INTRODUCTION

This paper provides guidance to practitioners and managers on family reunification. Reunification is a planned and timely process of safely returning and enabling a child to remain at home with their family of origin. Reunification is an important means of promoting children’s stability. The best interests principles in the *Children, Youth and Families Act 2005 (CYFA)* are clear about “the need to give the widest possible protection and assistance to the parent and child” and “the desirability, when a child is removed from the care of his or her parent, to plan the reunification of the child with his or her parent”. Reunification is the primary goal of intervention and planning for children in out of home care, wherever it is in their best interests. Strong partnership, early planning and intensive efforts with the family and other professionals are required to maximise opportunities for safe, timely and sustainable reunification within the child’s developmental timeframes.

The scope of this paper is to provide practice guidance on family reunification in line with the legislative, policy and practice reforms. It addresses particular practice issues relating to the engagement of the family and assessment, planning and action for reunification using research and practice based knowledge.

BEST INTERESTS PRINCIPLES

The child’s best interests must always be paramount in the case practice and service delivery of child and family services. The *Best Interests Framework for Vulnerable Children and Youth* (Department of Human Services, 2006) encapsulates that a child’s experience of safety, stability and development must be viewed through the lens of their age and stage of life, gender and culture. The best interests principles in the CYFA (s. 10) provide the framework for intervention and place the child at the centre of all decisions and actions.

The key components of the best interests principles that must be considered for family reunification include:

- Giving the widest possible protection and assistance to the parents and child as the fundamental group unit of society and ensuring that intervention into that relationship is limited to that necessary to secure the child’s safety, stability and development (s. 10(3)(a))
- Needing to strengthen, preserve and promote positive relationships between the child and parents, family members and significant others (s. 10(3)(b))
- Needing to protect and promote an Aboriginal child’s cultural and spiritual identity and development by maintaining and building connections to their Aboriginal family and community (s. 10(3)(c))
- Giving weight as is appropriate in the circumstances to the child’s views and wishes (s. 10(3)(d))
- The effects of cumulative patterns of harm on a child’s safety, stability and development (s. 10(3)(e))
- The desirability of continuity and stability in the child’s care (s. 10(3)(f))
- Only removing a child from their parents’ care if there is an unacceptable risk of harm (s. 10(3)(g))
- The desirability, when a child is removed from their parents’ care, to plan the child’s reunification with their parents (s. 10(3)(i))
- Parental capability to provide for the child’s needs and any action taken by the parents to give effect to the planning goals set out in the best interests plan (s. 10(3)(j))
- Arranging access between the child and parents, siblings, family members and significant others (s. 10(3)(k))
- The possible harmful effect of delay in making a decision or taking action (s. 10(3)(p))
The best interests principles are explicit about only removing a child from their parents’ care if there is an unacceptable risk of harm and the desirability, when a child is removed, to plan for the reunification with their parents. Additionally, the best interests principles are clear about the desirability of continuity and stability in the child’s care, and the possible harmful effect of delay in making the decision or taking the action. These considerations are based on the philosophy of preserving families as “the fundamental group unit of society” (Victorian State Government, 2005), the knowledge that children’s continuity and stability in care are pivotal to their healthy development and equally, the importance of timeliness as children’s developmental timeframes do not allow them to wait indefinitely for their future care to be resolved (Brydon, 2004). The challenge in planning and decision making is to find the right balance between these considerations that serve the child’s best interests.

**GUIDANCE ON FAMILY REUNIFICATION**

The practice guidance on family reunification needs to be considered in conjunction with other resources, including the:

- **Best Interests Framework for Vulnerable Children and Youth**, which describes a policy framework to use across Child Protection, placement services and family services
- **Best Interests Case Practice Model**, which builds on the Best Interests Framework for Vulnerable Children and Youth and incorporates the Victorian Risk Framework, Looking After Children framework and broader focus on assessing cumulative harm, stability and development, including the specialist assessment guides
- **Best Interests Planning**, which integrates all of the significant planning and decision making requirements and processes into a single best interests plan, including case plans, stability plans and cultural plans
- **Best Interests Principles: A Conceptual Overview**
- **Cumulative Harm: A Conceptual Overview**
- **Stability: A Conceptual Overview**
- **Guidance on Promoting Children’s Stability**
- **Child Protection Practice Manual**, which provides practice advice, including on case work, assessment, planning, family reunification, stability plans and access

**Family Reunification as a Planning Option**

It is important to view family reunification as a process rather than a placement event (Brydon, 2004). The process includes maintaining family relationships while children are in temporary care, careful planning and sustained support after reunification (Child Welfare Information Gateway, 2006). Wulczyn (2004, p. 99) highlights this point in the statement that:

“Reunifying a child with his or her birth parents is not a one-time event. Rather, it is a process involving the reintegration of the child into a family environment that may have changed significantly from the environment the child left”.

