lack of attention to reunification goals.
- Lack of community based reunification services.
- Large geographical distance between placement and child's family.
- Family's perception of being discouraged and ignored by child protection services.
- Lack of services for ameliorating the circumstances and behaviours which precipitated placement.
- Parent and child determination provoked reunification (Farmer & Parkes, 1991).
- Differences in orientation between local authorities impact on chances of return home (Sinclair et al, 2005).
- Insufficient services locally to help parents make and sustain changes (Farmer & Patsios, 2016).

## Re-entry patterns and predictors

Rates of re-entry to care vary from 15-28% in various studies.

US study – 13% re-entered care at least once

UK study – 15% re-entered care within 12-18 months

UK – 65% re-entered care at least once over the 5 years follow up period.

However these researchers do not conclude that children are entering care on a revolving door basis.

Children who are reunified within six months more prone to re-entry (Wulczyn, 2000).

Younger children and pre- adolescents are more prone to increased risk of re-entry (Frame et al. 2006).



## Re-entry patterns and predictors

- Children with mental health and behavioural problems during placement found to be more likely to re-enter care (Courtney, 1995; Biehal, 2006; Kimberlin et al, 2009)..
- African American ethnicity and Hispanic ethnicity was predictive of re-entry in the US.
- Family disadvantage and family housing problems at reunification found to be predictive of re-entry (Courtney, 1995; Frame et al. 2000; Jones, 1998).
- Low levels of family support and isolation of parents associated with re-entry.
- Parental substance abuse, neglect predictive of re-entry.
- First 6-8 months post reunification constitutes a period of high risk for re-entry (Courtney, 1995) 19% returned to care within 3 years – 50% of these within the first 8 months.
- Prior placement in non- kin care more vulnerable to re-entry.

# Profiles - unsuccessful reunifications

## Child related

- poor physical and mental health
- behaviour problems
- age – infants, toddlers and those over 10 year
- ethnic/racial background – African American, African Caribbean, mixed heritage, Indigenous children
- reunification of multiple children

## Family related

- poverty and environmental stresses
- lack of social support
- single parent status & financial stresses
- parental substance and alcohol misuse and mental ill health
- domestic violence
- multiple co-occurring parental problems
- Parental ambivalence and lack of motivation

# AUSTRALIAN STUDY 1

# Overview of national reunification study - Australia

- A national comparative analysis of child, family and service factors contributing to reunification outcomes in out-of-home care' (CIs Professor Paul Delfabbro, University of Adelaide, Professor Elizabeth Fernandez, University of New South Wales and Dr. Lisa Kettler, University of Adelaide). The project involved a collaboration of six Statutory Child Welfare Departments as industry partners (NSW, Queensland, South Australia, Victoria, Tasmania and ACT)
- Multi jurisdictional analysis of reunification rates, patterns and predictors using a common sampling frame and common template for data extraction
- Based on retrospective longitudinal sampling strategy
- System and case file data extraction for all children who entered care for the first time between 1 January 2006 and 31 December 2007
- Placement trajectories tracked until 31 December 2010
- Detailed date to date analysis of placement movements, types and durations
- Inclusion criteria: first non respite placement 7+ days duration within sampling frame
- All ages and types of care included

## Overview of Sample from 5 States

	Sample	Reunification during study window
Tasmania	N=468	48%
Victoria	N=332	41%
South Australia	N=537	30%
New South Wales	N=2010	27%
Queensland	N=500	45%

## Study overview

- sample of 2,010 children with at least one out-of-home placement between 1 January 2006 and 31 December 2007
- placement trajectories tracked until 31 December 2010

## Variables and Methodology

- demographic profile of children entering care
- reasons for entering care
- reunification patterns and characteristics of children more likely to be restored
- Cluster analysis conducted to explore characteristics that affect likelihood of restoration
- Kaplan-Mayer survival analysis conducted to investigate how demographic characteristics and cluster inclusion impacted the likelihood of reunification

## Cox regression – significant findings

- 540 (27%) children restored
- 468 children were restored once without re entry, 72 restored multiple occasions
- Odds of being restored are .313 lower for children of Aboriginal or Torres Strait islander descent than for non-Aboriginal children
- Younger children are most likely to be restored, the log odds ratios of being restored decreasing for 5-9 and 10-12 years
- Compared to children who entered the first placement for interim care, children who entered for permanent care and children who entered in transition to permanency have lower log odds of restoration
- Children living with non-related persons, in foster care are more likely to be restored in the first 50 weeks of placement than those with kin.