Reunification requires a range of appropriate services and supports from the point that a child first enters care and beyond the return home, to meet the child and family’s needs. Strong engagement and collaboration with the family and amongst the child and family services system are also necessary in order to address the protective concerns to make the process of reunification possible.

Family reunification involves a process of assessment, planning and action. Reunification exists within the continuum from family preservation aiming at preventing placement, through to long term out of home care. All of the intervention and planning options have a place for each child and their family depending on their specific qualities, needs and circumstances (Tilbury & Osmond, 2006), and intend to achieve stability for children. For the majority of children in out of home care, the benefits of pursuing reunification are irrefutable (Department of Child Safety, 2006). The **Guidance on Promoting Children’s Stability** (Department of Human Services, 2007) argues that the child’s best interests and assessment of the child’s
developmental needs, present and future risk of harm and parental capability, should be at the core of all decision making for family preservation, reunification or long term out of home care.

**Engaging the Child and Family**

Effective case practice involves engaging the child, parents and significant others throughout the intervention with the family. Engagement is an ongoing process that enables the family to be motivated to work with Child Protection and other services towards agreed upon goals. It includes the process of ‘joining’ with the family, getting to know them, understanding their story and context, and building a rapport and basis of a purposeful working relationship. Research and practice have shown the value of engaging families as an intervention to facilitate the process of change, and timely and sustainable family reunification (Child Welfare Information Gateway, 2006). A strong engagement and partnership approach with families enables good case work to be undertaken to address the protective concerns and achieve the intended outcomes. Engagement and partnership also promote an accurate assessment of the viability of reunification and better long term outcomes for children. This is particularly important in the statutory context where decisions and actions have far-reaching consequences for children.

Engaging with the child, hearing their perspective and understanding their story is an essential aspect of case work. It enables the work with the parents to be more effective as the child’s experience can be more easily ‘held in mind’. The details of the child’s experience matter and inform the intervention and planning. Good decisions are grounded in a strong appreciation of the child’s unique viewpoint (Miller, 2007).

Some useful suggestions for engaging children include:

- Using age appropriate language
- Where appropriate using a medium that is easier for children to relate to, such as drawing and puppets
- Getting down to their physical level, such as kneeling at a table with them
- If children do not want to talk, do not try to force them. In certain circumstances it can be a useful strategy to invite them to listen to conversations had with their parents and check out the answers with them (The Bouverie Centre, 2002)

For children in out of home care, the process of engagement should address the typical impact of loss and grief from the separation on the child, parents and other family members (Maluccio et al., 1993). Case practice needs to encompass opportunities for therapeutic work with the child and parents to assist their recovery from traumatic experiences. This requires partnering with a range of different services to work with the family. Hess and Proch (1993, p. 122) note that:

“The hopelessness and sense of powerlessness felt by many parents can and do interfere with timely and successful reunification. Parents who feel they have no real control lose hope and stop trying to make the changes that allow reunification”.

The Best Interests Principles: A Conceptual Overview (Miller, 2007) contains a body of literature on partnership approaches with children and parents. The key messages in the paper include that family sensitive practice is committed to collaboration with families, holds compassionate attitudes, avoids blaming, values the experience of families, maximises family involvement in decision making and is underpinned by a belief that change can happen. This approach is premised on a realistic and continually deepening assessment of the risk issues, and the parents’ capability to address both the child’s needs and the harmful circumstances that necessitated the child’s removal.

A partnership approach with the family should not be confused with overly optimistic or naive practice that colludes with the minimisation or denial of the actual harm or risk to the child (Turnell & Edwards, 1999). Practice needs to be both strengths based, engaging the possibilities for change and healing, and forensically astute (Miller, 2007). For example, where
there has been ongoing parental depression and violence and the parents believe that ‘the children were asleep or watching television or did not notice’, such faulty beliefs need to be challenged and rectified. Good engagement with the parents means that difficult conversations can be held to facilitate the process of change and provide the appropriate services to assist.

Miller and Dwyer (1997) discuss the process of engaging parents in difficult conversations, whilst not losing rapport or colluding with their minimisation or denial of the behaviours that may have harmed the child. The pacing of the interview is vital and ‘talking about, the talking about’ can be a useful strategy. It is important to be transparent with parents about the child’s experience and openly discuss their preparedness to work through the issues that need to be addressed. For example, where a father has been physically violent to his partner and child but minimises the impact of this, it is necessary to engage him in facing up and taking responsibility to change his behaviour. Establishing an explicit agreement early in the interview to be ‘upfront’ is very useful and checking out his willingness to have the difficult conversation usually enables a more productive process. Some useful questions that can be asked include:

- Are you sure you can handle talking about your violence?
- It isn’t easy - it takes a lot of courage to face up to the fact that you really hurt someone you love
- How does it effect you to talk about your violence? (Jenkins, 1990)

A crucial aspect of engaging with parents from the outset of intervention is to develop realistic and clear planning goals and measurable strategies, action tasks and timelines. The ongoing engagement and case work should keep the parents focused on the parameters of the change required of them and the child’s needs. This enables parental motivation, commitment and sustainability of changes to be assessed over the agreed upon period that is within the child’s developmental timeframes. For example, where a parent who has a drug issue is attending counselling but not making the necessary progress to address the addiction, ‘upfront’ discussions need to occur about the consequences of this. Decisions should not be based solely on parental cooperation and compliance with best interests plans or family members’ reports of readiness for family reunification (Hess & Proch, 1993; Brydon 2004).

**Assessment**

Assessment is a dynamic and recursive process that must constantly incorporate new information to enable effective planning and transparent decision making about the appropriateness of family reunification or long term out of home care (Frederico et al., 2006). Assessment is an integral part of planning for successful and sustainable reunification that ultimately should enable a child to remain in the stable care of their parents. Reunification should be assessed and planned for as early as possible in a child’s out of home placement to promote their stability (Child Welfare Information Gateway, 2006; Maluccio et al., 1993).

**The Need for Comprehensive and Accurate Assessments**

Research discusses the range of variables relating to the likelihood of family reunification. Some of the commonly cited factors that impact on reunification include:

- Frequency and quality of the parent-child access during placement
- Number and type of presenting problems prior to placement
- Parents and children’s motivation for reunification to occur
- Stability and length of time in out of home care
- Age and culture of the child
- Behavioural problems experienced in care
- Experience, continuity and contact of workers

Research findings are not able to clearly inform practice regarding whether and when to reunite children with their parents, as there are no reliable predictors of future harm or to distinguish those families able to benefit from intervention and treatment (Brydon, 2004b; Jackson, 1997). Comprehensive, accurate and individualised assessments are needed to arrive
at the best decision in a timely way that promotes the child’s safety, stability and development (Child Welfare Information Gateway, 2006; Tilbury & Osmond, 2006). The strengths and needs of children and families should be accurately assessed by applying the best interests case practice model and relevant specialist assessment guides, particularly the guide on ‘assessing family reunification’ (Department of Human Services, 2000). Careful professional judgement and decision making are needed to ensure that reunification is achieved only where it is in the child’s best interests.

Good decision making is grounded in thorough and evidence based assessments of the child’s developmental needs, present and future risk of harm and parental capability from a range of different sources of information. These sources of information include direct observations and interviews with:

- The child
- The parents
- Siblings
- Significant others

Other important perspectives and sources of information include:

- Carers
- Specialist service providers
- Professionals from placement services and family services
- Other professionals involved with the child and family
- File records on the child and other siblings. Case records can reveal critical historical information on previous interventions and must be integrated into the present assessment.

**Assessing Parental Capability**

Parental capability is a core aspect of a comprehensive assessment and its importance is highlighted by its inclusion in the best interests principles. Section 10(3)(j) of the CYFA refers to the capacity of each parent to provide for the child’s needs and any action taken by the parent to give effect to the goals set out in the best interests plan.

Donald and Jureidini (2004) state that the critical variable in determining a child’s future is the level of disturbance in parenting. Donald and Jureidini argue against assessing risk through non-hierarchical lists of characteristics of the parents or child and propose that the central issue should be:

"(T)he parents’ ability to empathically understand and give priority to their child’s needs” (p. 5).