# AUSTRALIAN STUDY 2



# Collaboration and Research Design

Research collaboration between University of New South Wales and Barnardos Australia supported with ARC Linkage Grant

Determine the relative influence of child and family characteristics, decision making elements and service variables on reunification outcomes

Determine the relative influence of child and family characteristics, decision making elements and service variables on reunification outcomes

- Prospective longitudinal design, mixed methods
- 168 children from 96 families
- Sample drawn from 5 Temporary Family Care programs of Barnardos Australia
- Data was collected through face to face interviews with all caseworkers and a subsample of birth parents and foster carers

# Family Profile

## Age of children

- 12 months and under - 20%; 1 and 5 years of age - 33%; 5 and 10 years - 30%; over 10 years - 17%

## Age of Birth Mothers

- aged 25 and under – 17%; aged between 26 – 35 - 54%; 36 and over - 29%

## Employment

- 87% of families were receiving benefits as their primary source of income
- 5% of mothers and 17% of fathers were known to be employed

## Housing

- 70.5% of families reside in Public Housing
- 14.7 of families reside in private rental
- 3.7% owned their homes
- 4.9% were homeless

# Assessment and Intervention

Research included the use of a validated standardised assessment tool, the (NCFAS-R) North Carolina Family Assessment Scale-Reunification (Kirk and Reed, 2000)

NCFAS-R is a multidimensional instrument which conceptualises family functioning into seven domains:

1. Environment
2. Parental Capabilities
3. Family Interactions
4. Child Well-Being
5. Family Safety
6. Caregiver/Child Ambivalence
7. Readiness for Reunification

## NCFAS-R

The NCFAS-R assessment for families was completed by caseworkers at intake (Time 1) and at the subsequent interview (Time 2) six months later, or at reunification or case closure. The data from Time 1 provided a baseline on outcomes against which to compare ratings at Time 2 and assess family change. Within each domain are multiple single item subscales which are scored ranging from '+2=clear strength' to '-3=serious problem'. Each domain also includes a single global item that asks the caseworker to provide an overall rating of functioning in relation to that domain, only after completing the specific ratings on the subscales

## The North Carolina Family Assessment Scale-Reunification (NCFAS-R) for Intensive Family Preservation Services

Parental capabilities	Environment	Family safety	Family interactions	Child well-being	Caregiver/ Child Ambivalence	Readiness for Reunification
<ul style="list-style-type: none"> <li>•Supervision of child(ren)</li> <li>•Disciplinary practices</li> <li>•Provision of developmental/ enrichment opportunities</li> <li>•Parent(s)/ caregiver(s) mental health</li> <li>•Parent(s)/ caregiver(s) physical health</li> <li>•Parent(s)/ caregiver(s) use of drugs/ alcohol</li> </ul>	<ul style="list-style-type: none"> <li>•Housing stability</li> <li>•Safety in the community</li> <li>•Habitability of housing</li> <li>•Income/ employment</li> <li>•Food and nutrition</li> <li>•Personal hygiene</li> <li>•Transportation</li> <li>•Learning environment</li> </ul>	<ul style="list-style-type: none"> <li>•Absence/ presence of physical abuse of child(ren)</li> <li>•Absence/ presence of sexual abuse of child(ren)</li> <li>•Absence/ presence of emotional abuse of child(ren)</li> <li>•Absence/ presence of neglect of child(ren)</li> <li>•Domestic violence between parents/caregivers</li> </ul>	<ul style="list-style-type: none"> <li>•Bonding with the child(ren)</li> <li>•Expectations of child(ren)</li> <li>•Mutual support within the family</li> <li>•Relationship between parents/ caregivers</li> </ul>	<ul style="list-style-type: none"> <li>•Child(ren's) mental health</li> <li>•Child(ren's) behaviour</li> <li>•School performance</li> <li>•Relationship with parent(s)/ caregiver(s)</li> <li>•Relationship with sibling(s)</li> <li>•Relationship with peers</li> <li>•Cooperation/ motivation to maintain the family</li> </ul>	<ul style="list-style-type: none"> <li>•Parent/caregiver Ambivalence towards child</li> <li>•Child Ambivalence towards caregiver</li> <li>•Ambivalence exhibited by substitute care Provider</li> <li>•Disrupted Attachment</li> <li>•Pre-reunification home visitations</li> </ul>	<ul style="list-style-type: none"> <li>•Resolution of significant CPS risk Factors</li> <li>•Completion of case service Plans</li> <li>•Resolution of legal Issues</li> <li>•Parent/ caregiver understanding of child's treatment needs</li> <li>•Established Back-up supports or service Plans</li> </ul>
<b>Overall Parental Capabilities</b>	<b>Overall Environment</b>	<b>Overall Family Safety</b>	<b>Overall Family Interactions</b>	<b>Overall Child Well-Being</b>	<b>Overall Caregiver/Child Ambivalence</b>	<b>Overall Readiness For Reunification</b>

## Child wellbeing domain subscales

	<b>Clear/ Mild Strength</b>	<b>0 Baseline</b>	<b>Mild Problem</b>	<b>Moderate/Seri ous Problem</b>	<b>N/A</b>
Child(ren's) Mental Health-	30%	22%	18%	31%	0%
Child(ren's) Behaviour-	25%	23%	12%	40%	0%
School Performance-	14%	15%	19%	21%	30%
Relationship with Parent(s)/Caregiver(s)-	32%	24%	16%	27%	0%
Relationship with Siblings-	38%	17%	11%	13%	20%
Relationship with Peers-	27%	31%	9%	12%	22%
Cooperation/Motivation to Maintain the Family-	59%	22%	5%	13%	0%

## Family safety domain subscales

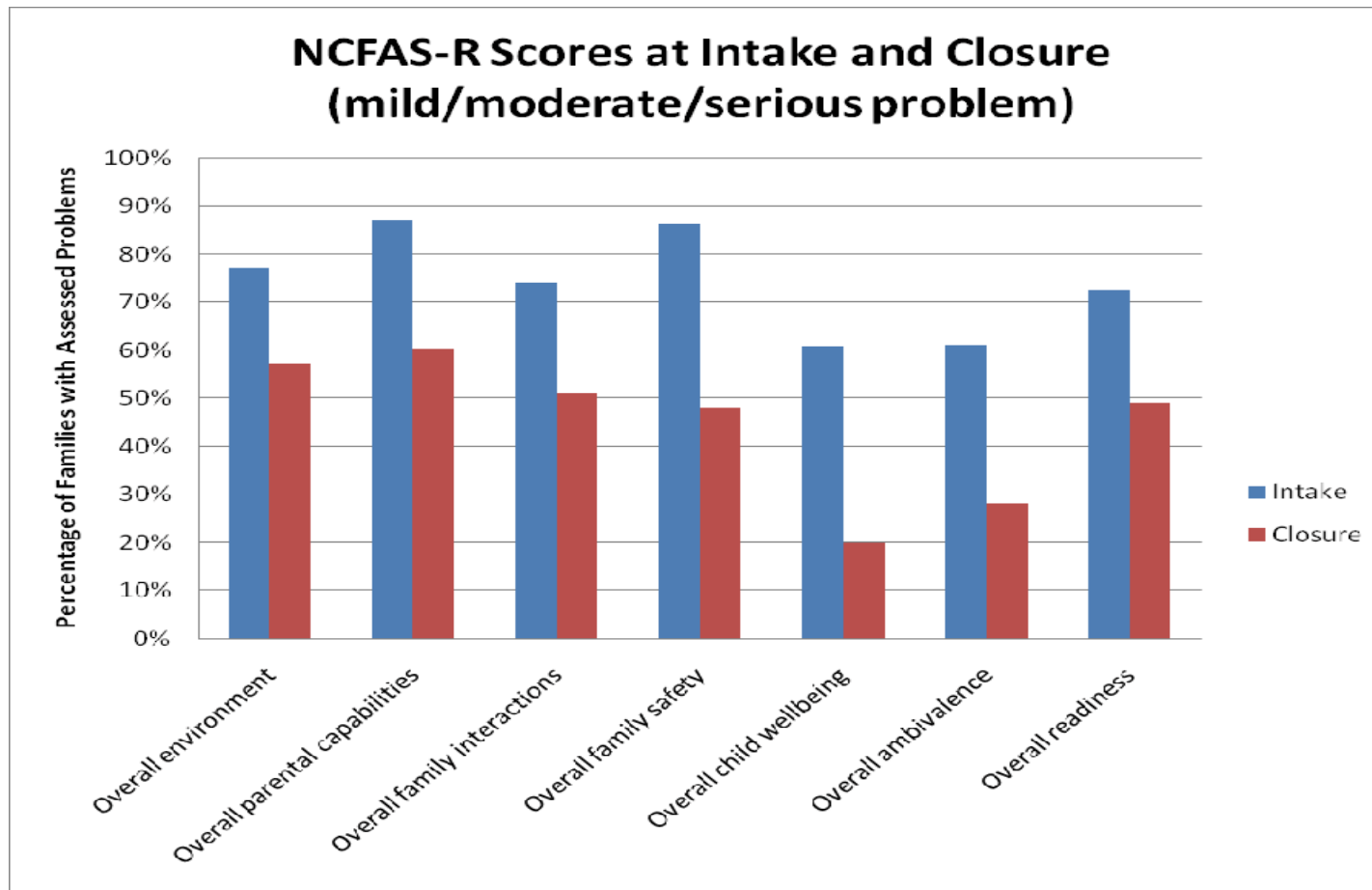
	Mild to Clear Strength	Baseline	Mild Problem	Moderate to Serious Problem	N/A
Absence/presence of Physical abuse of child(ren)	36.3%	21.9%	8.9%	32.8%	-
Absence/presence of Sexual abuse of child(ren)	55.2%	22.8%	6.9%	15.1%	-
Absence/presence of Emotional abuse of child(ren)	15.2%	12.6%	23.8%	48.4%	-
Absence/presence of Neglect of child(ren)	10.1%	9.4%	15.4%	65.1%	-
Absence/presence of Domestic Violence between Parents/ Caregivers	9.9%	6%	12.6%	43%	28.5%

## Environment domain subscales

	<b>Clear/Mild Strength</b>	<b>Baseline</b>	<b>Mild Problem</b>	<b>Moderate/ Serious Problem</b>
Housing Stability-	43%	18%	13%	25%
Safety in the Community-	25%	17%	11%	47%
Habitability of Housing-	21%	28%	13%	38%
Income/Employment-	13%	28%	27%	31%
Financial Management-	13%	24%	21%	41%
Food and Nutrition-	18%	23%	19%	40%
Personal Hygiene-	34%	23%	15%	29%
Transportation-	29%	30%	15%	27%
Learning Environment-	8%	17%	24%	51%



## Comparison of NCFAS scores at Time 1 and Time 2



## NCFAS – R

- The “overall” parental capabilities in general illustrate significant improvement. At Time 1, 70% of cases fell within the ‘moderate and serious problem’ index. This number showed a considerable decrease of 31%. However 39% of families were still experiencing problems of a moderate or serious nature at Time 2.
- At Time 1, 60% of families were considered to be experiencing problems in regards to the child’s wellbeing, by Time 2 however, this number had decreased significantly to 20% with only 7% labelled as a ‘moderate or serious problem’.