This approach focuses on whether a parent is able and willing to appropriately care for their child, and emphasises the importance of assessing the adequacy of the emotional relationship between the parent and child. Donald and Jureidini’s model of assessing parental capability addresses three components of parenting. These components are the:

- **Primary domain: parenting capacity**, which assesses how well the parents could perform the tasks required of them given optimal circumstances and the areas where parenting may be impaired
- **Modulating effects: child’s parentability**, which assesses how difficult the child may be to parent in their family and identifies the aspects of parentability most amenable to modification
- **Modulating effects: ‘scaffolding’ for parenting**, which assesses the level, nature and context of the socio-environmental structural support in which parenting is occurring and establishes whether parenting capacity will be significantly aided by scaffolding provisions
The information gathered from the three components is incorporated into an overall assessment. Priority is given to the issues identified in the parenting capacity component, as it is the primary domain. Donald and Jureidini argue that the issues identified in all components will direct the therapeutic and other services needed for the family, however no amount of scaffolding can change fundamentally flawed parenting capability.

Donald and Jureidini’s three component model for assessing parenting capability is adapted below to incorporate additional factors identified by research that need to be considered in assessments.

### Factors to be considered in assessing parenting

#### 1. Primary domain: parenting capacity

- Capacity to form healthy, intimate relationships that manifest by:
  - Recognition of the child’s needs and the ability to put them before parental needs and wants
  - Awareness of the potential effects of relationship stresses on children
  - Ability to take responsibility for personal behaviour, including the harm
  - Capacity to avoid dangerous, impulsive acts (Donald & Jureidini, 2004)

- Acceptance by the maltreating parent of their primary responsibility for providing a safe environment for their child (Donald & Jureidini, 2004)

- Awareness by the parent(s) of the possible effects of their own experience of being parented (Donald & Jureidini, 2004)

- Provision of physical and emotional care appropriate to the child’s developmental status (Donald & Jureidini, 2004)

- The quality of the parent-child and child-sibling relationships, and the potential for change in family interactions and relationships (Bullock et al., 1998; Browne, 1995)

- The frequency and quality of the access between the child and their parents and siblings (Tilbury & Osmond, 2006; Farmer, 1996)

- The parents’ demonstrable and sustainable capability within the child’s developmental timeframes and needs (Department of Human Services, 2007)

- The parents’ demonstrable change and progress on the original and range of protective concerns, particularly where there are multiple or coexisting cumulative problems like substance abuse, mental illness and family violence (Marsh et al., 2006)

- Any potential or new risk factors that emerge, and changes in the family’s circumstances and family structure or membership (Jackson, 1997; Farmer 1996)

- The parents’ readiness for reunification (Hess & Proch, 1993)

#### 2. Modulating effects: child’s parentability

- The history and frequency of the protective concerns, and the impact on the child’s safety, stability and development (Department of Human Services, 2000, 2006)

- Any disability, illness or emotional disturbance either prior to or as a result of harm (Donald & Jureidini, 2004)

- Degree to which the child’s emotional state has been compromised by the harm. This will be influenced by the child’s pre-existing wellbeing and developmental status, the nature and
frequency of the harm, and the relationship between the child and maltreating parent (Donald & Jureidini, 2004)

- Developmental age of the child at the time of the harm (Donald & Jureidini, 2004)

- Any idiosyncratic meaning that a particular child might have to a parent (Donald & Jureidini, 2004)

- The child’s experience in placement and the nature of any changes or disruption in care (Farmer, 1996; Jackson & Petrides, 1995)

- The child’s relationship and attachment to their carer, and the carer’s capability to meet their developmental needs (Department of Human Services, 2000, 2007)

3. Modulating effects: scaffolding for parenting

- Knowledge base and parenting experience (Donald & Jureidini, 2004)

- Support that parents are able to give each other in parenting (Donald & Jureidini, 2004)

- Support or distress from extended family and other external sources (Donald & Jureidini, 2004)

- Use of alcohol and other drugs (Donald & Jureidini, 2004)

- Financial stresses (Donald & Jureidini, 2004)

- Positive and negative effects of involvement in the legal system (Donald & Jureidini, 2004)

- Relationship between parents and professionals (past and present), including readiness to accept professional help and responses to previous professional attempts to help (Donald & Jureidini, 2004)

- The family’s history of use of services, what has worked or not worked over time and what needs to be different (Frederico et al., 2006)

- The history of previous intervention and reunification attempts (Department of Human Services, 2000; Farmer, 1996)

- The family’s formal and informal support network (Ainsworth, 2001)

Planning

Planning is an integral means of serving children’s best interests as it draws together the collaborative, assessment and case work with families to make decisions about children’s future care. Planning needs to be constantly reviewed and adjusted based on the outcomes being achieved or not achieved.