# Analysis 1

- Study window: 18 months since entry
- Event: Reunification with parents or kin
- Time to the event: weeks since the entry to restoration

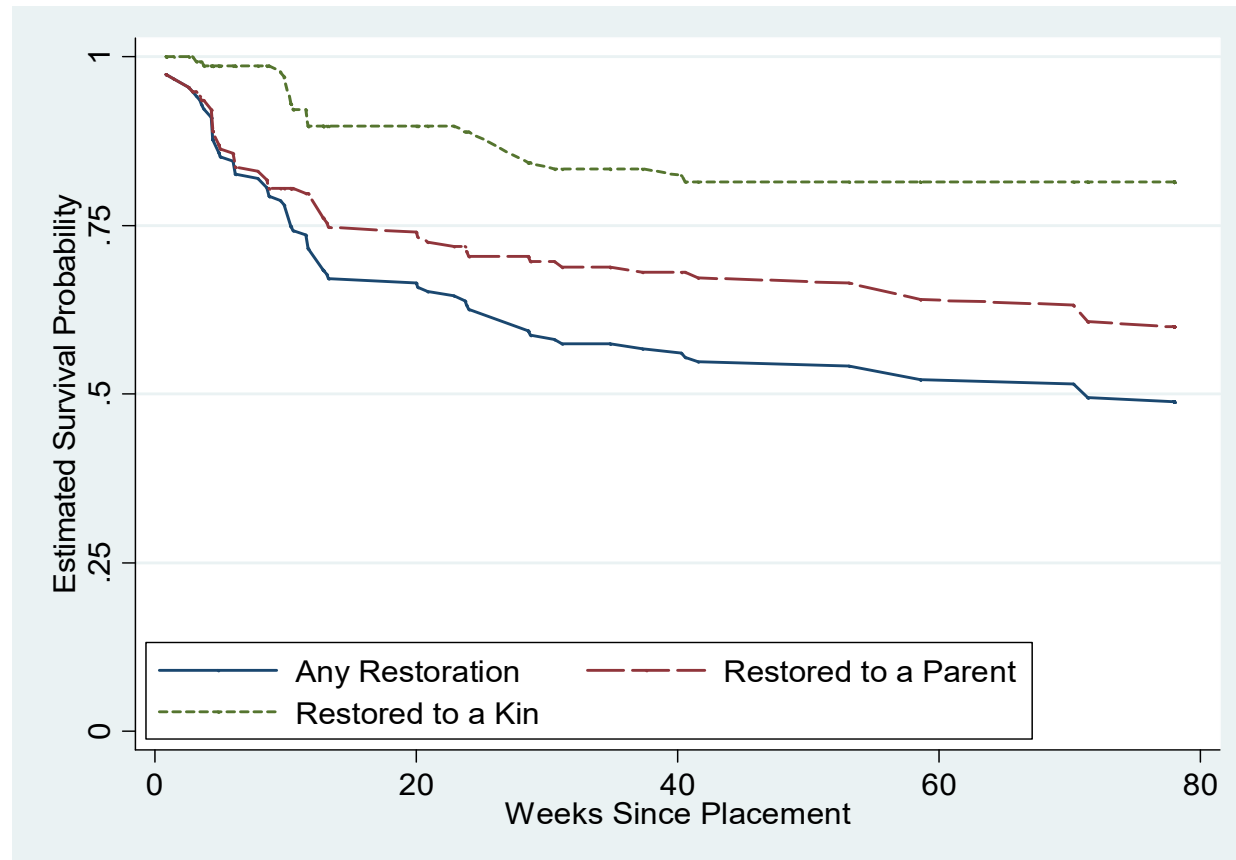
## **Focus on reunification outcomes**

- Return to parent/return to kin
- Predicting time to restoration
- Uses typology of risk and protective factors based on NCFAS-R as predictor of reunification

## **Latent profile analyses**

- Used typology as a predictor in Cox regression

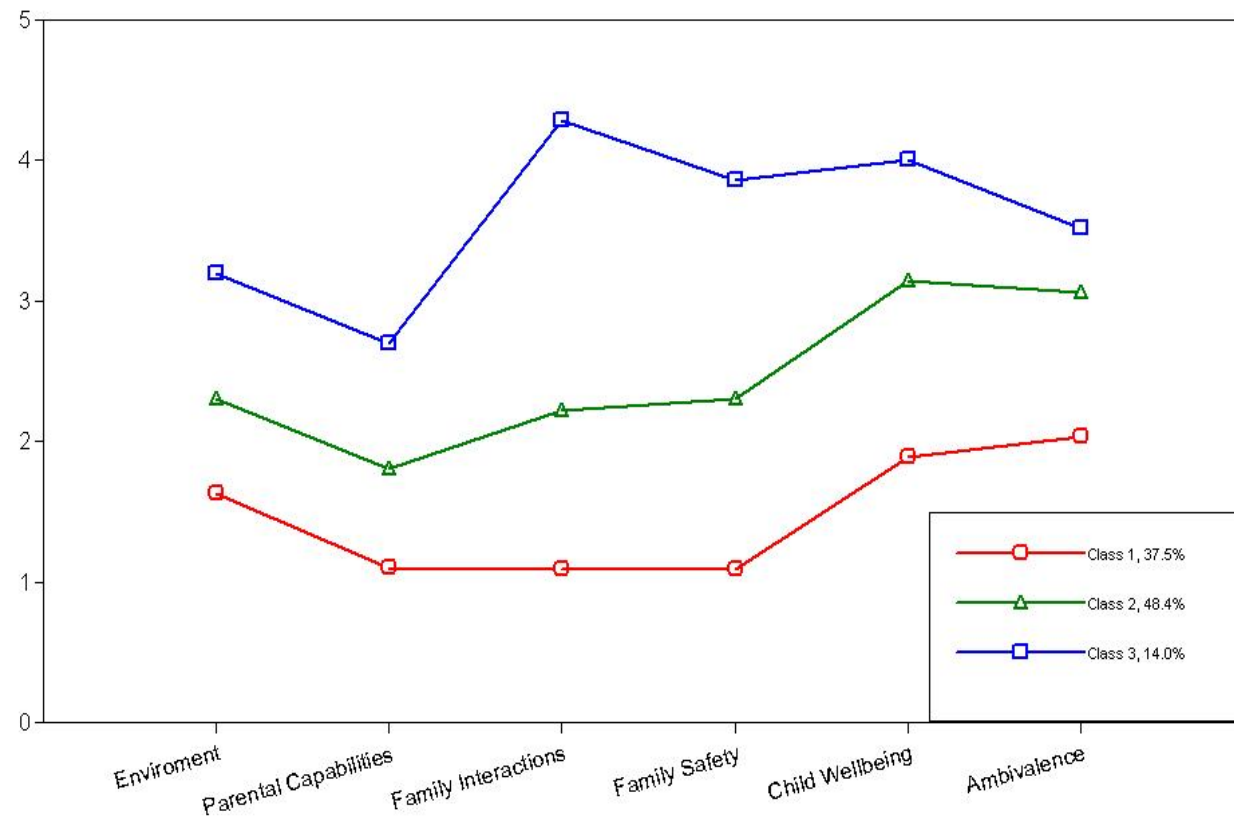
## Kaplan-Meier survival estimates by reunification outcome



# Patterns of reunification and predictors

- Children were restored to parents rapidly until three months, declining rate of reunification thereafter
- Reunification to kin was slower
- Rate of reunification was higher for older children
- **Age:** Compared to rate for infants the rate for 5 year olds is 2.38 times greater
- **Reasons:** Compared to children in care for reasons of parental ill health parental substance abuse as reason – 86% lower rate of return
- Abuse and neglect as reason – 83% lower rate of return
- Domestic violence/ other – 73% lower rate of return

## Results: Using typology of NCFAS-R



Typology of NCFAS-R (Latent Profile Analysis)

## Latent profile analysis: NCFAS-R risk typology

Three risk groups identified

Low Risk	14%
Medium Risk	48%
High Risk	37.5%

- High risk group e.g. Parents had moderate to serious problems in parental capabilities, family safety and family interactions
- Children in high risk group had 73% lower speed of reunification
- Age: older children reunified at a faster rate
- Compared to infants the rate for 5 year olds is 1.8 times greater

## Caseworkers' perspectives on contact

97% of workers considered contact with birth family to be of utmost importance to the reunification process.

Seen as important in maintaining parent child engagement and attachment

- For young children – maintaining attachment so that reunification is not disruptive or distressing
- For older children – reassurance that parents care for them
- For parents – enhancing the relationship without the pressure of parental responsibility
- Contact an important context for assessing feasibility of reunification decision making



## Carers' perspectives on contact

Many carers perceived they had a vital role to play in maintaining the links between the birth parent and the child/ren.