How Best Interests Planning Relates to Permanency and Concurrent Planning

It is important at this juncture to discuss the relationship between best interests planning and permanency planning, which has been a guiding framework in case practice. Permanency planning was initially conceived in the mid 1970s for children in out of home care and has grown over time to encompass a systematic, goal directed and timely approach to planning for all children subject to Child Protection intervention (Tilbury & Osmond, 2006). Permanency planning aims to promote continuity and stability in care and relationships by making permanent arrangements for children to live with their family of origin or in other care at the earliest possible time.
Concurrent planning was designed in the 1990s as a model of permanency planning that involves working towards family reunification while, at the same time, developing an alternative permanent plan (Katz, 1999). Concurrent planning aims to avoid drift associated with sequential planning by assessing the likelihood of reunification and, when families have a poor prognosis for reunification, working simultaneously on a permanency plan (Tilbury & Osmond, 2006). This includes engaging in intensive reunification work with families in a time limited way and placing children early with relatives or foster/adoption families in the event that reunification cannot occur or fails. Concurrent planning is linked with expedited timeframes and this relates particularly to the length of time it can take in the United States and United Kingdom, to finalise legally permanent arrangements such as adoption (Tilbury & Osmond, 2006).

The principles of permanency planning are similar to and subsumed by the way in which promoting children’s stability is conceptualised and operationalised for practice in the Guidance on Promoting Children’s Stability (Department of Human Services, 2007) and other related work. That is, they emphasise children’s relationships and development, and aim to promote stability in a timely way throughout the continuum of intervention and planning options and in the form of care that is most appropriate for each child and their family. There are some elements of concurrent planning that are also highly relevant to case practice. These elements include:

- Early assessment and planning with families and services to promote timely decision making and action
- Best interests planning having clear direction and measurable strategies, action tasks and timelines to progress towards the planning goal of reunification
- Informing parents from the outset of intervention of the urgency of reunification from the perspective of the child’s development, and the consequences of not demonstrating sustainable parenting capability to provide care and achieve the planning goal within the set timeframes
- Involving members of the extended family or relatives where appropriate early in the intervention to care for the child and support the family
- Managing the parallel process of planning for reunification and achieving stability in placement to prevent changes and prolonged periods in out of home care

Concurrent planning as a policy framework is not being implemented as its applicability as a whole is not necessarily appropriate, and arguably would be superfluous, in the Victorian statutory context. The CYFA provides both the framework for intervention through the best interests principles (s. 10) and the framework for planning particularly through the stability provisions (s. 166, 169, 170 & 171). Section 170(3) of the CYFA mandates maximum timeframes for preparing stability plans as levers for timeliness to avoid delay and drift in decision making and action for each child in out of home care relative to their age and length of time in placement. Concurrent planning is also not consistent with the practice approach adopted in the Guidance on Promoting Children’s Stability (Department of Human Services, 2007). This paper argues for sequential but timely planning and only pursuing long term out of home care when reunification is not in the child’s best interests.

**Participation in Planning and Decision Making**

An essential part of planning and decision making is the ongoing participation of the child, parents, carer, extended family or relatives, community members and service system. The decision making principles (s. 11) and additional decision making principles for Aboriginal children (s. 12) in the CYFA, establish the requirements for collaborative, inclusive and culturally competent planning and decision making processes. Research is clear that working collaboratively with family members and particularly parents, empowers families and leads to good decision making and better outcomes for children (Tilbury & Osmond, 2006; Maluccio et al., 1993). Involving children where developmentally appropriate and parents as much as possible as active partners, enhances their engagement and participation to achieve timely and sustainable family reunification.
A distinct challenge in case practice is to involve fathers, particularly non-custodial fathers, and paternal relatives in planning and decision making processes (Child Welfare Information Gateway, 2006). Intervention models like Family Group Conferencing and Aboriginal Family Decision Making are well recognised for promoting the active involvement of families and significant others to facilitate family reunification efforts (Child Welfare Information Gateway, 2006).

Best interests planning should consider and incorporate the views and wishes of the child and parents, the perspectives of other professionals and carer, and build on family strengths and resources. Best interests plans need to clearly define the planning goal for family reunification, set related strategies, action tasks and timelines that are measurable, and identify appropriate assistance for families both before and after reunification. Each party or service provider should be clear about their role and responsibilities, and receive written records of any agreements made. Each party should also be clear about ‘who will do what and by when’. The placement services and family services workers should be clear about what is meant by ‘monitoring’ so that misunderstandings are avoided.

**Appropriate Services and Supports**

A major component of planning is identifying and coordinating appropriate services and supports that are responsive to the complex needs of vulnerable children and families. Appropriate therapeutic and family services can support a child’s recovery and stability in placement, strengthen families in culturally appropriate ways, and facilitate successful and sustainable family reunification (Maluccio et al., 1993; Wise, 2000).

The types of services and supports required for each child and their family will vary depending on the protective concerns that led to the child’s removal, any relevant conditions that are included on the interim accommodation order or protection order, and ongoing assessment and planning. Purposeful and appropriate services and supports must be included in best interests plans and regularly reviewed to reflect the family’s needs, potential and progress towards the planning goal of family reunification. Planning for services and supports should occur as early as possible in a child’s out of home placement.

On the continuum of the universal, secondary and tertiary services system, services should be practical and comprehensive so as to address all aspects of family life (Child Welfare Information Gateway, 2006). The most effective intervention involves all members of the family and addresses not only parenting skills but also the child’s developmental needs, parent-child interactions and a range of life competencies such as communication, problem solving and behaviour management (Child Welfare Information Gateway, 2006; Ainsworth, 2001).

The literature suggests that services should be timely, targeted and culturally competent to meet the individualised needs of children and families. The types of services and supports that can assist families include:

- **Concrete services**, to deal with needs related to poverty such as food, transportation, financial assistance, housing and utilities (Child Welfare Information Gateway, 2006; Frederico et al., 2006)
- **Universal services**, that support children’s inclusion in kindergarten and school, and link families to other universal services such as maternal and child health services and medical services
- **Therapeutic or counselling services**, to work through issues of trauma and compromised parent-child relationships (Miller, 2007b; Tilbury & Osmond, 2006)
- **Home based services**, with the intensity and duration families need, that provide case work, parenting and life skills education, family focused treatment and assistance in accessing community resources (Child Welfare Information Gateway, 2006)
- **Substance abuse services**, with intensive case management, programs tailored for women and children, and social support (Child Welfare Information Gateway, 2006)
• **Post reunification services**, that continue to enhance parenting skills, address the child’s changing developmental needs and link families to community support. Specific post reunification services that contribute to positive outcomes for families include concrete services, universal services, home based services, substance abuse services and mental health or counselling services (Child Welfare Information Gateway, 2006; Jackson 1997)

Usually a combination of ‘soft’ services such as counselling and parent education, and ‘hard’ services such as child care and respite care, are required as parents need both knowledge and tangible resources to be able to provide developmentally appropriate care for their child (Maluccio et al., 1993). Informal practical and emotional support from extended family members, friends, neighbours and community is also highly beneficial for families (O’Neill, 2000; Maluccio et al., 1993). It is critical that the support of services, extended family and significant others is sustained beyond the child’s return home so as to ameliorate concerns and prevent re-entry to care (Ainsworth & Maluccio, 1998; Jackson, 1997).

Communication and consultation with the service system partners need to be frequent. There needs to be a clearly designated person in the care team who will take responsibility for initiating and coordinating relevant meetings. A collaborative care team approach should not rely only on case conferences for information exchange and analysis. Telephone, email and more frequent meetings with parts of the service system are good systematic practice.

It is particularly important that carers are involved as active partners in the family reunification and decision making processes as promoted in the decision making principles. Carers have a unique role in facilitating reunification given their direct care and intimate knowledge of the child. The literature discusses the critical role that carers play in promoting the child’s development, and supporting both the child’s access with their family and the parents through mentoring. The development of a positive relationship between carers and parents may prevent children from experiencing the stress of divided loyalties and position carers to play a supportive role after reunification (Child Welfare Information Gateway, 2006).