*"I think its very important. You need to make sure that they know that mum hasn't abandoned them and that its important to keep whatever they have with mum as an important part of their life. So we'll get them to draw pictures, cards and write letters to mum. Take lots of photos of the kids and send them back to mum and dad so they know what's happening while they're here."* (Johnson Family Carer)

*"I see one of her strengths, in comparison to other birth parents that we've worked with, is that she or anyone in her family have never done anything purposefully to hurt Jay... they've all continually put in effort to maintain that connection. They sound like little things, but they are pretty big positives."* (Young Family Carer)

## Parents' perspectives

Contact alleviated distress of separation

Exposure to carers' parenting approach

Identified barriers (cost, travel, location)

Above all, level of supervision and the intrusiveness

*“we would have some person following us with a goddamn clipboard writing everything down. It was embarrassing for my children. They really resented that.”*

(Burns Family, Parent)

# Assessing for reunification (caseworker perspectives)

Assessments of parenting capacity

Level of parental empathy and awareness of children's needs

Ability to focus on the child's perspective

Willingness to undertake requirements of statutory  
Department /Courts/ NGO

Evidence of carrying out case plans (engagement with services, change in behaviour)

Parents ability to cooperate

Parents ability to ask for help

Attendance at courses/programs

## Carers' views on reunification

Carers believed that a child returning to their birth family was the best possible outcome.

*"I think wherever reunification is possible, it's the best thing." (Ward Family Carer)*

*"Kids should go back to their parents; but the parents have to prove that they are capable of looking after the kids." (White Family Carer)*

*"If there's reunification plans we're definitely encouraged to come along and put in our idea of how it should work... and while that's happening you can be actively putting your voice in ... And you can be involved in the plan and how it works." (Johnson Family Carer)*

*"It ended up that it was Megan (Birth Parent) and I arranging the times and everything... So that's what we did, we did it our way... we worked it out between us." (White Family Carer)*

## Carers' views on reunification

*"We know the kids. We know when they are going to start reacting to stuff, and when to intervene and that... We've both got to work together. We've had these children, now she's going to have them." (White Family, Carer)*

*"We never talk down to the parents. They're always going to be their mum whether you like it or not. I mean we mightn't like what mums done or dad's done but we don't do that to the kids." (White Family, Carer)*

*"Be positive towards it and maintain the children's pride in their family and confidence in their family." (Bowden Q129)*

# Parents experiences with caseworkers and the legal System

Parents felt case plans and court orders were made in an authoritative manner rather than in consultation with them.

*“It was pretty much taken out of my hands, all the decision making”* (Burns Family, Parent)

*I tried to voice my concern to my solicitor but my solicitor just wouldn't listen to me.”*  
(Laurence Family, Parent)

Majority of parents sought trust and openness from caseworkers. Debbie explains that her caseworker was:

*“upfront, like she told me before that whatever I say and do, that she has an obligation to tell the Statutory Department, so I know that, but she was upfront about it in the first place...I fully trust her.”* (Perry Family, Parent)

The physical presence of Caseworkers was highly appreciated by parents and perceived as a strong sense of support.

*“You don't feel stuck and you don't feel like you're on your own.”* (Powell Family, Parent)

## Parent and carer relationships

Good relationships between carer and birth parents were seen to have positive effects on the parent-child relationship.

Dedicated foster carers are highly appreciated by birth parents and staff alike.

*"This is a bit of a special case in that Robyn (birth mother) goes to the carer's house five days a week for parent education...She has gone absolutely above and beyond for this family."*  
(Dudley Family, Caseworker)

Robyn (Birth Parent) comments on how carer support has impacted positively on her parenting skills:

*"Positive changes. I've turned into a better mum for William. A mum that William needs."* (Dudley Family, Parent)

Tension between parents and carers created difficulties in working co-operatively together.