**Access**

The CYFA defines access as the contact of a child with a person who does not have custody of the child, by way of a visit or communication by letter, telephone or other means and includes overnight access. Access is enshrined in the best interests principles and is a means of promoting children’s identity and stability through connections with their family, community and culture. The benefits of regular access between children and their parents, siblings and other family members are well recognised by research (Tilbury & Osmond, 2006), irrespective of the care or legal arrangements (Masson, 1997). Research indicates that continued access is a protective factor for children that improves placement stability (Tilbury & Osmond, 2006; Masson, 1997). Hess and Proch (1993, p. 122) highlight some of the benefits of access in the comment that:

> "Visiting reassures children that their parents want to see them and have not abandoned them, and helps children experience and work through feelings stirred by the separation, allowing developmental gains”.

Access is also central to assessment, planning and action for children and is particularly at the heart of family reunification. There is a growing body of research showing that early and continuing family connections and quality access when children are in temporary care, promotes and increases the likelihood of timely and sustainable reunification (Tilbury & Osmond, 2006; Child Welfare Information Gateway, 2006; Wulczyn, 2004).

Access should be a purposeful and planned intervention, and must be included in best interests plans and regularly reviewed. Access conditions are often stipulated on interim accommodation orders or protection orders and must be complied with. The purpose, frequency and nature of access are critical components of both the child’s experience in placement and planning (Jackson, 1997), and need to be assessed for each child and their family. Access arrangements
should be carefully considered and based on the planning goal and related strategies. In addition to direct access, other forms of indirect access should be encouraged wherever possible and appropriate, including telephone calls, letters, cards and photographs. However, where a parent has been sexually abusive or threatening violence, the child may be traumatised by such contact. Careful judgement is required and close contact with other treating professionals in the family’s life is crucial so that any decision made is in the child’s best interests.

Sufficient quantity and quality of access should be provided to either facilitate successful and sustainable family reunification or to reach a timely decision that the planning goal for a child should be long term out of home care (Hess & Proch, 1993). This is important particularly given the legal requirements and maximum timeframes in the CYFA for preparing stability plans for a child who is in out of home care.

Access is an integral part of assessing, through direct observations and discussions, whether children and their families are willing and able to live together. Access promotes a more accurate assessment of the viability and timing of family reunification, whether all children should reunify together or sequentially where relevant and the appropriate services and supports needed to facilitate the process of reunification (Hess & Proch, 1993). Access creates opportunities to enhance parental skills and interaction. In this context studies suggest that access should have a therapeutic focus, and supervising workers should have clinical knowledge and skills (Child Welfare Information Gateway, 2006). It is essential to assess the impact of access on the child and interactions between the parents, child and siblings. It is particularly useful to assess access in the family home or other physical settings that encourage more positive and natural interaction among family members (Hess & Proch, 1993). Hess and Proch (1993, p. 130) argue that:

“Family members’ interactions during visits, and parents’ compliance with reasonable and mutually agreed upon visiting plans are important - perhaps the most important - indicators of the feasibility of reunification”.

Child development workers are a central part of the Child Protection team. Their ongoing observations regarding access and changes that may be occurring, are a vital component of good decision making. Wherever possible, there should be continuity of relationship between the child development worker and the children and families they supervise for access. Child development workers play an invaluable role in assisting children to transition between their carers and parents, and children tend to disclose important information whilst in the car. Good case notes and file records need to be kept.

In addition to coordinating the practical aspects of access like time, location and transportation, there are other important factors or considerations that should be taken into account. These include the child’s age and stage of life, gender and culture, the child’s developmental and therapeutic needs, the child’s routine and activities, and the child and parents’ views and wishes. Access should balance the child’s needs for safety and wellbeing with the parents’ needs to act as independently as appropriate so as not to inhibit their interactions (Hess & Proch, 1993). The child, parents and carer’s reactions to access should be recognised, prepared for and worked through in a timely way (Tilbury & Osmond, 2006). The specific needs and circumstances of Aboriginal children and those who have a particular cultural identity must be considered when arranging and assessing access. Good practice requires engaging and partnering with parents, carers and community members where relevant to improve outcomes for children (Tilbury & Osmond, 2006).