*"I used to get on alright, we used to have visits all the time, but, we had an argument and...she changed her phone number and now I'm not allowed to contact her."* (Perry Family, Parent)

## Post reunification challenges

Parents identified several challenges:

Fear of being unsuccessful and kids being removed again

Children's challenging behaviours

Concerns about children fitting in at school/preschool, and getting over the trauma

Confidence in new found skills

Concern about ongoing support

Fear and trepidation about the future

*"For me the biggest challenge is putting things back together. When things come along that destroy your life and put it in a big enough mess, then you have to try and put it back together again. Getting it back is a little bit harder than what it is to take it away from someone." (White Family, Parent)*



# **Implications Of Findings For Policy, Practice And Future Research**

## System related

Agency leadership that demonstrates strong commitment to reunification.

Findings illuminate a pattern which suggests majority of children who reunify do so in the early months after entry. This has implications for administrators and practitioners in terms of ensuring resources and caseloads are prioritised to maximize the potential for reunification and support for children and families.

As children experienced extended tenure in care reunification occurred at a slower rate. More active case work practice and intensive supportive services are needed to effect reunification once children have been in care for some time.

Well planned entry to care and proactive care planning for return.

Broader conceptualization of reunification to allow for range of options

Linkages between statutory caseworkers and caseworkers from NGO sector in the context of assessment and reunification services.

Collaboration with Courts to facilitate timely reunification.

## System related

- Interagency collaboration and partnership to address financial needs, housing, substance misuse, mental health and domestic violence.
- Trained supervisors to offer leadership and coaching to practitioners and implement policies for timely reunification.
- Post reunification services that are responsive to family's needs and challenges.
- Support from schools to provide emotional and educational support and monitoring of children post reunification.
- Data systems to capture and monitor system wide data on trends in reunification and re-entry.
- Reunification to be made a strategic priority supported by policy, standards, budgetary allocations and research.
- Evaluations of practice approaches in reunification work that have demonstrated positive outcomes.

## Parent related

- Families' unable to address deficits in the environmental domain (housing, finances, and nutrition) experienced delayed return. Responding to the structural dimensions of neglectful parenting and addressing the wider context of welfare arrangements of income support, housing, child care and health care are crucial to reducing the structural risk factors impacting on families and children.
- A team around the family approach combined with services to support child and family post reunification.
- Early identification of reunification potential and provision of services to parents to address problems that precipitated care
- Casework support to parents to identify the assistance they need to address the issues that led to care and supports they need post reunification.

## Parent related

- Relationship based work with parents to address their negative emotions around removal and to engage them in reunification planning.
- Reunification assessments based on data from multiple sources, and on parenting capacity to change and sustain changes.
- Open, collaborative and dependable casework relationships with parents and child to facilitate the process
- Facilitated and well managed contact that fosters and sustains parent –child relationship
- Adequate support to parents and children after return.
- Strengthen advocacy and support services for parents

## Child related

- Careful assessment prior to reunification to ensure children are not returned to neglectful or unsafe environments.
- Monitoring of the child's reactions to separation from residential caregivers/foster/kin carers, and adjustment to new parent figures
- Ensuring children's wishes and preferences are heard/recorded and provision of an advocate to represent their views in reunification planning.
- Continuation of educational support, therapy and other interventions that supported their wellbeing in care.
- Peer mentoring and advocacy to ensure that children's practical, educational and therapeutic needs are met post reunification

# Implications Of Findings for Research

- Despite the insights yielded from this study there is a clear need for further empirically oriented research with larger samples.
- The vulnerability of younger children to entering care and remaining in care for extended periods has implications for preventive services for parents with infants and young children for systematic care planning.
- There is a need to model reunification outcomes by stratifying samples into different age groups to better understand factors related to reunification based on age.
- Focus on groups of children who are vulnerable to slower rates of reunification and unsuccessful returns
- The quantitative analysis is to be complemented by more in-depth qualitative analysis of the histories and experience of children and families.
- Reunification can trigger challenges and stresses for families when children reintegrate. Little is known about post reunification outcomes and this is a fertile area for future research.

## Implications for Research

Mixed methods longitudinal studies that follow up children and families post return and that incorporate well being outcomes.

Increased research on reunification outcomes:

- Children's Perceptions

- Parents perceptions

- Optimal circumstances for reunification



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