In cases where family reunification has been decided and leading up to it, there should be a progressive increase in the length, frequency and type of access to enable the family’s necessary preparation and transition for successful and sustainable reunification (Child Welfare Information Gateway, 2006; Hess & Proch, 1993). This progression is typically described as moving from supervised access, to unsupervised access, then to overnight access and finally to extended access in the family home (Hess & Proch, 1993). Hess and Proch (1993) advise against setting a specific date for the child’s return home until the parents have safely
completed the steps of unsupervised access in the family home, overnight access, access lasting several days spread over a period of two months or more and if possible, several extended accesses for longer than a week. Hess and Proch (1993, p. 130) caution that:

“Reunification can take place only after the family has had the opportunity to carry full child care responsibilities unsupervised and overnight and only after caseworkers and the family are confident that the child is safe in those situations”.

Hess and Proch (1993) outline a number of important tasks that should be completed for access to facilitate successful family reunification. These tasks are:

- Developing an access plan based on the planning goal and best interests plan
- Preparing the child, family members and carers for access in order to maximise the family’s movement toward reunification and prevent or diminish access related problems
- Coordinating and regularly reviewing access arrangements with all participants
- Modifying access plans to reflect improving parental capability to care for the child safely and the child’s changing developmental needs
- Assessing, interpreting and recording access interactions, parental compliance and the child’s reactions to access
- Assisting the child’s transition back to their parents’ care

Action

Accurately assessing the strengths and needs of children and families, planning to build on their strengths and address specific needs, and actioning those plans are all critical case work activities to achieve family reunification.

Timeframes

Evidence based studies show that family reunification is much more likely to occur earlier rather than later in a child’s temporary placement, particularly in the first year. Wulczyn (2004) reports that the likelihood of reunification occurring in the first year of placement is about twenty eight per cent and this drops significantly over the following year to about sixteen per cent. Wulczyn claims that children who remain in care face a declining probability of reunification during each subsequent year. Farmer (1996) undertook a national study of reunification practice in the United Kingdom where the sample consisted of 321 children reunified with their families after removal through statutory intervention. Farmer states that:

“Not surprisingly, the length of time children had spent in care was also important since we found that successful return was associated with short stays in care; that is, periods of less than a year” (p. 414).

A period of 12 months is generally an appropriate timeframe over which to support a family towards reunification before efforts could or should cease. Research is clear that for all children and particularly younger children, their age and stage of life, development and needs do not allow them to wait indefinitely for a determination about whether and when their parents will make the necessary changes to enable them to return home (Brydon, 2004b). Timely decision making and action that is responsive to children’s developmental needs is very important. However, it is vital to child centred practice that timelines do not drive decision making and the child’s best interests are always paramount (Tilbury & Osmond, 2006).

Stability Plans

As a lever to promote timely decision making and action, the CYFA (s. 170) mandates maximum timeframes for preparing stability plans relative to the child’s age and total length of time in out of home care.
Maximum Timeframes for a Child in Out of Home Care on an Interim Accommodation Order or Protection Order

- 12 months total in out of home care for a child aged under 2 years
- 18 months total in out of home care for a child aged 2 years but under 7 years
- 2 years total in out of home care within a period of 3 years for a child aged 7 years or over

Where a child is in out of home care upon reaching the appropriate maximum timeframe, a stability plan is required to be prepared if the planning goal for long term out of home care is in the child’s best interests. Where long term out of home care is not in the child’s best interests, an explanation for not preparing a stability plan must be provided in a court report. In this instance, the planning goal for family reunification would need to be actively pursued as the best option for the child.

The maximum timeframes for preparing or not preparing stability plans, account for the decision making for reunification or long term out of home care and the implementation of the decisions or actions. The important implications for practice are that assessment, planning and decision making for reunification would need to have been undertaken and the process of implementing the reunification plan should be well established for each child by the maximum timeframes. Where stability plans are prepared, practitioners need to be able to demonstrate that they have given the widest possible assistance to the family and despite this, the child’s needs for safety, stability and development cannot be met in their family of origin.

Regular Reviews

Regular visits with the child and parents, and contact with significant others and professionals are essential ways of assessing and planning for the child’s safety, stability and development. Regular and scheduled best interests plan reviews are also an important collaborative mechanism to monitor the family’s progress both before and after family reunification. Unscheduled reviews may also be required at any stage of the process of reunification where there are significant developments or changes in the child or parents’ circumstances. A change to the planning goal of reunification or other planning related decisions must be made in the context of the child’s best interests and best interests planning.

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